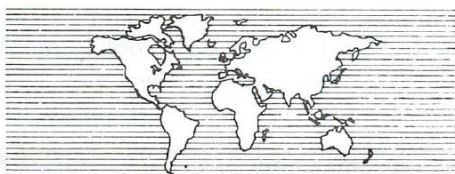


NEW WORLD NEWS

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SPECIAL THEME
**Who should look after
the NHS?**

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**Due to Easter holidays
the next 'New World News'
will appear on 12 May**

**Clifton Robinson, Deputy Chairman of the
Commission for Racial Equality**



Terry Austin-Smith



THE CITY AND THE NATION

by Paul Williams

IN SPITE OF THREATENED BREAKDOWN, conflict and the divided loyalties that confrontation often brings, there is a common authority—inside each of us—which all can recognise and accept. This was the keynote conviction to emerge from a recent conference on 'The city and the nation'.

'The city is the heart and pulse of the nation,' said Clifton Robinson, Deputy Chairman of the Commission for Racial Equality, who opened the conference. 'It is like a social barometer. If you know what is happening in the city, you know what is happening in the nation.'

Subtitled 'Constructive change and a common task', the weekend conference was held at Tirley Garth, the Moral Re-Armament centre in Cheshire. It attracted delegates from many cities including Liverpool, Birmingham, Manchester, Sheffield and London. Evidence of initiatives in overcoming division and alienation in some of these cities was supplemented by that of spokesmen from Marseille, Lyon and West Berlin. As Berlin teacher Heinz Krieg observed, some of the problems facing us are so big that we cannot solve them in isolation.

Societies still existed where the problems of vandalism, loss of values and rebellion against all authority were negligible, Mr Robinson pointed out. 'Should we look at these societies with a sociological eye, for clues to where we have gone wrong?' he suggested. 'In my village in the Caribbean for example there was a chain of responsibility where the older would always look after the younger. This applied to any child in the village. >

'Have our political and social structures grown so complex that people can't cope with them? Do they allow dialogue and participation? Have they become too large for people to identify with?'

He said that many headmasters of large comprehensive schools had felt the need to break them down into smaller units to which children could relate. There was a similar trend in large industrial units. 'We need to go back to consideration of individuals,' Mr Robinson continued. 'So often the talk is of groups, even of computer numbers. People themselves seem to become marginal. We have great technological aids for communication but we don't communicate in human terms.'

Perhaps part of the answer, he suggested, was a new emphasis on going out to meet people, on consulting the community. The police were beginning to do this. Industrialists were more aware of the need to consult the workforce. So even were Government ministers and politicians! Schools, too, were becoming more prepared to open themselves to the local community.

'In the end it all goes back to the family. That is the real starting point. After that the community and then the larger world community.'

'At this gathering we have a range of experiences and ideas represented. If we can discover not only the major elements of the challenge that faces us but also some of the solutions in crucial areas, we will be set in the right direction,' Mr Robinson concluded.

The most comprehensive evidence that unity in a multi-racial city is possible came from Newcastle.

Community

At the conference were the Chairman of the Tyne and Wear Community Relations Council (CRC), Gursharon Sarang, and Mrs Sarang, Hari Shukla, Senior Community Relations Officer, and Ranju Shukla, Akin Sobo, Community Worker for the Afro-Caribbean community, and Rex Gray, a member of the CRC, and Betty Gray.

'Successful community relations have to be built, they don't just happen,' said Mr Gray, 'and success at a deep enough level depends on everyone becoming involved.'

You become one community in spirit so that whatever happens to one of our communities happens to us all.'

The importance of involving everyone, even if it meant moving ahead only slowly, was emphasised by Mr Shukla. 'One millimetre of progress together is better than a great leap forward which leaves others behind,' he said. The fruits of this teamwork had been evident when the Islamic Mosque had been vandalised some time ago. Within days there was a meeting in the Mosque attended by Council leaders, the local MPs, the Provost of the Cathedral, the Jewish leaders and the police. Confidence was restored and decisions made that gave the Muslim community a feeling they were cared for.

