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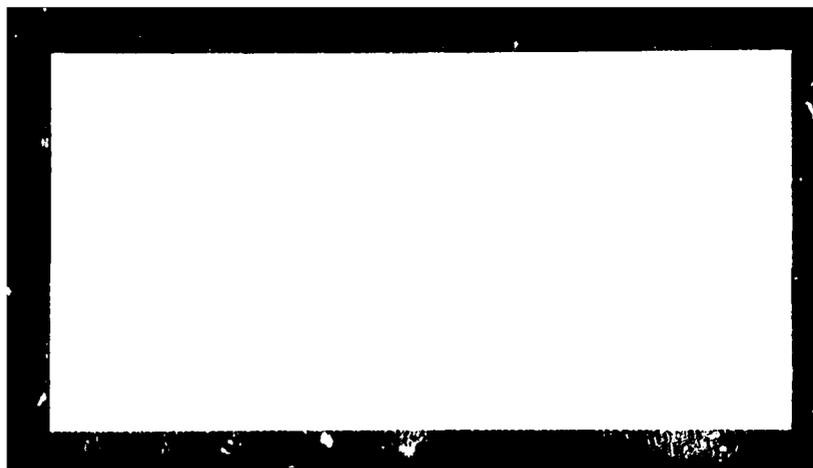
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AN ASSESSMENT OF
POPULATION AND FAMILY PLANNING
IN BOLIVIA

A Report Prepared By:
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ACRONYMS

ABES	Asociacion Boliviana de Educacion Sexual
APHA	American Public Health Association
CBD	Community-Based Distribution
CELADE	Centro Latino Americano Demografico
CENAFIA	Cento Nacional Familiar
CERES	Centro de Estudios de la Realidad Economica y Social
CIDES	Centro de Investigacion Demografica, Economica y Social
COF	Centro de Orientacion Familiar
COMBASE	Comision Boliviana de Accion Social Evangelica
CPS	Contraceptive Prevalence Survey
GOB	Government of Bolivia
ICARPAL	International Committee on Applied Research in Population (Latin America)
INE	Instituto Nacional de Estadisticas
IPPF	International Planned Parenthood Federation
KAP	Knowledge, Attitude, and Practice (Studies)
MCH/FP	Maternal Child Health/Family Planning
MCHD	Maternal Child Health Division
PROFAM	Asociacion Boliviana de Proteccion de la Familia
PROMICOBO	Programa Materno Infantil Coordinacion Boliviana
UMSA	Universidad Mayor de San Andres
UMSS	Universidad Mayor de San Salvador
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

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I. EXECUTIVE SUMMARY

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An assessment of population and family planning in Bolivia was made March 8-25, 1980. Interviews were held with 50 people from 25 institutions and organizations in La Paz, Cochabamba, Santa Cruz, and Oruro.

The major findings are that family planning is a politically sensitive issue; the Catholic Church, and particularly the Left, frequently attack birth control. The Government of Bolivia (GOB) has a pro-growth population policy, but there are no family planning services in the public sector. Organized family planning programs in the private sector are limited, and the major providers of family planning services are private physicians and the commercial sector. Demand for family planning services is reportedly increasing, as is the number of illegal abortions. Donor support is limited to the United Nations Fund for Population Activities (UNFPA), in the public sector, and the International Planned Parenthood Federation (IPPF), Pathfinder Fund, and Development Associates, in the private sector.

USAID/Bolivia's position on population (defined in the CDSS for FY 1982--January 1980) is on target. The kinds of activities that require the mission's support have been identified. To realize the objectives, however, the mission must identify worthy projects, institutions, and people and coordinate and orchestrate the inputs of the intermediaries. USAID/Bolivia should develop a strategy for policy and program development that includes both the public and private sector and that links Bolivian agencies to other Latin American-based organizations.

Although USAID bilateral assistance for family planning is severely limited, the mission can directly and indirectly support efforts to strengthen the data base, and thus influence public sector opinion, by studying population policy, fertility and maternal mortality, abortion, and contraceptive prevalence and by exposing key government officials and professionals to family planning experiences in countries such as Colombia and Mexico. Even though the private sector has no real institutional base, USAID-funded intermediaries should take advantage of and support the opportunities that do exist.

II. INTRODUCTION

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Purpose of the Assignment

The purpose of this assignment was to assess population and family planning in Bolivia. At the instruction of the American Public Health Association (APHA), and after further consultation with USAID, in Washington, D.C., and Bolivia, the evaluator reviewed:

- government policy and programs;
- current providers of family planning services;
- commercial activities;
- status of abortion;
- external assistance; and,
- historical review of family planning.

In addition, the consultant assessed ongoing activities in demographic and population policy-related research and sex education.

Itinerary and Methodology

Following an all-day orientation program in Washington, D.C., on March 4, the consultant spent two half-days telephoning representatives of several U.S.-based donor agencies to discuss their activities in Bolivia.

On Saturday, March 8, a trip was made to Lima, Peru, where a meeting was held the following morning with Walter Mertens, the social sciences advisor for the Ford Foundation. The purpose of the meeting was to discuss the Andean Seminar on Fertility Dynamics, planned for January 1981, in Lima, and to identify Bolivians who might wish to attend the seminar. Later that same afternoon, the consultant went to La Paz.

To interview resource persons in the public and private sectors in Bolivia, the consultant visited La Paz March 10-15, and Cochabamba, Santa Cruz, and Oruro March 16-20. He revisited La Paz March 22-25.

A briefing was held with Dr. Lee R. Hougen on Monday, March 10; a debriefing session with the USAID mission took place on Tuesday, March 25. USAID Director Abe Pena, Dr. Hougen, Dr. Jean Audrey Wight, and Ms. Leticia Kelly attended this meeting.

III. GENERAL

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Scene I. June 1976*

From 1969 to mid-1976, USAID contributed \$1.4 million to direct support of family planning in Bolivia. The counterpart contribution from the Bolivian Government (GOB) totaled \$517,000.

The leftist government, in power from 1969 to 1971, was a serious obstacle to family planning. It expelled the Peace Corps in 1971 for its alleged "birth control" activities. After 1971, despite opposition from the Catholic Church and some conservative elements of the GOB, progress in family planning was made.

By June 1976, the GOB had publicly announced its support of "responsible parenthood" (i.e., the right of couples to space their children in accordance with the dictates of their conscience and economic abilities).** A National Family Center (CENAFa), founded November 20, 1968, was operating as a "responsible parenthood" advisory and coordinating agency.

The Ministerial Resolution of March 13, 1975, specifically authorized the Maternal Child Health Division (MCHD) to plan, implement, and coordinate all "responsible parenthood" activities, including services. Established in 1972, the MCHD offered family planning services at six clinics.

Population dynamics and "responsible parenthood" courses were included in the curriculum of medical students in three universities: UMSA, in La Paz; UMSS, in Cochabamba; and San Francisco Xavier, in Sucre.

The Bolivian Association for the Protection of the Family (PROFAM), legally incorporated in 1974, was operating six family planning clinics, five in La Paz and one in Santa Cruz. The Bolivian Association for Sex Education (ABES), created in 1972, sponsored courses in 1975 for 120 professors, 220 public school children, 100 adults, 500 members of Mothers Clubs, and a select group of policewomen.

The GOB and the UNFPA signed a \$1.5 million five-year agreement in February 1976, for the Bolivian Coordinated Maternal Child Program (PROMICOBOL) to improve MCH status and family welfare through "family planning." The end-of-project goals included 11,000 family planning acceptors and a 9 percent net acceptor rate.*** The GOB and USAID signed a project agreement on May 28, 1976, which specifically identified a CY 1976 target of 4,000 fertile females in the six PROFAM clinics.

The IPPF, Pathfinder Fund, and Development Associates had taken important roles in supporting (principally) private sector activities, namely, PROFAM.

*See chapter on family planning, USAID/Bolivia, June 15, 1976.

**The GOB actually announced its support in early 1975.

***This figure, 11,000, does not equal 9 percent of the fertile female population.

A 1975 survey on the commercial import and sale of contraceptives indicated that as many as 17,000 women were using the pill and another 21,000 other contraceptive methods. These data, added to estimated clinic figures of 7,000 women, indicated that the percent of women at risk practicing family planning totaled 3.5 percent. Almost all of these women were living in urban areas. (Bolivia's estimated 1975 population was 5.6 million.)

In view of these developments, the USAID mission argued for continued U.S. bilateral assistance in family planning. It proposed a five-year (FY 1977 - FY 1981) \$2 million project, \$1.3 million to be allocated to "institutional reinforcement" and \$700,000 to the extension of clinical services. 1981 was set as the target date for a GOB announcement of a population policy with specific demographic goals.

Scene II. March 1980

In less than four years, family planning in Bolivia changed dramatically--and for the worse. This change prompted USAID to arrange for a consultant to assess population and family planning in the country.

The GOB, which wants to increase the rate of population growth, encourages immigration and (implicitly) maintenance of current levels of fertility. Its policy seeks to lower the mortality rate and reduce emigration. Although several sectoral policies have evolved, there is still no comprehensive national population policy.

