May 1966

The Conference of Health Service Personnel for Peru and Bolivia

Francisco Tanega

Follow this and additional works at: http://epublications.marquette.edu/lnq

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol33/iss2/20
relevant in what they like to call "the post-Christian era."

The problem of the pill is largely an American problem. Planned Parenthood International now places its emphasis largely on intrauterine devices. We are not an under-industrialized economy. We are not an over-populated country. We have added fifty million people to our population since 1945, a 25 percent increase. During the same period, we have added $400 billion to our gross national product, our per capita income has doubled and our unemployment has dropped to below 5 percent. We have two billion acres of land in the United States and only 6 percent of it is used for residential purposes.

We have seen a breakdown in our value system. We have witnessed a devaluation of the child, and an over-valuation of this education. We have lost the sense of the child as a reward for life, in favor of the view of the child as a penalty for sex. We are famous, above all, for the population explosion but unconcerned about the decimation explosion at all levels of immaturity. In short, we have a crucial moral dilemma.

### The Conference of Health Service Personnel For Peru and Bolivia

**Brother Francisco Tanega, FMSI, M.D.**

The performance of the spiritual and corporal works of mercy is as essential to the Church itself, dating back to our Lord's lifetime when He was about doing good and healing service.

Our Lord has said that at the final judgment we shall be held accountable, not for our knowledge and wisdom, but according to whether or not we have performed all the works of mercy toward our neighbors—that neighbor with whom He has identified Himself.

Missionaries in far-flung areas of the world bring home the message of Christ ever so effectively by concrete manifestations of mercy. Thereby, the theology of the Head reflects the theology of the hand—ministering hands of mercy in the service of the Church.

And who else can best typify these ministering hands but medical missionaries? In response to the late Pope John XXIII's earnest cry to the Latin America, medical missionaries—religious and lay—were among the first to respond to the challenge. From all over the world they have come to Latin America bringing with them their intelligence, experience, spirit of abnegation, and Christian creativity, and ready to help overcome the woeful problems of ignorance and disease and to spread the joyful Christian good news of faith, hope, and love.

To speak about one prominent segment of this vast armada, there are English-speaking groups from the United States, Canada, Ireland, and the Philippines—doctors, nurses, hospital administrators, midwives, practical nurses, and medical technicians—religious and lay, male and female—laboring in Peru and Bolivia. Their work ranges from the barren Pacific coast of Peru to the frigid zones of the Andes Mountains at elevations close to 14,000 feet above sea level, down to the teeming, humid jungles of the Amazon, days away from civilization.

These sturdy people operate Church and government sponsored clinics, dispensaries, and hospitals—from one-room outposts to a 1000-bed modern complex with residents, interns, nursing school, and complete laboratory facilities and staff.

Drawn together by the bond of common problems, a group of 20 of these health workers, representing 10 religious communities, met for the first time in 1963 in Cochabamba, Bolivia to share their mutual
experiences and to seek a renewal of their apostolic spirit. The need for further discussions of this type was stated at this time and plans were formulated for further meetings.

A second conference was organized in 1964 in Puno, Peru, with 50 participants representing 16 religious communities, the Papal Volunteers, the World Health Organization, the Peruvian Ministry of Health, and the Red Cross. At this time there was an unanimous expression for the desirability of an organization to meet the needs for foreign health service personnel working in Peru and Bolivia. Some of the specific aims for this body were discussed as follows:

1) to orientate better and to deepen the understanding of their increasing numbers in relationship to the culture and work habits of the people served.

2) to assist in the coordination and integration of the members' efforts in health service with like efforts on the part of government and other national groups.

3) to provide a program for the members' continuing education and professional development.

4) to give opportunities for the formation and renewal of an all-important apostolic spirit.

With these tentative purposes, the Conference of Health Service Personnel for Peru and Bolivia was organized. From October 12-15, 1965, the First Annual Meeting was held in Arequipa, Peru, with 72 participants representing 22 different religious communities, the Papal Volunteers, Caritas, the World Health Organization and the Peruvian Health Ministry. Group speakers, panels, and discussion groups dealt with topics which had been determined by a prior questionnaire to be of interest to those in attendance. These subjects included various aspects of the health apostolate, nutrition, medical care, mental health, superstition and folklore, nursing education, and TB of the skin.

The following paragraphs represent some of the major affirmations of this Conference.

**THE HEALTH APOSTOLATE**

One of the interesting aspects of this subject raised at the Conference is the role of the health workers in the light of the spirit of change and renewal emanating from the Second Vatican Council. The members who daily deal with suffering, flesh, blood, and spirit are seeking a closer definition of this role as professional and missionary, ever conscious of the divine mandate to lead their patients from the examining table to the sacrificing table of the Lord's redeeming Flesh and Blood.