Maximising trust

Mr Shukla emphasised the importance of minimising competition and maximising trust between the different minority communities. 'When the Muslims received a large grant from the local authority, the other communities wrote to thank them for what had been done for their Muslim brothers. When a grant was needed for the Chinese everyone went to ask for it. They do not say, "This is a Chinese need" or "This is an African need." They say, "This is our need." If you act in a responsible way you get a corresponding response.'

'You can't leave everything to legislation and official action,' said Mrs Gray. 'It has to be accompanied by deep individual friendship building. Only then can you really identify with and understand the other person. And only then are our attitudes likely to change fundamentally.'

Commissaire Divisionnaire Grégoire Krikorian, a senior officer of the French police and a member of his country's National Committee for the Prevention of Crime, told the conference of his own approach to inner city policing. He is based in Marseille, with wide responsibilities in southern France and reports directly to Paris. He was attending the conference in his personal capacity.

'My visit to Newcastle and then to this conference has been a great encouragement to me,' he said. 'I now feel that I am not alone in my approach, which some of my

contd page 8

Some of the conference participants





John Smith (International Freelance Library), Report

WHO SHOULD LOOK AFTER THE NHS?

WHAT HAS THE NATIONAL HEALTH SERVICE in common with the European Economic Community? One answer is that they both illustrate the stress put on any organisation when many people try to take out of it more than they are willing to put in. Like cows, both bodies need nurturing as well as milking.

Britain is fortunate that there is still a tremendous amount of good will amongst those who work for the NHS. For all its much publicised shortcomings the NHS provides a service which is the envy of many countries. Yet it is both unrealistic and wrong to take unstinting service for granted. As in other areas which formerly relied to a great extent on voluntary help, the price-tag attached to service in the NHS is rising steadily.

The country faces a dilemma—we expect ever higher levels of care while we are unwilling or unable to pay for increasingly costly service as well as for expensive new high technology medical equipment. One result is longer waiting lists for treatment. Another is that some people are calling for ‘cuts’, ‘privatisation’ or similar moves which cause other people to fear the breakdown of the ‘equal care for all’ principle on which the NHS was founded. The dilemma will only be resolved by more people—NHS employees and potential patients—accepting that we are all responsible for the well-being of the NHS.

Over recent years a group of NHS employees who believe that the problem is ultimately character not cash

has started to meet. If waste were minimised, they say—and if fewer people turned themselves into patients by indulging in alcohol, tobacco, drug abuse and other risky habits—the money that is available would stretch much further. There might even be more resources to devote to the countries which are still short of even the most basic medical facilities. This group wants caring to become the primary motivation in the NHS; and they want the NHS to affect society rather than merely to reflect greed, class bitterness and other unhealthy trends in the nation’s life. Where better, they believe, to start creating a new sense of individual responsibility and unselfishness in the nation than in the NHS. In the following pages some of them write:

MONEY CAN'T BUY TRUE LOVE

by John Lester, general practitioner

IN THE PAST MEDICINE and nursing were regarded as callings. This word has, of course, religious undertones. The concept was that an individual was called by God to take up the healing arts.

We live now in a materialistic age, and such things are not commonly discussed. Yet quite a number who enter our medical and nursing schools still do so with some elements of calling—the desire to serve their fellow human beings, for example—and for humanitarian if not overtly religious reasons.

However, far fewer emerge from these schools with such feelings intact. The schools breed cynicism as well as rabbits. Many find their desire to serve eclipsed by the lure

of reward, the exhilaration of competition, the fascination of science or the opportunity to gain power.

Nonetheless, the health professions for all their faults are still among the least polluted reservoirs of service in the community.

The debate about private practice has been vociferous. It is of public concern to know whether money can buy a better standard of care. The answer, presumably, is that if the profession is run by love of money then private practice is better; if it is run by love of people there will be no difference.

This simple word—love—lies at the root of why health, sickness, the health services and medicine are important to the soul of the country.

We all understand health and cherish it. We can all perceive disease. In some it engenders horror and disgust; in others fear; in many more compassion. Yet it can also be a stimulus to growth of that most precious of all human emotions—love.