The Roman Catholic Church plays a predominant role in Bolivian politics and is strongly opposed to birth control.

Public and private sector family planning programs received no USAID bilateral assistance.

The Ministry of Health's National Maternal Infant Division (officially, the MCHD) offers no family planning services. Nor does any other GOB agency. There is no instruction in family planning in the medical schools, and all UMSA faculty who worked for PROFAM have been dismissed.

CENAFAM and PROFAM no longer exist. The GOB closed CENAFAM in 1977 and annulled the personeria juridica of PROFAM.

Private sector activities in family planning are limited to a handful of MCH/FP clinics sponsored by labor unions and the private "consultorios" of individual physicians. ABES carries out modest activities with the help of volunteers.

The UNFPA, which withdrew its support in 1977, is now negotiating a \$2.4 million three-year project to support MCH. The project does not include family planning. The IPPF, Pathfinder Fund, and Development Associates--USAID-funded intermediaries--continue to fund private sector activities, albeit at modest levels. Apparently, only the commercial sector has increased its

assistance to family planning users. The estimated number of pill users is up from 17,000 in 1975 to 25,000 (March 1980). Reportedly, the "demand" for family planning services has increased; the number of illegal abortions has risen significantly as well.

What (apparently) Happened on the Way to the Forum

On June 15, 1976, USAID/Bolivia submitted to Washington the "Family Planning Chapter" of its Health Sector Assessment. Shortly thereafter, attacks against "birth control" and the GOB family planning programs began. According to one well placed source, the attacks were triggered by the "metas" (goals) for achieving family planning acceptors (these were outlined in the USAID and UNFPA "convenios" (agreements) with the Bolivian Government). The opposition, led by the Catholic Church, equated the metas--4,000 and 11,000 fertile women for the USAID and UNFPA agreements, respectively--with "control." It argued that goals were unnecessary unless the intent was to "control" the population. This was a convenient, if spurious, pretext for launching a new offensive against family planning.

When the Church accused the Ministry of Health of practicing birth control, the Minister of Health reportedly denied the accusations, dismissing them as "mentiras" (lies). The open confrontation resulted in the removal of the Minister of Health and of Dr. Luis Kushner, director of the Maternal and Child Health Division, in November 1976.

The Church used the preliminary data from the 1976 census to support its contention that a massive birth control program had been launched to reduce Bolivia's population.*

In 1977, the Church concentrated its attack on PROFAM and succeeded in having its legal status revoked in August. In the same year, the National Family Center, CENAFAM, was closed (this, coincidentally enough, occurred the year the GOB was to assume financial responsibility for the center).

Since 1977, the Church, with increasing support from leftists, has continued to speak out against birth control and it has exploited the ignorance of a large majority of the population about family planning. The Church and the leftists refer not to "family planning" or "responsible parenthood," but to "control de la natalidad"--with emphasis on the word "control." The current

*The census total, 4.6 million, was about 1.0 million less than the 5.6 million anticipated. The reduction in population was not due to the decline in fertility, since the crude birth rate actually increased from 45 per 1,000 (1950 census) to 47.3 per 1,000 (1976). The more likely causes of the reduced population figure are mortality and emigration. Had there been a massive family planning program, the birth rate should have declined.

situation is such that each new Minister of Health automatically denounces birth control and swears that the Ministry has not and will not provide family planning services.

Although USAID-supported institutions no longer exist, the trained manpower remaining in the country could be mobilized if an action program were implemented. Many of those who were trained (particularly the medical profession) work privately in family planning. Furthermore, many key people in the Ministry of Health, Planning, and Coordination and in the Institute of National Statistics acquired experience by working with USAID-supported institutions. In sum, AID's early efforts laid the groundwork for current (and future) work in family planning and demographic and policy analysis.

IV. OBSERVATIONS

IV. OBSERVATIONS

Government Policy and Programs*

Bolivian Government policy favors population growth; it encourages immigration, the maintenance of high fertility, and reduced mortality and emigration. No official family planning services are available in the public sector. The GOB's position is buttressed by the Catholic Church's open opposition to birth control and the Left's attacks against family planning and foreign intervention. The situation is further exacerbated by an unstable government in which the public has no confidence and with which no lasting relationship can be established.

Although it has implemented several sectoral policies, the Government does not have a comprehensive population policy. It is, however, sponsoring a population policy project. This project, supported with UNFPA funds, should lead to the integration of population policies into the development planning process. Whether such policies will lead to action programs that include family planning services remains to be seen.

Research

Research on population and family planning issues in Bolivia has been sketchy and of limited value. Unfortunately, too much of what has been produced has been directed at an international audience; the concern has not been to enhance or encourage domestic dialogue, to enlighten the Bolivian Government or the Bolivian society, or to implement needed programs. Furthermore, research on fertility and family planning has no status among social scientists in Bolivia (or in most other Andean countries).

The following is a summary of ongoing and proposed research activities:

A. Demographic

The UNFPA is funding three projects: an analysis of the 1976 census at the Institute of National Statistics (INE); a population policy project at the Ministry of Planning and Coordination; and a labor migration study at the Ministry of Labor. The UNFPA is also conducting a population needs assessment study.

The 1980 demographic survey, a follow-up to the 1975 survey funded by IDRC, will be conducted by INE with technical assistance from Poplab/North

*See Appendix D.

Carolina and the Latin American Demographic Center (CELADE). Questions on family planning will probably be limited to desired family size and date of last birth.

The Maternal Infant Division of the Ministry of Health has prepared a two-year study on fertility and maternal mortality. Funding is being requested from USAID/Bolivia and other donors. Since the pending UNFPA-funded MCH project, which requires \$2.4 million for three years, does not include family planning, this study is particularly important. (It is hoped that it will result in the promotion of child-spacing and the prevention of abortion through family planning.)

INE has contracted CIDES (Luis Llano) to carry out a differential fertility study using data from the 1976 census.

B. Studies on Abortion

COF, in collaboration with the Ob/Gyn Society, has prepared a prospective study on abortion which would include 2,000 cases in eight hospitals in La Paz, Santa Cruz, Potosi, and Tarija. The study could be completed within six months. COF plans to submit it to ICARPAL for funding.

CIS has submitted for USAID/Bolivia's consideration a proposal to study abortion. The proposal describes a retrospective study using hospital data and a survey. (The COF and CIS studies may complement each other.)

Walter Salinas has completed a study on abortion at the Maternity Hospital in Cochabamba. Salinas found that there is one abortion for every four births and that 30 percent of the maternity beds are occupied by women who have had induced abortions.

C. Commercial Studies

The last study of the commercial sector was made by CIS in 1975. A five-year update should be made.

D. Contraceptive Prevalence Survey/KAP

No KAP has been carried out since 1968. There is a tremendous need to conduct a CPS, given the Government's recent restrictions on family planning.

E. Population and Development Projects

The UNFPA-funded population policy project is ongoing. CELADE staff believe that it represents an important first in Latin America because it uses recent (1976) data, is wide-ranging and complete, and applies Brass and "own

children" techniques. The goal of the project is twofold: to integrate population planning into development planning and to establish a population and development unit within the Ministry of Planning and Coordination.

With a different focus and different target groups, the RAPID program of the Futures Group adds another dimension to the population and development issue. RAPID is primarily an educational tool to stimulate debate and discussion among academicians, politicians, and government workers. The program's success depends on who introduces the program, what data are used, and which audiences are assembled. If adopted, RAPID must be a "Bolivian exercise" supported by an organization such as the CCRP (in Bogota, Colombia).

F. Sociological Studies

A number of sociological studies that would interest both the public and private sectors could be made. Among the topics that could be studied are the attitude of different ethnic groups toward fertility; the role of traditional health healers in family planning; and women's roles in making decisions on health, nutrition, and family planning. Both CIS and CERES are capable of conducting such studies.

Services

A. Public Sector

There is no official family planning program. Nevertheless, family planning services are reportedly available at various hospitals and clinics. The key is "que no se obligue."* Apparently, referrals are commonly made to private clinics.

B. Private Sector

The private sector can be divided into three categories: institutional, individual, and commercial. Characteristically, private sector activities are not coordinated; in fact, they are isolated exercises, and understandably so, given current politics. There is considerable discord among the so-called proponents of family planning, and a genuine fear that by providing family planning services, some institutions will seriously jeopardize their working relationship with the Government and the Church.

*Loosely translated, "not to force one, and to accept such services."

There is no particular legislation on family planning, and there is no law which either permits or prohibits voluntary sterilization. (The requirement of a signature of the woman or couple is for the doctor's protection only). Bolivia's penal code prohibits abortion, except in cases of rape, which are rarely tried because the legal process takes so long.

1. Institutional

COF is the only organization that has what might be called an "institutional" program. The center, which has agreements with labor unions whose members include taxi or bus drivers, construction workers, and parents, supports the delivery of family planning services.

