The Linacre Quarterly

Volume 33 | Number 2 Article 20

May 1966

The Conference of Health Service Personnel for Peru and Bolivia

Francisco Tanega

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 ancient as the Church itself, dating back to our Lord's lifetime when He went about doing good and healing the sick.

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 neighbor — 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 becomes the theology of the hand — the 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 save 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

Brother Tanega is a member of the Sons of Mary Missionary Society, a young religious society dedicated to catechetical and medico-social work in the missions, with headquarters in Framingham, Mass. He has been working in parish clinics for 5 years in various "barriadas" in the Lima area and is the present President of the Conference of Health Service Personnel for Peru and Bolivia.

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 styled 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 com nities, the Papal Volunteers, C lic Relief Service-Caritas, the V d Health Organization, and Peruvian Health Ministry. G speakers, panels, and discussio groups dealt with topics which been determined by a prior tionnaire to be of interest to e in attendance. These subjec cluded various aspects of the lth apostolate, nutrition, mate -child care, mental health, supe tion and folklore, nursing educ n, and TB of the skin.

The follow paragraphs represent some of e major affirmations of this Confer e.

THE HEA H APOSTOLATE

One of the teresting aspects of this subject pursued at the Conference is the role of the health worker 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 clearer definition of this role as professional and missionary, ever conscious of the divine mandate to lead their patients from the examining table to the sacrificial 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 ministrations 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.

sequently, medical help should proffered without the pressure coercion of direct proselytation, ving the patients free to accept ject the message of Christ. In same light, it was noted, free grams are harmful because they to dilute and destroy initiative responsibility and foster further endency. For the same reason, grams of action should be ned in accordance with the cul- milieu concerned — considera- and appropriate changes being e for native customs, traditions, folklore. By this means, it was long-standing barriers of resist- e can be overcome.

THE NEED FOR COOPERATION WITH SECULAR AGENCIES

In its discussion of this important ic, the Conference took note of repeated stress which recent encyclicals (notably, Mater et agistra) place on the need for Church's interest and involve- t, from a point of view not only social charity but also of social ice, in improving the institutions State, foremost of which is ernment.

In the application of this premise health missioners, therefore, con- eration in the planning stage ould be made to coordinate ef- s with existing health agencies, avoiding unnecessary duplica- and overlapping of services. It a fact that in some areas health ioners have already sought and tained employment with local ernment agencies in the con- ion that this action serves to improve Church-State relations by demonstrating concern for national growth and development, that it strengthens already existing facilities in the community, and that it has practical advantage of expediting official approval where necessary, as for example the training of local personnel.

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 positions 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 Service-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 und veloped countries, namely, a ch source of protein using an abu nt cheap local raw material. Pe leads the world in fishing and currently uses less than 2% c ts fish for human consumption.

By way c nclusion, these are some of the ivities of the Conference in irst official year of operation. next annual meeting will be d in Lima, Peru in October, 19 As expressed by the Papal Nun Archbishop Romulo Carboni in letter of approbation for last ye convocation, it is hoped that ime other groups of similar purp will become a part of the Coni ace.

For furth information, please write to:

Brother Francisco Tanega, FMSI, M.D.
Hijos de Maria
Avenida Grau 355
Miraflores, Lima, Peru

Letter from Taiwan, Republic of China

As this is the first letter from Free China, it may not be out of place to give some background data on Taiwan, a province of China, and the results 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 China 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. kms., Taiwan Proper (377 kms. long, 142 kms. wide) is situated between 119° and 122° E. Lat. and 21°45′ and 25°38′ N. Long., about 120 nautical miles east of China Mainland and 479 n.m. from Hong-kong, 433 n.m. from Nagasaki, Japan; and 774 n.m. from Manila, Philippine Islands. Topographically, a central range of mountains, running the whole length of the island from north to south, divides it into unequal sections, mountainous areas in the east occupying 70% of the land, leaving 30% (1 million hectares) of plains to the west, suitable for cultivation.

Population (1964) numbered 12,256,682 (including 200,000 aborigines of Protomalayan origin) of whom 52% were males, 54% under 20 and 2.5% 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-entero-colitis: 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-entero-colitis 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 domicillary 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