It is difficult in English to write about this, because for some reason we do not have enough words. The word we do have means too many different things. For the phrase 'Greater love hath no man than this that he lay down his life for his friends', is clearly something quite different from the more usual 'I am in love with him' used in a sexual setting.

We sometimes translate the former meaning as care. Yet it is possible to care for someone out of a sense of duty or for money. It is not possible to love people for this reason.

Competition

In Victorian days people talked freely of love in a religious setting and shyly of sexual love. Today's Elizabethans have reversed this, so that we do not talk easily of Christian love. Yet, for all that, we do get worked up about providing money for the health service, and especially paying the nurses properly, which is our instinctive response to the recognition that they are showing love to society on our behalf.

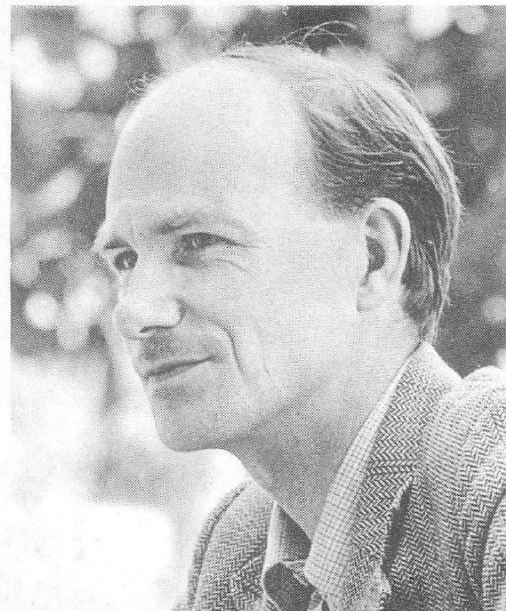
I was born and brought up in a middle class home, and educated in a boys' public school, and therefore reared in a system based on competition. We were expected to succeed and to mingle with the high fliers. That was how I got to medical school and was able to embark on a medical career.

Yet now, working in a city practice, I find that I am among people who have failed to make the grade. I am thinking of the labourer drinking 12 pints of beer a day who is now an unemployable alcoholic; of several patients who either from lack of schooling or more often lack of ability have never learned to read or write; of people who, if cleanliness is next to godliness, are not very close to God; of the hunchback with chronic bronchitis who would love to work if he could.

What do I do for them? They have on the face of it, little to offer society. Do I care for them because I am paid to? If so how far do I go? Do I care because I find their diseases interesting? Or is there something else?

The answer is that I can care because they, like me, are God's children and I can love them because He loves me. That is a choice which I am glad to have been faced with. Once that choice is made, people cease to be measured in terms of worth, in terms of what they do, or what they can achieve. Each person simply gives me the chance to share the love of God or to deny it.

Two things flow from this. The first is that those who are in



Dr John
Lester

D Channer

authority may need to 'wash the feet' of the humblest if they are to govern well—for that is the only way they will learn the true aspirations and difficulties of those they govern. Secondly, it is precisely because the health services do wash the feet of the humblest that they remain society's link, in an irreligious age, with the finest values of mankind and the Source which lies behind them.

There is a global struggle between the two most powerful emotions known to man—hatred and love. Hatred confronts and destroys, love forgives and builds. Those who wish to build will understand why we need to cherish our health services and why illness, misfortune though it is, may be something we cannot afford to be without. ■

Second consultation

by Margaret Marsh, general practitioner

IN MY WORK AS A doctor I come across families which have discord. I am able to tell them how seeking God's leading enabled me to sort out a knotty inheritance problem. The underlying cause was that my sisters did not trust me, and I thought they were irresponsible. One day the thought came, 'Apologise to your elder sister for trying to destroy her authority, and to your younger sister for being jealous of her.' My elder sister found a new joy and freedom; my younger sister release from cynicism. When the younger one died some years later she was a shining pattern of the power of God in physical tribulation.

A competent businessman failed to spring back to health after his operation and this surprised me. I enquired of his family and work. It all seemed to be well, but as he walked to the door he turned and said, 'I hate my son.' The consultation started all over again. He left with a 'fit for work' certificate.