The unions operate health posts or clinics which offer family planning services to union members and to the general public for a modest fee. Five such clinics (funded by the IPPF) now operate in four cities, and the COF has requested that the Pathfinder Fund fund five more. Family planning services costs are very high--\$50 per acceptor. The COF expects to reduce the cost to about \$20 this year (5,000 new acceptors for about \$100,000). Because the COF has the only "institutional" programs, it has been able to create an institutional umbrella which makes the clinics "intocables."

COF works closely with the Bolivian Ob/Gyn Society and with the IPPF, from which it requested 5,000 IUDs for distribution among its members. Luis Llano is now studying the possibilities of implementing a pilot CBD project in the rural altiplano and in urban Santa Cruz. Services and information about delivery systems, acceptable contraceptive networks, pricing, etc., are needed.

The COF has arranged to distribute through two maternity hospitals laparoscopes for six sites. The center must first obtain the funding required to pay for the equipment and for the training in laparoscopy.

2. Individual

Besides the COF program, only individual clinics in the private sector offer family planning services. Dr. Eduardo Calero's Consultorio de la Mujer, in La Paz, is well known. With aid from the Pathfinder Fund, Dr. Calero set up a clinic in Santa Cruz (directed by Dr. Freddy Balderrama) and a third clinic in El Alto, outside La Paz. The clinic in Cochabamba was unsuccessful and was closed.

Dr. Ruth Tichauer, the Methodist Hospital in La Paz, and COMBASE in Cochabamba also sponsor clinic activities. The Methodist Hospital no longer offers a formal family planning program because of the ecumenical movement and the resulting agreement between the Methodists and the Catholics: all family planning services are provided now on a personal basis. COMBASE has virtually

halted family planning services because of Church opposition and the lack of contraceptive supplies, primarily IUDs. In fact, the lack (or scarcity) of IUDs and the subsequent impact on the price of contraception are real problems. Insertion of the Lippes Loop costs \$30 or more, insertion of the popular Copper Ts almost twice that amount. An abortion costs about \$100-\$150, and voluntary sterilization (female) \$90-\$200.

3. Commercial

Virtually all contraceptives are available in drugstores. (Some of the methods, brands, and prices are listed in Exhibit A.) Pills cost slightly more than \$2.00 a cycle; three condoms, \$0.75-\$1.00; and vaginal applications \$2.00-\$3.00. All contraceptives, except Vita, a locally manufactured vaginal tablet, are imported. Pharmacists insist that Vita tablets, which cost about \$0.60 per container, are "not effective because they're produced in Bolivia." Depo Provera is reportedly sold in drugstores, but not for family planning. (This is in line with the decision of the U.S. Food and Drug Administration.)

Market women sell herbal contraceptives and abortifacients. The "mule nail" and "llavi" are used to prevent conception and the "potion" (the concoction of the mixture depends on the number of months pregnant) to induce abortion. (See Exhibit B.)

Training

Approximately 300 Bolivians are reported to have received some training in family planning; only 30 (10 percent) may be actively involved in family planning, mainly in the private sector. (The explanation for the low "yield" is that there are no jobs in family planning.) Training programs have been funded by Development Associates, the Pathfinder Fund, IPPF, and USAID.

PROFAM sponsored 10 physicians who were trained in laparoscopy in 1977. The COF proposes to train six or seven physicians abroad and has made arrangements to import and place four or five laparoscopes. The COF intends to retain ownership of the equipment and will sign "convenios" with each hospital or clinic requesting a laparoscope. (See Exhibit C, an incomplete description of laparoscopic usage in Bolivia--location, physician responsible, and status. The exhibit shows that few key institutions have such equipment.)

Since 1976, the leftists have gradually taken control of the medical college and are now in full command. Their politics requires opposition to family planning. There is no family planning curriculum for medical students, and any doctors who were affiliated with PROFAM have been dismissed from the university.

Exhibit A
 COMMERCIAL SECTOR PRODUCTS
 (By Type and Price)

	<u>Price</u>	
	<u>Bolivian \$B</u>	<u>U.S. \$*</u>
<u>Pills (primarily Schering)</u>		
Anovlar 21	B.61.50	\$2.51
Neogynon	62.00	2.53
Gynovlar	53.90	2.20
Microgynon	66.00	2.69
 <u>Condoms (1/4 doz)</u>		
Diana (wet)	30.00	1.22
Fulex (lub)	20.00	0.82
Cadetes (lub)	20.00	0.82
Featherlite (lub)	18.00	0.73
 <u>Vaginal (tablets, pessaries, foam)</u>		
		(Contraband Price)
Rendells (12)	60.00	(49) 2.45
Neosampoon (20)	68.80	(77) 2.81
Lorophyn (12)	48.00	1.96
Delfen (.7 oz)	105.00	4.29
Vita**	14.94***	0.61

Depo Provera

Not available in drug stores contacted.

* U.S.\$ = B.24.50

** local manufacturer

***Not effective, "son nacionales"

Exhibit B

MARKET HERBS

"Una de mula "		Reportedly "inexpensive" contraceptive
		Reasoning: "A mule can't have kids!"
"Llavi"	B.5	"para no tener hijos"
"Aborto"	1 mo. B.15	Drink three "jarras" the first night
	2 mo. B.20	and drink till gone; add sweetener to
	3 mo. B.30	otherwise bitter mixture for B.5 more.

Some of the herbs in the mixture:

Luisa

Sta Maria

Sansa Produllin

Jojas de Naranja

Alosema

Bilca

Romero

Hojas de Igu

Carpa

Lantalla

Chajatilla

Exhibit C

DESCRIPTION OF LAPARASCOPE USAGE.

In 1977, PROFAM employed 10 doctors trained in Laparoscopy, two each from Cochabamba, Santa Cruz, and Sucre, and four from La Paz.

The location and current use of laparoscopes in Bolivia is apparently as follows:

La Paz

	<u>Physician</u>	<u>Remarks</u>
Social Security	Robert Bert	Cannot use
Clinica Sta. Isabel	N/A	Private use
Hospital Metodista	Luis Balzan	Limited use
Consultorio de la Mujer*	Eduardo Calero	Limited use; prefers mini-lap

Cochabamba

La Maternidad**	Guido Trigo	Private use
-----------------	-------------	-------------

Santa Cruz

(?) Quintela	Private use
Jose Gutierrez	Private use

* No longer used at consultorio but in private clinic.

** Originally located at hospital and since moved to private use.

Because medical students have received no formal training in family planning since 1977, there is a need to assist the young doctors preparing for their "year in the province." At least a limited number can be identified and trained in private clinics. Basic equipment and a supply of IUDs are needed and could be furnished.

In April 1980, Development Associates funded through the COF the training of two social workers in Mexico and 10 auxiliary nurses in Colombia. This is a good example of providing training and exposure for people in key positions. (The social workers direct social services at the headquarters of the National Police and at Hospital Obrero.)

A leading family planning physician in the private sector and an ex-parliamentarian (now a minister) are planning to hold an orientation program in Colombia and Mexico for new members of Congress. Between 30 and 35 parliamentarians will be exposed to public and private sector family planning programs in Colombia and Mexico. If the anticipated program is successful, a second seminar for 60-70 parliamentarians and 10 members of labor unions will be held in Cochabamba after the elections. The objective of the program is to propose in early 1981 a law that would officially make family planning an integral part of health services. Travel costs to Colombia and Mexico could perhaps be financed by the Pathfinder Fund. The follow-up seminar in Cochabamba could be financed by the UNFPA.

Information and Education

At best, family planning gets a "bad press" in Bolivia. Little information or education on the subject is available. The newspapers print seemingly endless attacks against birth control. While the proponents of family planning may be constrained from using the mass media, the Catholic Church in Bolivia has its own press (La Presencia), radio station, and publishing company. It also enjoys a great deal of economic power. Moreover, at the international level, the Church has created a special communications service and has named high-level priests in each country to coordinate activities.*

A. Mass Media

Two radio programs, those of Nancy Berrios Romero in La Paz and Windsor Rodriguez in Santa Cruz, were identified during the consultant's work in Bolivia.

1. "Consultorio Familiar"

Nancy Berrios's half-hour (1:30-2:00 p.m.) program on Mondays had been on the Baptist Radio Station for three years. Three months ago, she

* See Appendix E.

lost her sponsor, lacking the \$200-\$300 per month she needed to pay for the program. The program, "Consultorio Familiar," was broadcast only in the La Paz area; it focused on low-income women and included discussions on sex education. Each month, Ms. Berrios reportedly referred about 10 women to Dr. Calero's clinic. She is now seeking funds to buy air time on the radio and to broadcast her program to Cochabamba and Santa Cruz. She also wants to obtain support to rent an office and purchase audiovisual materials.

2. "Citas Medicas"

Windsor Rodriguez's 15-minute program, "Citas Medicas," airs Wednesdays at 9:15 a.m. It is now an integral part of the daily 8:00 a.m. to 12:00 p.m. program, "Show de la Cacerola." In addition to answering letters on the program, Rodriguez interviews people and frequently talks about sex education, responsible parenthood, and related themes. He urges listeners to go to the consultorio which he operates with Balderrama or to his own private clinic. Rodriguez has not been criticized or pressured to stop broadcasting his program.