It was agreed that Christian medical missioners should attempt to bring the Presence of Christ in their ministries to patients by offering their help and services as the incarnation of their Christian love and concern, and with due respect for the human dignity, sensibilities, and responsibility of their patients.

**EDUCATION**

The opportunities for service to Peru and Bolivia through education are virtually limitless. There is a great need not only for general health education of large percentages of the population, but also for the professional preparation of highly qualified medical and nursing personnel. For example, a recent survey has shown that the majority of native Latin American religious engaged in health work in Peru is inadequately prepared for the position held. The unfortunate result of this has been that, among lay professionals, there is a general lack of respect and appreciation for the life and work of religious as a whole. In an effort to remedy this situation, several nursing schools, including one at the university level, have recently been established and are operated in Peru by members of the Conference. In addition, there are now several schools for the preparation of nursing auxiliaries who can be used to fulfill many immediate needs created by an acute shortage of fully-trained nurses.

**RESEARCH**

An important aspect of the Conference is to engage in research projects within its limited resources.
which will have practical application to the local scene. At the last meeting, the problem of nutrition was discussed and a program of action adopted, consisting of a pilot experiment approved by the Peruvian Ministry of Health, under the auspices of Catholic Relief Services-Caritas del Peru, and in cooperation with two local commercial firms.

The project encompasses the distribution of noodles and cookies enriched with fish protein concentrate to pre-school children in 20 different places in Peru. This will afford the opportunity not only to provide much-needed feeding to many children at the critical age of weaning, but also to control and vary the effects of these foods, to stimulate their public acceptance, and thus develop a demand for them. Such a market, it is hoped, will in turn generate interest on the part of government and commercial and industrial agencies to mass produce them. The aim of the project is to meet one of the basic needs in these underdeveloped countries, namely, a cheap source of protein using an abundant cheap local raw material. Perú leads the world in fishing and currently uses less than 2% of its fish for human consumption.

By way of conclusion, these are some of the activities of the Conference in its first official year of operation. The next annual meeting will be held in Lima, Peru in October, 1964. As expressed by the Papal Nuncio, Archbishop Romulo Carbone in his letter of approval for last year's convocation, it is hoped that future other groups of similar purpose will become a part of the Conference.

For further information, please write to:

Brother Francisco Tanega, FMSI, M.D.
Piaza de Maria
Avenida Gea 355
Miriábeses, Lima, Peru

Letter from Taiwan
Republic of China

As this is the first letter from Taiwan, it may not be out of place to give some background data.

Taiwan, a province of China, is the result accruing from efforts being made under a free Government in the fields of agricultural, industrial, and religious development. Historically, Taiwan belongs to China except for 38 years under the Dutch (1624-62) and 50 years under the Japanese (1895-1945). Taiwan, where the seat of Free Chinese Government is located, is one of thirty-five provinces of China Proper. Together with 77 outlying islands with a total area of 35,000 sq. k.ms, Taiwan Proper (377 k.ms. long, 142 k.ms. wide) is situated between 15°9'E. and 121°5'E. Lat. and 21°47' and 25°38' N. Long., about 397 nautical miles east of China Mts. and 479 n.m. from Hongkong, 433 n.m. from Nagasaki, and 774 n.m. from Manila, Philippine Islands. Topographically, the island is a range of mountains, running the whole length of the island from north to south, divides it into two main sections, mountainous areas occupying 70% of the land, leaving 30% (1 million hectares) of plains to the west, suitable for cultivation.

Population (1964) numbered 2,265,682 (including 200,000 aborigines of Protomalanay origin) of whom 52% were males, 54% under 20 and 25% over 64 years of age, with a crude birth rate of 36.27 per 1,000 and death rate of 6.13, the natural increase being about 3% per annum. The population has more than doubled since 1947 (6.5 million) and has a density of 330 per sq. km. Literacy rate is high—96.7% of school-age (6-12 years old) children were in school (1963). Major causes of death (1962) per 100,000 were: Pneumonia: 59; Vascular lesions of CNS: 59; Gastro-enterocolitis: 49; Neoplasms: 42; accident: 35; Tuberculosis — respiratory: 34; Heart diseases: 28; early infancy diseases and immaturity: 30; suicides and self-inflicted injuries: 18. Notable decrease is seen in deaths from Gastro-enterocolitis which constituted 14% of all deaths in 1952 was reduced to 8% in 1962, Tuberculosis, from 8% to 6% (285.2 in 1947 to 39.2 in 1962) due to improved sanitation and 15 years of BCG vaccination for negative Tuberculin tested reactors, case findings and free mass treatment domiciliary or hospital. On the other hand, deaths have increased significantly from CNS vascular lesions from 5 to 10%; and malignant neoplasms from 3 to 7% of deaths from all causes within the same decade. Heart diseases, excluding chronic rheumatism and arteriosclerosis and