This sort of experience makes me ponder how moral values such as honesty and unselfishness could improve the financial situation of the NHS. ■

Gaining nursing experience

by Sheila Rolfe, student nurse

I APPLIED TO TRAIN as a nurse because I felt it was God's will for me. Each morning I take time quietly to be open to ideas and re-creation. This has been a great stabiliser and helped me turn to God in new situations I have had to face—difficult relationships, an ever-changing shift system, and death. I have also found quiet times helpful in setting realistic aims for myself both at work and in my free time. This conserves energy which would otherwise be spent coping with a sense of guilt or frustration.

A 70-year-old man who had been very active was admitted with a stroke. It was a shattering blow to him but he worked hard and began to gain some independence again. However, he found it hard to communicate and was frustrated and lonely. In my morning time of quiet I had the idea of lending him a book about the inner struggle of a man who had been paralysed following a car accident. Some days later, after reading it avidly, the man returned the book which now opened itself due to every page having been dribbled on. He looked much happier.

Annoyed

On one ward, I felt lost and angry because no one was particularly helpful or friendly when I started as the newest and least experienced student. I had to learn to give care without waiting to receive it from others first.

On another ward I was in the care of the sister, so I adopted a quiet and willing attitude to keep out of trouble. One day I was annoyed because I felt the staff were not offering me enough chances to extend my knowledge. I knew the ward was busy but I felt my need for experience was a priority. So I asked the sister if I could accompany a patient for a special investigation. The sister reacted strongly saying I should use my common sense and not make stupid requests. She left angrily. I felt awful as I realised that I had only seen things from my point of view and not thought about the pressure she was under.

In order to defuse the bad atmosphere, I talked things out with her. She said, 'I do want you to have more learning experiences but I don't know how to cope with the pressures on the ward. I'm sorry if I seemed angry.' A week later she asked me to give any suggestions on how first-year students could have a more helpful experience on her ward.

I often tried to heighten the level of conversation among my friends by telling of inspiring people or events I had come across. It had little effect and I felt critical of the smallness of their interests. Gradually I realised that I never convinced my friends of my big ideas and hopes for the world because I had the utmost difficulty in leaving for work on time, and having the right things with me. (All student nurses know that there is never enough time in the day!) I knew my life had to show the link between your living and what you can do for the world. Since I began to find a little discipline, three friends have responded to the idea of sponsoring a child in a poor country. ■



Dr Frances McAll

A Weeks

Drugs not needed

by Frances McAll, general practitioner

ONE DAY HE GAVE HER a new car. The next he phoned from work to say he had found someone he would rather live with.

Since their marriage many years before, he had been the centre point of her life. For him she had given up her family, country and church. They had no children. Over the months which followed she battled with depression and thoughts of suicide. She haunted the doctor's surgery and consumed an armoury of drugs.

Eventually she began to make a determined effort to regain her lost faith by facing her own need for forgiveness. Just before Easter, with much trepidation, she approached the local priest and found a warmth of welcome she had not expected. On Easter Sunday she attended Mass for the first time for years, and several days later she still looked as though she had been to a party.

Since then she has not needed drugs nor does she any longer take up precious time in the surgery. Instead of using resources, she has actually added to them. Rather than go to the doctor, her neighbours now go to her with their problems and apparently find the help they need. ■

'HEALTH CARE IN A WORLD IN CONFLICT'

is the theme of a special session during the 1984 world assembly for Moral Re-Armament this summer. It will take place from 18-22 July in Caux, Switzerland.

Topics announced for the session include:

- *Our task in renewing the face of the earth—the health of the world family
- *The sanctity of human life—ethical and moral issues in health sciences
- *Caring for the whole individual, in all stages of life
- *Conflicts and health—how to bring cure
- *Fear as a cause of disease, faith and trust as sources of health.

Those who work within the health services and others who are interested may obtain further details from Mary Joan Holme, c/o 12 Palace Street, London SW1E 5JF.



Lillian Cingo

The first step

by Lillian Cingo, sister in charge of a neurosurgical unit

WHEN I CAME ON DUTY one Sunday I found that the bedpan washer was not working. So we called the engineer to have a look at it. He arrived while I was doing a dressing. He was clearly unwilling to do the work on a Sunday so he asked who would clean it out. This was a very unpleasant job and no one had thought of doing it. There was complete silence.