3. Newspaper Ads

Interestingly enough, family planning services are openly advertised every day in all major newspapers, including La Presencia. Newspaper ads for professional services include those of ob/gyn physicians, who advertise their locations and services, including family planning (and usually treatment of abortion).

B. Other

There is no capability for producing and distributing materials on family planning. The public sector is prohibited from doing so, and no private organization has the necessary personnel or funds. The COF would be the most likely organization to establish a production center.

Sex Education

Given restrictions on family planning, emphasis on sex education makes sense; sex education programs may afford the only opportunity for discussing male-female relations, family life, family planning, and contraception. Unfortunately, as in most countries, sex education programs in Bolivia are organizationally weak, amounting only to rare "charlas" (talks) or an occasional class for secondary school students, etc.

Two organizations, ABES and COF, are involved in sex education programs.

A. ABES

ABES, the Bolivian Association for Sex Education, is a small, volunteer organization affiliated with CRESALC, in Bogota, Colombia. The executive director is Dr. Gladys Pozo de Beizaga, who also heads the Foster Parents Plan. ABES received \$55,000 in support from USAID/Bolivia in 1975 and 1976. Although ABES apparently performed well and submitted good reports, USAID denied further funding because the program did not include family planning. ABES still consciously avoids family planning and has actually rejected support IPPF.

In 1977, ABES presented a \$250,000 five-year project which was to be funded by UNFPA/UNESCO. The Ministry of Education approved the project; the Ministry of Planning did not, because the ABES project was linked to family planning and because there were serious problems with the UNFPA-funded MCH project. ABES may want to prepare now a similar proposal, but one that emphasizes the appointment (by ministerial resolution) of a national institute or committee for sex education and ABES's role as technical advisor. (The committee would coordinate and promote sex education activities in both formal and non-formal educational settings and include an advisory council composed of organized groups of parents, students, teachers, and churches.) ABES must obtain assured support to perform its technical advisory role and to support joint activities with the Ministry of Social Welfare and the Bolivian Mining Cooperative.

B. COF

COF's priority is to promote and support family planning efforts, but it provides instruction in sex education as well. The COF is instructing now 300 cadets in sex education at the request of La Fuerza Naval. The center recruits volunteers from the staff of professionals, principally doctors, affiliated with it.

Having received \$6,000 in special funds from the IPPF, the COF began in May a four-month project involving 80 secondary schools in La Paz. The target groups include 5,000 students, 3,000 parents, and 100 teachers. COF's sex education orientation reflects the center's main interests (human reproduction, prevention of abortion, and use of contraception) and the background of the physicians.

International Assistance

A. UNFPA

The UNFPA is funding three research projects: INE's demographic analyses of the 1976 census; a population policy project at the Ministry of Planning and Coordination; and a ministry study on labor migration. The Fund is also finalizing a \$2.4 million three-year project to assist the National Maternal Infant Division of the Ministry of Health. The project, which will not include family planning services, should help to establish a broader base for the eventual integration of FP services. UNFPA is also conducting a basic population needs study, which is part of its effort to identify priority areas of support in a given country.

B. IPPF

In 1977, IPPF support to PROFAM totaled \$112,000. That, plus grants from the Pathfinder Fund, enabled PROFAM to operate 11 clinics. Since the annulment of PROFAM in 1977, the IPPF has supported COF, and the labor unions' five MCH/FP clinics; it has contributed approximately \$90,000 per year over the past three years. (IPPF previously allocated funds to the Methodist Hospital.) Given the importance of private sector activities in Bolivia and the institutional umbrella created by the labor unions, the IPPF should consider increasing its support to Bolivia (if the COF and the unions can lower the cost per acceptor to more acceptable levels).

C. Pathfinder Fund

Pathfinder has supported private sector activities in Bolivia for a number of years. The Fund now supports Dr. Calero's clinics in La Paz (now receiving its seventh and final year of funding), in Cochabamba (founded in 1979), and in El Alto (this clinic just opened). Pathfinder once funded PROFAM and is considering supporting COF and the five labor union clinics. Along with Development Associates, Pathfinder has supported the foreign training of many Bolivians and is now prepared to fund the orientation for newly-elected parliamentarians, if the elections take place and if the Colombian and Mexican governments agree to host the proposed seminars.

D. Development Associates

Development Associates has supported the training of many doctors and paramedics outside Bolivia and consequently, has been instrumental in preparing a number of key people. Unfortunately, the "yield" (i.e., the

number of professionals actually in Bolivia and working in family planning) has been severely restricted by GOB policy and limited work opportunities.

E. University of Chicago

The University trained some Bolivians enrolled in the communications course in Chicago. Bolivia needs communications experts, but job opportunities for trained staff are limited.

F. JHPIEGO

JHPIEGO has trained probably 10 or 12 doctors from Bolivia in laparoscopy. About half have received laparoscopy equipment. Unfortunately, there has been no way to keep track of the equipment or its use. COF's proposal, if implemented, should resolve this problem.)

G. IPAVS

IPAVS funded Dr. Calero's activities for about two years.

V. RECOMMENDATIONS

V. RECOMMENDATIONS

Given the Bolivian Government's attitude toward population growth and family planning, USAID/Bolivia's position on population (see the COSS for FY 1982, January 1980) is on target; the kinds of activities that require the mission's direct and indirect support have been identified. To realize the objectives, the mission must take an activist role in identifying worthy projects, institutions, and people and coordinate the much needed and valuable inputs of the intermediaries. Recognizing that this is not an easy task, USAID/Bolivia is fortunate to have at the head of the HHA Division a health professional with a background and experience in family planning.

The strategy and options that the mission might consider supporting are described below. Recommendations are grouped under four headings: "Public Sector," "Private Sector," "International Support and Networking," and "Technical Assistance Agencies."

Public Sector

USAID/Bolivia's long-term strategy has been to formulate a population policy and provide organized family planning services (primarily through the Ministry of Public Health). To influence significantly policy and programs, the mission must establish and maintain a flexible but opportunistic position on health services, research, and training.

Bolivian policy dictates that USAID bilateral assistance not include support for family planning services or the importation and distribution of contraceptives. Adherence to this policy is reflected in USAID's plans to allocate \$10.0 million to support health sector activities. As elsewhere, this basic health infrastructure will eventually serve as a vehicle for providing family planning services. UNFPA's proposed \$2.4 million support for the Maternal Infant Division should facilitate the establishment of a health infrastructure capable of delivering MCH and family planning services.

USAID is providing major support for rural health, nutrition, and rural development programs. Those who implement these programs should have an opportunity to participate in training programs in other countries, such as Colombia and Mexico, where family planning is fully integrated into ongoing activities. Besides being trained to deliver family planning services, Bolivians will be exposed to and be able to make contact with their peers in other countries.

To change policy- and decision-makers' attitudes toward population and family planning, data that demonstrate the relationship between population growth and development on the one hand and the deleterious effects of high fertility and high mortality (particularly maternal mortality) on the other must be collected, analyzed, and reported. UNFPA is now supporting important

population policy research at the Ministry of Planning and Coordination. The analysis of the 1976 census and the labor migration study are also important activities. USAID's support of the 1980 demographic survey (conducted by Poplab/North Carolina) should further strengthen the critically needed data base.

The relationship of population and development can be further demonstrated through use in Bolivia of the Futures Group's RAPID program. Although RAPID is not a planning tool, it may be used to show Bolivian planners and politicians how population growth affects development. The Futures Group should not be asked to present RAPID in Bolivia, but it should be encouraged to subcontract with the CCRP in Bogota, Colombia; that organization could collaborate with either the CIS and/or CIDES (private sector) or, preferably, with the INE and the Ministry of Planning and Coordination (public sector). By becoming actively involved in the various programs, planners and statisticians may become more aware of the issues and implications of rapid population growth and initiate action more promptly.

To further support policy and program-related developments, USAID should fund either directly or indirectly the study on fertility and maternal mortality proposed by the Maternal Infant Division of the Ministry of Health. The two-year study will probably cost \$300,000, and the Division will probably have difficulty carrying it out. (Many of the difficulties in implementing the project can be overcome with technical assistance from CELADE or a similar organization.) The study is badly needed and should generate important information on the number of abortions performed in Bolivia. The data could provide health authorities and the medical profession with the reference base they need to develop and promote an anti-abortion campaign similar to that begun in Chile in the 1960s.

In conjunction with the Bolivian Society of Obstetrics and Gynecology, both the CIS and COF requested funding for studies on abortion. The studies are needed to demonstrate the need for action and to provide a data base (which subsequently would be confirmed by data obtained during the Maternal Infant Division's study on fertility and maternal mortality). The design and methodology of the studies are and should be different; data should be collected in a number of different areas to address properly the subject and to enhance public understanding and awareness of abortion in Bolivia. Funding should come from intermediaries or other donors (e.g., ICARPAL, IDRC). In addition, the Salinas study on abortion, conducted in Cochabamba, should be supported. An intermediary should be asked to aid Salinas in preparing a presentation for one of the next national or international conferences, or in publishing the data.