I thought the dressing I was doing was important, but then I thought, which is more important—we needed the bedpan washer if we were to care properly for the patients. So I took off my gloves and said, 'OK. I will clean the macerator.' I told him that he was part and parcel of the NHS and that his work was vital for the patients. Then I went back to what I was doing.

He started work, and he did not even stop for lunch or tea. He only finished at 5pm. I learned later that he did not claim overtime either.

When he had mended the machine I thanked him. He said, 'I have to thank you, too.' He explained that he had made up his mind to have his lunch at home and had been certain no one would clean it. However, when I had cleaned it, and especially when I told him that he was needed, he had changed his mind.

The spirit of care is still very much alive in the NHS. If you take one step others will, too. ■

Getting the diet right

by Yasmin Sheikh, hospital dietitian

MY JOB IS TO MAKE SURE that the patients get the diets that meet their special needs as well as checking the nutritional value of the hospital meals in general. When I moved from a large teaching hospital to a general hospital I

felt the need to improve the standard, quality, presentation and variety of therapeutic diets and also to provide vegan/vegetarian meals from the special diet kitchen. However, I experienced great difficulty in motivating the staff. In spite of gentle persuasion I was confronted most of the time with the replies, 'I am very busy' or 'I have not got time'. The idea of preparing vegan/vegetarian meals did not go down well with the diet cooks. I consulted the catering manager but made no progress.

Clashed

Things got worse. The cooks and I frequently clashed. I got angry and became frustrated with my work.

I tried to think out what was the right course of action in a time of prayer. I had the thought that I should arrange a meeting with the catering manager, the cooks and my boss. I felt that I must not criticise the cooks but present my convictions and the reasons for them, and seek their co-operation once again.

We had the meeting and I followed the thoughts I had had. The cooks blamed me for everything that had gone wrong. I apologised to them for creating misunderstanding. They did not apologise for disobeying my instructions, but we did come to an agreement that we should meet once a week to plan and discuss the changes. Since then our relations have been much happier and the standard and availability of therapeutic diets and vegetarian meals has steadily improved. ■

Headache on the ward

by Roger Watson

AS A THIRD YEAR student nurse in charge of a surgical ward I was responsible for the administration of routine medication. One of my senior colleagues complained of a headache and asked me for some fairly powerful analgesic tablets from the drug trolley. I was faced with an awkward situation. It would have been easy to give her the tablets, and we would probably have been able to cover up successfully, yet it would be stealing. I knew that the right course was to refuse, which I did. The nurse vowed never to speak to me again, and did not for several days. My popularity rating on the ward also fell dramatically. I had no time to explain myself in the busy ward. The nurse and I both suffered—but we had clear consciences. Later, she admitted that she had been wrong.

Doing what is right, and acting in the best interests of all often means risking unpopularity. Perhaps this is an issue for the NHS as a whole. Do we try to be popular by proclaiming what we can do for people without putting across the responsibilities of the people whom we serve? While many of the diseases which plagued our grandparents can now be cured, such illnesses as alcoholism, drug addiction and VD are on the increase and are causing much suffering. If we who work in the NHS could provide the evidence for straight living, we could be the source of an epidemic of a more responsible way of living in the nation. ■

JAMES DYCE addressed a one-day conference on 'Health for the nations' at the Westminster Theatre, London in January. Dr Dyce is the author of 'Stress: the Dilemma of Success'¹ (reviewed in *New World News* Vol 31 No 20):

Research beyond space and time

WHAT CAN WE DO about the complex changes taking place in the world?

Clearly, we have to look beyond the imagination of man—which though worshipped by some has failed to match up to the challenge—and also beyond the myth of the infallibility of the artificial intelligence machine which calculates results that would take the human brain 'for ever' to work out. (Myth it is, because what we do with the information is what decides how the world goes.) Without more accurate wisdom in decision-making, more information will not help us. The future of the world will depend on whether we learn to acquire this wisdom or not.