USAID/Bolivia's strategy to effect a change of awareness among key professionals and policy-making groups should also include support for a Contraceptive Prevalence Study. There is a tremendous need for determining the prevalence and use of contraceptives in Bolivia and for updating the 1968 KAP study. Additional studies could be carried out by CIS, CIDES or CERES.

Policy and programs can be influenced indirectly through macro-level and health sector studies and directly through orientation programs. An orientation for parliamentarians after the elections is planned. If the ultimate objective of the program is to promulgate a law that supports family planning, USAID/Bolivia should ensure that the intermediaries provide the necessary support, if support is requested.

A successful public sector family planning services program will require an approach that emphasizes the reduction of mortality and the prevention of abortion. It may be worthwhile to study the use of laparoscopes in public hospitals and clinics and to support private sector training in laparoscopy.

The COF has identified 12 physicians who are interested in learning laparoscopic techniques. The need for and possible use of laparoscopy in family planning in Bolivia are, admittedly, debatable. To date, laparoscopy training has benefited only the few physicians who brought back equipment for use in their private practices. Nonetheless, at the institutional level (i.e., in hospitals and large private clinics) such equipment could be used in teaching and for diagnostic purposes, and even in voluntary sterilization procedures. It makes sense to support COF's plan to train physicians and place equipment in key hospitals and clinics.

To avoid use and ownership problems, COF intends to retain ownership of the laparoscopes by contracting separately with each of the participating health facilities. At the end of laparoscopy training, the equipment will be imported through the Percy Boland Maternity Hospital in Santa Cruz and the Maternity Hospital in Tarija and then distributed to various hospitals in Santa Cruz, Tarija, Cochabamba, and La Paz.

It is not likely that the introduction of laparoscopic techniques will lead to an increase in the number of voluntary sterilizations. However, the resulting cadre of trained physicians and well-equipped hospitals and clinics will contribute to improvements in teaching, diagnostic work, and service delivery. USAID/Bolivia should identify and encourage intermediaries to support COF's proposed project.

Because family planning services are limited to the private sector and because the Catholic Church is openly opposed to birth control, sex education in Bolivia is particularly important. Sex education programs provide at least an opportunity to discuss family planning. The Puebla Conference supports and emphasizes the need for education, including family life and sex education. Not only disadvantaged, low-income groups, but middle-income groups as well, need to know more about human reproduction, personal hygiene, family planning, and contraception.

USAID has no particular expertise in providing sex education. Nor has it funded many sex education programs. Nevertheless, USAID/Bolivia might consider supporting the work of a core group at the national level and of ABES at the private level. Regional organizations, such as CRESALC, and donor agencies, such as UNFPA/UNESCO, should provide most of the funding for and technical assistance on sex education programs.

Gladys Pozo de Beizaga, Ruth Maldonado, Luis Llano, and the Minister of Education have discussed the idea of a national committee or institute on sex education. The goal would be to establish, perhaps under the Ministry of Education, a national institute or committee on sex education. Both formal and non-formal education would be emphasized. A core staff of three to five people would coordinate and promote sex education information and activities. The committee would include a technical advisor (ABES) and an advisory council. The advisory council would consist of members of the various confederations of churches, parents, students, and teachers.

In addition to providing technical assistance to the national committee, ABES should establish itself in Bolivia as a viable entity active in sex education. It will need funds to hire staff, prepare and distribute publications, and create affiliate agencies in each of the other provincial capitals, beginning with Cochabamba and Santa Cruz. ABES's targets should include the Ministry of Education, the Ministry of Social Welfare, and the Bolivian Mining Cooperative. Resources, particularly staff working in the fields of health and women in development, could be mobilized. Some of the project activities could be financed by USAID/Bolivia.

Private Sector

It makes sense to limit USAID's bilateral assistance to population-related activities in the public and private sectors to research, education, and training. But the USAID mission must keep abreast of population and family planning activities and developments, assist and help coordinate the inputs of intermediaries, particularly the IPPF, Pathfinder Fund, Development Associates and FPIA, and alert organizations to opportunities to increase their support of activities in Bolivia. Dr. Hougen, who has an extensive background in and understanding of family planning, now oversees the HHA Division's data collection and population and family planning activities. USAID/Bolivia should consider hiring a Bolivian--"una persona de confianza"--to work under Dr. Hougen's guidance and supervision.

Family planning services today are provided almost exclusively through the private sector. An examination of that sector reveals that, with one exception, it is an institutional vacuum. Nevertheless, there are opportunities to build on the work of such organizations as the COF and on the work of individual physicians. There are serious constraints to maintaining a successful program. In addition to the lack of institutions, the importation and distribution of contraceptive supplies in Bolivia are difficult. Drug stores offer an array of contraceptive methods, but for the most part, individuals and private institutions have great difficulty trying to import contraceptives. The COF is still using pills imported in 1977; this year it hopes to obtain pills from the IPPF through Schering. Those with ministry connections have no trouble obtaining commodities. Sometimes limited quantities of IUDs can be mailed in envelopes without difficulty. The intermediaries must work closely with the various recipients to find a way to import contraceptives and to set up a distribution system to ensure that those who want and need contraceptives can obtain them.

The COF's agreements with the various labor unions represent the only attempt to establish an institutional program in the private sector. The health and family planning clinics sponsored and run by the various labor unions are considered "intocables." The Pathfinder Fund should find a way to support at least three of the five clinics proposed under COF's COSMO Program. The three most important clinics are in Santa Cruz, Potosi, and Sucre. Although there may be other family planning clinics in these cities, the need for family planning services is so great that duplication should not be a concern.

In addition to supporting a larger number of clinics, the COF could organize and direct a program (much like the SOMEFA program in Colombia) to support private physicians in Bolivia. (The CIS has proposed such a program to USAID. Its activities should be limited to research and training; involvement in the delivery of family planning services would divert the agency from its primary responsibilities, to conduct research and provide training.

Although many diverse opinions on the potential success or failure of a CBD in Bolivia have been expressed, no pilot project has been initiated to date. The COF is capable of carrying out such a project in the rural alti-plano and in an urban setting such as Santa Cruz. CBD activities should begin as soon as possible; a discrete and effective delivery system should be designed and the most appropriate operating methods determined and employed.

If the COF is asked to develop its CBD program, some staff, in particular the women involved in implementing CBD activities, should go to Colombia to observe PROFAMILIA's program in urban and rural areas. Luis Llano should take part in the orientation, and joint planning sessions should be held with PROFAMILIA staff. Mr. Llano could review the SOMEFA program in Colombia and PROFAMILIA's commercial and laparoscopy programs.

The COF appears to be the only private sector organization capable of developing even a modest information and education unit. With support, the COF could establish an I & E Department that produces and distributes family planning materials. Such a department would cost \$30,000 per year (the figure includes \$18,000 for one professional and two assistants, and \$12,000 for the program).

Although no private organization other than the COF operates under an institutional umbrella, the two family planning clinics in La Paz and Santa Cruz (supported by the Pathfinder Fund and run by Dr. Calero) have been relatively immune from public attacks, primarily because the clinics promote ob/gyn services. (After failing to successfully establish a similar facility in Cochabamba, Dr. Calero opened a third clinic in El Alto, outside La Paz.)

USAID/Bolivia should encourage the intermediaries to study the possibility of funding other clinics in Bolivia, particularly those in Santa Cruz. For example, the FPIA could continue to seek support for Windsor Rodriguez, who is working now in Dr. Calero's clinic in Santa Cruz. Other clinics are needed. The FPIA and Dr. Rodriguez could follow-up on their earlier discussions and

modify the project to meet the current conditions in Bolivia. There are probably other private physicians like Dr. Rodriguez in other cities in Bolivia who could provide the guidance and leadership required to set up family planning clinics for the lower-income sectors of the population. Such efforts would involve great risks, but they would be no less viable than similar efforts carried out in other countries as many as five to ten years ago.

There are a number of institutions, such as COMBASE and the Methodist Hospital, which need simple equipment and contraceptives, especially IUDs, and other basic family planning supplies. Perhaps these institutions could receive support through organizations such as the COF.

Medical students represent an important target population and should be supported. A special effort to identify and train young medical doctors in family planning and IUD insertions should be made. Medical students preparing for their "año en la provincia" are particularly good candidates. Once trainees have completed their programs, they should be given the basic equipment and contraceptive supplies they will need. The COF might be the appropriate vehicle for implementing informally a medical trainee program.

Given the Bolivian Governments's position on family planning, use of mass media to publicize family planning services is limited. Radio programs (e.g., the radio programs of Nancy Berrios Romero, broadcast in La Paz, and of Windsor Rodriguez, aired in Santa Cruz) are exceptions. Program funding is difficult to secure. Although Rodriguez's program, part of a morning show, requires no particular funding, others such as Berrios's do. In fact, the Berrios program was cancelled in 1979 because of a lack of funds. (It is not clear that half-hour programs on a Baptist radio station draw large audiences. Shorter programs on a larger network may be preferable.) Specific goals and outputs should be identified before intermediaries are asked to support a program.

The 1975 commercial contraceptive study carried out by CIS should be updated. USAID/Bolivia should encourage CIS to submit a funding proposal through one of the intermediaries.

International Support and Networking

Current support for population and family planning activities in Bolivia comes from donor agencies and technical assistance agencies. Since there is no USAID bilateral assistance (ongoing or proposed) and because the GOB's policy is so restrictive, financial support for family planning activities has been obtained from only a handful of USAID-funded intermediaries, principally the IPPF, the Pathfinder Fund, and Development Associates. These organizations and the FPIA should be encouraged to expand their activities in Bolivia.

UNFPA is the major donor. Its support of research and training in Bolivia, particularly its support of the population policy project in the Ministry of Planning and Coordination, is extremely valuable. UNFPA plans to allocate \$2.4 million to support the Maternal Infant Division. This makes sense, given the circumstances in Bolivia. The money, it is assumed, will be used to establish an adequate MCH infrastructure which can absorb family planning services.

In addition to the intermediaries and the UNFPA, several other international donors, such as ICARPAL and IDRC, provide modest support. USAID/Bolivia must keep abreast of these activities to ensure that the inputs of the intermediaries are coordinated and used effectively.

The GOB's position on population and family planning obviously creates difficulties for Bolivians who wish to pursue a career in these fields, enhance or upgrade their professional skills, and maintain their contacts. USAID/Bolivia should develop a strategy that promotes Bolivian contact with other professionals in other countries in the region and that uses technical assistance from Latin American-based institutions. This network would be invaluable.

The proposed Andean Seminar on Fertility Dynamics would provide an opportunity to create this network. This seminar is planned for January 1981, in Lima, Peru. It will be sponsored by AMIDEP of Peru, CCRP of Colombia, and CELADE of Chile. Five candidates from each of six Andean countries will be invited to the conference. The Ford Foundation will probably be one of the donor agencies. Staff from the Ministry of Planning and Coordination, the Institute of National Statistics, CIS, CIDES, and CERES should be invited to the conference.*

Technical Assistance Agencies

Some of the institutions that provide technical assistance (and in some cases funds) are described below.

A. CCRP

The CCRP has supported Bolivian research activities through the CIS. It should probably expand its contacts in Bolivia. USAID/Bolivia should consider channeling funds through the CCRP to organizations in Bolivia.

* The consultant suggested this to Walter Mertens.

B. CRESALC (and OLES)

CRESALC has been assisting the modest efforts of ABES. Although its support has been limited, CRESALC can provide important technical assistance, particularly to the proposed national sex education committee and to ABES, if it receives significant increased funds to expand its organization and programs. OLES, which is based in Asuncion, Paraguay, is a potential resource that could assist in sex education activities.

C. PROFAMILIA

The PROFAMILIA program in Colombia has enjoyed extraordinary success. Programs are diverse. It is important that the COF benefit from the PROFAMILIA experience. The most appropriate activities in which the COF could become involved are CBD, training in laparoscopy, and possibly commercial sector programs. Luis Llano should spend some time in Colombia with PROFAMILIA staff, who, in turn, could work in Bolivia. Such an exchange of expertise would be beneficial. The IPPF should be encouraged to fund exchange activities.

D. CELADE

CELADE already plays an important role in the population policy project of the Ministry of Planning and Coordination. CELADE staff are well qualified and, despite the difficulties with the number of Chileans in Bolivia, they appear to have been successful in transferring their skills and knowledge to nationals and have helped improve the implementation of projects in Bolivia. CELADE staff should be encouraged to continue to provide such assistance. They should also be asked to participate in the fertility, maternal mortality, and abortion studies described above.

E. ICARPAL

ICARPAL provides important financial and technical assistance to Bolivia.

F. ICOMP

ICOMP has made no significant contribution to Bolivian programs. There may be no area in which it could provide assistance at this time. However, ICOMP should be considered whenever there is an opportunity to provide organizational and managerial assistance to the public or private sector.

APPENDICES

Appendix A
LIST OF RESOURCE PERSONS

Appendix A

LIST OF RESOURCE PERSONS

USAID

Mr. Abe Pena	Director
Mr. Malcolm Butler	Deputy Director
Dr. Lee R. Hougen	Chief, Health and Humanitarian Assistance Division
Ms. Jean Audrey Wight	Nutrition Officer
Mr. John Holley	Public Health Advisor and Coordinator, Rural Health Project
Ms. Leticia Kelly	Program Officer

La Paz

Asociacion Boliviana de Educacion Sexual (ABES)

Dra. Gladys Pozo de Beizaga	Executive Director and Pediatrician
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Centro de Estudios de la Realidad Economica y Social (CERES)

Lic. Fernando Calderon	Executive Director
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Centro de Investigacion Demografica, Economica y Social (CIDES)

Lic. Luis Llano	Managing Director
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Lic. Augusto Soliz

Dr. Luis Kushner

Lic. Victor Mesa

Lic. Hugo Torrez

Lic. Mario Martinez

Centro de Investigaciones Sociales (CIS)

Lic. Carmen Cisneros	Secretary
Dr. Guido Solis	Ob/Gyn Physician
Dr. Carlos Salamanca	Ob/Gyn Physician
Lic. Ramiro Moreno	Lawyer

Centro de Orientacion Familiar (COF)

Dr. Luis Kushner	President
Lic. Luis Llano	Executive Director

Consultorio Medico (Confederacion de Padres de Familia)

Dr. Segundino Ortega Alvarado	Ob/Gyn Physician and Director, COF Clinics
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Consultorio de la Mujer

Dr. Eduardo Calero	Ob/Gyn Physician
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Instituto Nacional de Estadisticas (INE)

Lic. Augusto Soliz	Head, Department of Demographic and Social Statistics
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Ministerio de Bienestar Soci

Lic. Gabriela Touchard Lopez	Minister
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Ms. Dori Mendoza

Ms. Maria Esther de Arze

Ms. Gloria de Rojas

Ministerio de Educacion

Dr. Carlos Carrasco	Minister
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Ministerio de Planeamiento y Coordinacion

Lic. Carlos Caraffa	Director, Proyecto de Políticas de Poblacion
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Lic. Hugo Torrez	Demographer
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Ministerio de Prevision Social y Salud Publica

Dr. Eduardo Del Castillo Director, Division Nacional Materno Infantil

Schering Boliviana Ltda.

Mr. Ranier Bitzer General Manager

Sociedad de Obstetrica/Gine

Dr. Luis Kushner President

Dr. Jaime Linares President, La Paz

United Nations Fund for Population Activities (UNFPA)*

Dr. Elba De Calero Interim

Hospital Metodista

Dr. Luis Bazan Director, Ob/Gyn Physician

Dr. Jaime Linares Head of Maternity and Ob/Gyn Physician

Miscellaneous

Dr. Ruth Maldonado Ballon Ob/Gyn Physician, La Paz

Mr. Pedro Medrano R. Representative, Confederacion de Constructores, Chuquisaca

Lic. Nancy Romero Berrios Lawyer, La Paz

Dra. Ruth W. De Tichauer Physician-Surgeon

CochabambaComision Boliviana de Accion Social Evangelica (COMBASE)

Lic. Luis Demetrio Cassano O. Administrator

Dr. Victor Guzman Sanchez Ob/Gyn Physician

Fundacion Ecumenica para el Desarrollo (FEPADE)

Dr. Wilfran Hinojosa Executive Director

Gustavo Trigo, local coordinator for UNFPA, left his post in early March.

Hospital La Maternidad

Dr. Walter Salinas A.	Director, Ob/Gyn Physician*
Dra. Sylvia Garcia de Salinas	Ob/Gyn Physician, Volunteer, La Maternidad

Posta de Salud (Confederacion de Colectiveros de Radio Urbano)

Mr. Valderano Santibanez	President
Mr. Albert Daza	Director
Mr. Carlos Soria	Director
Mr. Alberto Mariscal	Director
Dr. Alberto Guzman	Gynecologist

Centro Medico - Elvira V.v. de Wunderlick (Junta Vecinal del Barrio Ramafa)

Dr. David Schayman Velarde	Ob/Gyn Physician
Dr. Herman Ojopi	Dentist
Dr. Alfredo Negrete	Pediatrician
Ms. Ernesta Molina	Auxiliar de Enfermeria
Ms. Marta Gutierrez	Secretary

Consultorio de Ginecologia y Obstetrica

Dr. Freddy Balderrama V.	Ob/Gyn Physician
Dr. Windsor Rodriguez	Ob/Gyn Physician

La Maternidad Percy Boland

Dr. Percy Boland R.	Ex-director, Ob/Gyn Physician (retired)
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Current director of Division Materno-Infantil, Ministerio de Prevision Social Y Salud Publica.