Lewis Thomas, President of the Memorial Sloan-Kettering Cancer Center in New York, calls himself a biology watcher. He has written two books² which lift a curtain on the total interdependence of life on this planet. At the end of the last essay he says: 'I believe that the major diseases of human beings have become approachable biological puzzles, ultimately solvable. It follows from this that it is now possible to begin thinking about a human society relatively free of disease... These ought to be the best of times for the human mind, but it is not so. All sorts of things seem to be turning out wrong, and the century seems to be slipping through our fingers here at the end, with almost all promises unfulfilled... I cannot begin to guess at all the causes of our cultural sadness, not even the most important ones, but I can think of one thing that is wrong with us and eats away at us: we do not know enough about ourselves. We have come a long way indeed, but just enough to become conscious of our ignorance. We do need, for the sake of our civilisation, to obtain some answers. Wisdom which our kind of culture must acquire for its survival.'

I would like to offer three thoughts on the science of ideas which should meet the requirement of Dr Thomas. They concern frustration; vocation; operation.

Frustration

Many of today's effusions on stress are humbug. Humbug means 'an imposition under fair pretences'. People are sold short if they are not offered a practical way of resolving their worries and frustrations.

When we have a cross-current of motives—in other words, when we are living a double life—we have a cross-current of body chemistry. This makes the amazingly balanced machine which is the body vulnerable to disruption. We get sick.

We will never be free to explore the dimension beyond what the scientist calls 'the dimension of space and time'—the dimension in which wisdom is found—if our motives are in conflict. Experience shows that self-will and self-interest lie at the roots of inner conflict. As we put others'

needs first we find a new freedom, and a new sense of direction for our lives.

Each one of us has a special role in life which no one else can fulfil. When we know where we are going, we acquire an adequate defence against the spurious ideas and false values which pour out in this age of information technology and the space race. We learn to read what is going on in other people; to interpret clearly what is happening in the world; to sense truth; to tap the Source of Wisdom. Harnessing this defence frees us to cut right through into that future mankind truly wants. This defence system, which frees us to be normal and healthy, I call the 'Immunology system of decision-making'.

Vocation

Vocation to me means going beyond my own search for truth and taking responsibility for the struggle going on in every single person I meet, who at some time, or at this time, is facing the 'beyond space and time' element of life—however little he knows its effective power. He is moving beyond his past experience of life. It is not a question of interfering in his affairs. You are on his side. He gets the feeling that you are. You are not trying to change his ideas; you are not proselytising. He is going to find the full answer for himself, so that he has his own evidence.

There is not a single person who could not do with a good 'sounding board' to try out his ideas on. A sounding board does not give advice. It reflects tone, clear or confused. Do I supply this need?—unjudging, encouraging, as in any project always expecting to produce fresh knowledge, only in this case it is fresh wisdom. Our concern is for the construction of strengths, and the recognition and overcoming of weaknesses, in other people.

As we discover what our vocation is—and help others to become committed to theirs—we find that it is more important than mere technology.

Operation

In my work as a dentist I was lucky if I got a four-sentence exchange with my patients. You cannot make time for talk in a busy schedule of appointments—and success demands 'the 25-hour day'. So what can you do about the people who come to you because you are you? The people who hope that you will have a special key to unlock their need?

First, how to pass on information which would be useful to patients in their own work? The answer took many forms. On one occasion I had a film projected in my surgery while I worked using intra-oral lighting only. That make-shift method was adopted because the patient was a Government Minister with every minute of his time occupied.

Secondly, my wife and I needed to work out how to support the people we came into contact with in their particular role—their vocation—their part in the construction of global harmony. In order to have unhurried exchanges with them we had to adopt a new approach. I could not join the clubs these men belonged to. So we bought a house in Harley Street (Florence Nightingale's home) and 'lived over

¹'Stress: The Dilemma of Success' by Dr James M Dyce, published by Stress Publications, available from Grosvenor Books, 54 Lyford Road, London SW18 3JJ, price £12.50 including p&p.

²'The lives of a cell' by Lewis Thomas, Allen Lane; 'The Medusa and the Snail', Lewis Thomas, Penguin Books.

the shop'. We normally had three breakfast parties per week, and lunch occasions and evening parties. It suited many busy people to come to breakfast at quarter to eight in the morning, have the first appointment of the day and be in the office by ten. We were able to maintain full momentum in our practice.

When people are convinced that you are on their side, it is a great relief to them to have the use of an extra mind and a different range of experience on their deepest researches beyond the hurly-burly of responsible professional jobs. They, too, are searching the beyond time and space dimension of decision-making. I do not have to know about their jobs, any more than they know about mine. We have *something in common*, learning to spot and avoid the false trails in today's world.

Social systems do influence people but do not restructure the will. The surrender of self-will is the first step beyond the well trodden ways of space and time. Restructuring the will is the most important research of our time.

This shift in man's nature, needed today, parallels a bio-mechanical switch in a human gene. This drastic yet normal re-forming produces new men in the evolutionary process.

There is a need for a new discipline, putting on paper in language the scientist cannot ignore, the core-truths we learn as we research into this evolutionary process, the discovery of universal wisdom. ■

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colleagues feel is too Utopian and not matched to the hard realities. I am a policeman. I am paid by the community to ensure public peace. In my work I have to monitor people, but in my turn I need to be monitored by the community. Even when I work in an under-privileged area I still need to put myself under the supervision of that under-privileged community. I need their support to carry out my task.'

There were several smaller discussion groups. In one, the policeman from Marseille exchanged views with the Merseyside Superintendent responsible for community relations.

A police inspector from southern England was 'amazed by the family atmosphere produced' at the conference.

This feeling of a 'wider family' was referred to by Tracey Chiwetu, a Liverpool schoolgirl of Zimbabwean origin. 'I did think of people in my city as an extended family,' she said. 'But only black people. I would identify with a black person I met on the street and greet them with a smile. But when it came to whites I "passed by on the other side of the road"'. At Tirley Garth I have learned to be honest with myself and other people. Now I feel that blacks, whites and Asians all belong to my extended family.'

'When I first came to Britain to work I was unhappy and reacted to many things in British people,' said Omnia Marzouk, an Egyptian doctor from Liverpool. 'In Arabic we sometimes say that people who are aloof have "the British characteristic"'. She had prayed hard before finding an appreciation and love for Britain. Dr Marzouk said, 'The



P. Riddell

Commissaire Divisionnaire Grégoire Krikorian of the French police (2nd left) visited Newcastle upon Tyne before attending the conference. He talks with Community Relations Council Chairman Gursharon Sarang (centre), Hari Shukla, Senior Community Relations Officer for Tyne and Wear (2nd right), and Chief Inspector F E Dunmore (right) of the Northumbria Police.

kind of plural society we have in our inner cities is not meant to be an exception but the normal pattern of life in world of different faiths and races.'

This sense of finding 'one world' at Tirley Garth was taken up by Mr Chopra, a member of Liverpool CRC and Chairman of the Hindu Centre. He was followed by Syed Aziz Pasha, Secretary General of the Union of Muslim Organisations in the UK. Dr Pasha said, 'After hearing these many speakers I feel there is a great hope for the future. Here I see a group of people motivated to bring in a conception of the brotherhood of man. The kind of meditation you talk about is inherent in the Islamic religion. I feel glad that Muslims have their unique inbuilt source of God's direction. I only wish that British Muslims will practise this and be a model for their compatriots.'

'If you understand a community and its problems, then you won't condemn it,' said Mr Walayat, a leader of the Pakistan community in Sheffield. 'We must continue to build this relationship between people.'

Both the fight to save jobs and the struggle to create new ones were illustrated at the conference. Gwilym Jenkins, clerical workers' Branch Secretary at the Llanwern Steelworks near Newport gave a detailed case-history, illustrated by slides, of how his works was reprieved from closure in 1982.

West Indian community leader and trade unionist Lester Burke, from Birmingham, gave one of many examples of bringing a new factor into a seemingly hopeless situation. With others he had become involved in setting up two community centres in a depressed area. One centre provided training and basic education for deprived young people. The other employed mentally handicapped people. Mr Burke said that he could have moved out of this 'run-down area' but had not because he felt God wanted him to stay and 'help look after my own people'. ■

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