OruroCentro de Salud

Lic. Yolande Liendo

Nurse

Confederacion de Constructores

Mr. Juan Salguero

General Secretary

Consultorio Medico (Confederacion de Constructores)

Dr. Hermoigenes Sejas

Physician

Ms. Teresa Elias

Auxiliar de Enfermeria

Hospital La Maternidad

Dr. Victor Torrico Lara

Director and Ob/Gyn Physician

Ayo AyoCentro de Salud

Mr. Alberto Llanos Aranivar

Mayor

Sra. Eloina Guardia de Llanos
(Mrs. Aranivar)United StatesThe Futures Group (Washington, D.C.)

Mr. Philander Claxton

Mr. Malcolm Donald

IPPF (U.S.)

Mr. Frank DiBlasi

JHPIEGO

Mr. Hugh Davis

Pathfinder Fund

Mr. David Wood

PopLab/University of North Carolina

Mr. Oleh Wolowyna

Population Reference Bureau

Mr. Sergio Diaz

UNFPA

Ms. Kirsten Trone

USAID/WASHINGTON

Mr. William Bair

Mr. James Brackett

Ms. Maura Brackett

Mr. Richard Burke

Mr. Dick Cornelius

Mr. Robert Halady

Mr. Jim Heiby

Mr. Ray Ravenholt

Ms. Barbara Sandoval

Mr. Richard Weber

Mr. Andrew Wiley

Lima

Ford Foundation

Mr. Walter Mertens

Appendix B

SELECTED NAMES, ADDRESSES, AND TELEPHONE NUMBERS

Appendix B

SELECTED NAMES, ADDRESSES, AND TELEPHONE NUMBERS

LA PAZ

ABES

Tel: 310043

Dr. Eduardo Del Castillo A.

Calle 3 No. 337 Obrajes

Casilla 1453

Tel: 783038

of: Edif. Loteria °8 piso

Tel: 358285

CERES

Ed. Santa Isabel Bloque C 16 piso

Avda. Arce 2459

Casilla 10077

La Paz

Tel: 371844

CIDES

Avda Camacho

Edificio Xerox 1° piso

La Paz

CIS

Edificio Alborada

Calles Loayza esq. Juan de la Riva

Piso 11 - of. 1105

Casilla 6931

La Paz

Tel: 52931 (Carmen: Tel: 342887)

COF

Avda. Camacho 1425 1° piso

Casilla EXP 7522

La Paz

Tel: 341463-358348

LA PAZ, cont.

Consultorio de la Mujer
Avda. America 119 Altos 1° piso
Casilla 3447
La Paz
Tel: 58034

Division Nacional Materno Infantil
Calle Panama 1231 1° piso
La Paz
Tel: 343781/375479

Hospital Metodista
Casilla 4826
La Paz
Tel: 783509/783511

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Appendix C

EVOLUTION OF FAMILY PLANNING IN BOLIVIA

APPENDIX C

EVOLUTION OF FAMILY PLANNING IN BOLIVIA

- 1965 Seminar on population and economic development was funded by AID. It was sponsored by DESAL of Chile and the Bolivian affiliate, DESEC. The seminar was for university participants and government leaders.
- 1967 In May, 1968 IPPF held its 8th international conference in Santiago de Chile.
- 1968 Because of the need for demographic studies, the Centro de Estudios de Poblacion (CEP) was formed in Bolivia with support from DESEC and CELAP (Centro Latinamericano de Poblacion in Chile). The Center was financed by USAID/Bolivia and Luis Llano was named director of research. There were a number of leftists in the organization and people of importance, such as Gustavo Trigo and Maria Ines de Castanos.. At the time, there was no census (since 1950), no KAP studies and no vital statistics.
- The first KAP study was carried out in 1968 by CEP. The study took two years and included the Departments of La Paz, Cochabamba and Santa Cruz. At the completion of the study it was clear that there was public interest in family planning but a lack of knowledge with respect to contraceptive methods. CEP provided education and information but no family planning services.

- 1969 A commission was formed by the Ministry of Health and the University, which led to the establishment of CENAFa (National Family Center). The Center began in 1970, and the first executive director was an ex-minister of education, a lawyer, friend of Banzer and supportive of family planning. The mandate of the Center was to continue research, education and information but no family planning services. The Center was a dependency of the Ministry of Health and financed by USAID. (With phased funding, the Bolivian Government was scheduled to take over funding by 1977.) The Center conducted studies on abortion, the medical profession, etc. and organized a population library.
- 1971 A leftist government took over Bolivia and the students wanted to take over CENAFa. The latter was prompted by a study carried out in Caranave and Las Yungas in which it was discovered that several women had IUD's with no follow-up. There were a number of complaints and accusations by students that the Peace Corps was responsible. The result: the Peace Corps was kicked out for allegedly practicing "birth control" in Bolivia. At that time, CENAFa was headed by the extreme left and Luis Llano, a director of research, was thus introduced to the labor leaders.
- 1972 Banzer took over the country and CENAFa was put under new leadership, a physician named Dr. Castro. Luis Llano still headed the research division and Antonio Cisneros and Augusto Soliz worked under him.

There was growing interest in family planning methods and the provision of family planning services. Many people at the Ministry of Health had been trained with Development Associates support. The Maternal Child Health Division was created in 1972 with support from USAID/Bolivia. There was also a division of public health created in the universities.

1973 There was a confrontation between CENAFAP and the Catholic Church. The Ministry of Health formed a commission, with two representatives from the Church and CENAFAP, headed by the director general of the Ministry of Health. Representatives from the Catholic Church included Padre Atali and the Papal Nuncio. The results of the commission's investigation were favorable to CENAFAP, including the idea of sex education in the schools, etc. However, the next day the representative of the Vatican went to the Ministry of Health, withdrew their support from the commission, and threatened to break off relations with Bolivia. This marked the first battle between family planning and the Catholic Church at the highest levels.

Since there was still very little in the way of family planning services, it was decided to create PROFAM. The founders included Luis Kushner, Eduardo Del Castillo, Eduardo Wilde, Luis Alberto Valle (son-in-law of Banzer and now director of the School of Public Health), Gaston Maure (now in Venezuela), Luis Llano (as secretary general) and several lawyers and social workers. PROFAM identified

four areas, or goals, in which to promote and deliver family planning:

1. The private sector
2. The official levels
3. Organizations at the community level, and
4. Private sector physicians.

To meet these goals, PROFAM saw the need to create the following corresponding organizations:

1. PROFAM
2. The Maternal Child Health Division, Ministry of Health and CENAFSA
3. Various community organizations (e.g. labor unions), and
4. Private physician activities.

In addition, ABES was formed for purposes of sex education; CIS for research, and ABCODE (Association Boliviano de Comunicadores Demograficos) as a member of ALACODE in the communications field.

During the period 1970-1974 there was support from several donor and foreign organizations for population and family planning activities. The Pathfinder Fund provided funding for the training outside Bolivia of socio-political types and physicians and nurses.

Development Associates trained physicians and nurses and some social workers in the exterior. Margaret Sanger Center trained doctors and nurses in New York. BEMFAM provided training for auxiliary nurses and nurses. As a result, some 250 physicians, paramedical personnel and journalists were trained, in addition to a number of seminars and courses for workers, people in the armed forces, and teachers, etc.

There was a great deal of work with FEPAFEM in the medical schools and a seminar on health and demography (Luis Llano is the author of the FEPAFEM manual on Fecundidad). There was also support from the Airlie Foundation and the Population Reference Bureau to prepare people for the Bucharest conference in 1974.

1973 The Maternal Child Health Division submitted a project to the UNFPA for \$1.5 million to include "responsible parenthood." However, UNFPA requested a rewrite because the MCH project included only a minor focus on family planning.

1974 With funding from IPPF and Pathfinder Fund, PROFAM offered medical and family planning services and information and education. There were 12 clinics - seven in La Paz and five in the interior.

A new GOB proposal to the UNFPA for some \$187,000 was limited to \$38,700 for a preparatory project phase for the PROMICOBOL project.

1975 The International Year of the Woman was a big event in Bolivia, and PROFAM made a lot of publicity, including a speech by Banzer.

The preparatory phase for PROMICOBOL was continued with \$99,000 from the UNFPA.

1976 The second PROFAM goal was reached. USAID/Bolivia financed the Maternal Child Health Division in the Ministry of Health. Luis Kushner was director of the Division.

1976 The PROMICOBOL (Programa Materno Infantil Coordinacion Boliviana) project was signed between the GOB and UNFPA in February for a total \$1.5 million over a five-year period. Goals of the project were to establish norms, assign responsibilities to medical and paramedi-cal personnel and develop a statistical system. Services were to include family planning. There were five Ministry of Health clinics and an agreement with PROFAM for seven clinics more. There was also data received from COMBASE, the Methodist Hospital and the Consultorio de la Mujer.

Dr. Tichauer was required to defend herself for some 58 sterilization cases that were reported in statistics made public by CELADE.

(Dr. Tichauer's figures wre from 1974.) The doctor had to send a letter to the Colegio Medico in defense of her actions.

There were two ministers of health during the year who supported family planning. There were many socio-political problems and much activism on the part of the Roman Catholic Church and the extreme left. There were demands for the increase in salaries, the freeing of political prisoners, a series of things, including the suppression of family planning services. The Church succeeded in removing the Minister of Health and Director of the MCHD. A colonel was named as minister and the private physician of the Cardinal was named as the sub-secretary. The latter was Dr. Darian Gorena. (He received a USAID scholarship in 1972 to study family planning in Chile.)

1977 Dr. Gorena formed a commission at the Ministry of Health level to investigate the activities of PROFAM. Although the report was favorable -- i.e., it was determined that PROFAM was not doing birth control nor anything against the law, the legal status of PROFAM was annulled in August, 1977. The annulment, however, was not communicated to PROFAM. Apparently the Ministry wanted to wait two or three weeks and then catch PROFAM operating without its legal status. Fortunately, PROFAM knew a secretary in the government palace who warned them in advance, and PROFAM immediately suspended its activities.

CENAFa, which was operating at decreasing levels of activity, was also closed in 1977. CENAFa had a special library with more than 1000 volumes on population. Some of the volumes went to the

school of public health; others were destroyed, and a calculator, furniture and equipment disappeared.

By year-end 1977, all organized family planning activities in the public and private sectors were stopped. Thus, the first two goals identified by the founders of PROFAM -- the private sector organization and the government organization -- had failed. The UNFPA withdrew its support for the \$1.5 million PROMICOBOL Project.

1978 Some of the founders of PROFAM initiated the third strategy -- i.e. to establish family planning services through agreements with labor unions. To coordinate the activities and channel funding, the Centro de Orientacion Familiar (COF) was established.

1979 The fourth strategy involving contact with private physicians got under way, and COF distributed 700 IUD's to some 20 doctors in the La Paz area.

Appendix D
CORRESPONDENCE (IN SPANISH)

Appendix D
CORRESPONDENCE (IN SPANISH)

FUERZAS ARMADAS DE LA NACION
FUERZA NAVAL BOLIVIANA
LA PAS - BOLIVIA

Departamento: DIREC. SAN. NAV. No. 11/80

Objeto: Oficializar solicitud

Anexos: a/a.

La Pas, Marzo 3 de 1.980

Al señor

Luis Llano S.
SECRETARIO EJECUTIVO DE C.O.F.

Presente.-

De mi mayor consideración:

La Dirección de Sanidad Naval a mi cargo ha presentado al Comando General de la Fuerza Naval Boliviana un proyecto para la realización de un curso sobre Educación Sexual y aspectos relacionados con la Reproducción Humana a los señores alumnos de Los Institutos Navales, Escuela Naval Militar y Escuela de Aplicación Naval, este último con sede en Loma Suarez (Beni), el mismo que ha sido aprobado así como el programa de temas.

Mediante la presente se permite oficializar la solicitud personal que le hiciera en días pasados para que la C.O.F. pueda hacerse cargo de los indicados cursos en razón de la experiencia con que cuenta su personal profesional en estas materias.

Insinúo a Ud. coordinar con el Jefe de Estudios de la Escuela Naval con sede en esta ciudad para fijar fecha, horarios y otros detalles para la ejecución del curso.

La Escuela Naval con sede de Aplicación Naval en Loma Suarez (Beni) cuenta con aproximadamente 300 señores cadetes y alumnos respectivamente. Respecto al curso de la Escuela de Aplicación deberá ser coordinado con esta Dirección.

Deseo aprovechar la oportunidad para solicitarle la donación de bibliografía sobre las materias y otras relacionadas con la Población y Demografía para la biblioteca de los mencionados Institutos Navales.

Agradeciéndole su gentil cooperación me despido de Ud. atentamente.

Luis Kushner López
DIRECTOR SAN. NAVAL

Luis Kushner López
Director de Sanidad Naval



MINISTERIO DEL INTERIOR
POLICIA NACIONAL
COMANDO GENERAL
LA PAZ - BOLIVIA

CITE N° 11.400.....
DIRECCION NAL. DE SALUD Y BIENESTAR SOCIAL
DPTO. BIENESTAR SOCIAL.....

La Paz, 8 de Febrero de 1.980

Señor

Lic. Luis Llanos A.
DIRECTOR EJECUTIVO DEL CENTRO DE ORIENTACION
FAMILIAR

Presente.-

Señor Director:

En la necesidad de que las alumnas y alumnos de las Escuelas Básicas de la Policía Nacional, deben tener conocimiento sobre "Educación Sexual" y siendo el propósito de esta Dirección Nacional de Salud y Bienestar Social, realizar un curso completo en este campo, a cargo de profesionales solventes, es que, me permito solicitar a su autoridad, quiers prestarnos su valiosa cooperación, con los señores - médicos de esa prestigiosa organización a su digno cargo.

Para coordinar esta labor, la Sra. Jefa del Departamento de Bienestar Social de esta Dirección, está autorizada de proporcionar los detalles, para la planificación y programación del mencionado curso.

Al anticipar mi agradecimiento por esta deferencia, me es grato saludar al señor Director con mis consideraciones más distinguidas.



[Handwritten Signature]
CnY. Dr. P. Mario Ayda Fernández
DIRECTOR NAL. DE SALUD Y BIENESTAR SOCIAL

MFM/dr.

Appendix E
RELEVANT NEWSPAPER ARTICLES (IN SPANISH)

Lunes 24 de Marzo 1980

Cardenal reitero su posición contra control de natalidad

SUCRE.-23 (PRESENCIA). El Cardenal Maurer, a tiempo de recibir la Condecoración de la Orden Boliviana de la Salud, reiteró que la Iglesia lucha y luchará contra la campaña anticoncepcional que trata de destruir nuestra nacionalidad, limitando el número de sus hijos.

En acto solemne que se cumplió en el Salón de la Prefectura del Departamento, la Presidencia de la República Lidia Ospelt Tejada, impuso la condecoración de la Orden Boliviana de la Salud en el grado de Gran Oficial, al Cardenal Maurer, previas las palabras de al Ministro de Previsión Social y Salud Pública, Aida Claros de Bayá, quien destacó la fructífera labor, no sólo pastoral sino social del Primado de la Iglesia Boliviana.

Señaló que desde que pisó territorio boliviano, el actual Cardenal había consagrado su vida a servir al prójimo, a ayudar a los necesitados e incurrió en el campo de la salud, construyendo hospitales, trayendo grupos de voluntarios, realizando campañas en pro de la salud, llevando adelante programas de Gran Bretaña, dentro del Proyecto Social "Cardenal Maurer".

Al margen, reiteró su fe católica, su fe religiosa como mujer y como autoridad y dijo, que se sentía orgullosa de llegar hasta Sucre para cumplir con esta misión, dictando este discurso.

a la Presidenta de la República a imponer la alta condecoración al Primado de la Iglesia Boliviana, José Clemente Cardenal Maurer.

Luego habló Su Eminencia, el Cardenal Maurer, leyendo el siguiente discurso:

"Nuevamente el pecho del Cardenal de Bolivia se ve honrado luciendo la joya del "Mérito a la Salud", conferida por el Supremo Gobierno de la Nación, en ocasión de recordar los 80 años de vida que el Señor le ha concedido.

Acepto agradecido tan gran honor, porque considero que no es mi persona si no la Iglesia Católica la que recibe el reconocimiento a su incansable labor en beneficio de nuestro pueblo acosado en su salud física por miles de males que pesan especialmente sobre nuestras mayorías.

A la insustituible acción humana y cristiana cumplida por nuestras admirables religiosas y religiosos en los centros de salud: hospitales, asilos, hospicios, policlínicos, manicomios, leprosanarios etc. hemos tratado de colaborar al Gobierno obteniendo fondos nacionales y extranjeros, para procurar mejores materiales en construcciones y equipos médicos, algunas veces muy costosos, pero siempre sumamente necesarios.

Con toda justicia nos encontramos al Supremo Gobierno una

oportunidad propicia para reconocer el servicio permanente e incansable de la Iglesia en bien de nuestro pueblo. No tenemos otra meta ni objetivo que servir y servir al necesitado que es servir a la Patria.

A eso obedece nuestra defensa a la Madre y al Niño: por eso luchamos contra toda campaña anticoncepcional que trata de destruir nuestra nacionalidad, limitando el número de sus hijos.

Protegemos al niño desde el primer momento de su concepción, porque también es hijo de Dios y condenamos el crimen del asesinato a inocentes en el seno materno.

El Supremo Gobierno ha sabido comprender nuestro papel en búsqueda del bienestar material y moral de nuestro pueblo y nos ha otorgado las necesarias facilidades, algunas veces con mucha dificultad, debido casi siempre a intereses políticos, partidarios o personales, que no pueden ver el servicio desinteresado que presta la Iglesia.

Volvemos a repetir que la Iglesia, como institución permanente, considera su misión salvadora la dedicación al Hombre, como mandato evangélico. Tal espíritu de duración y continuidad a todas sus obras que siendo de servicio social y en beneficio de los bolivianos, debe contar con la

Cardenal reitero
(Véase de la página 2)

Así demostró ahora la comprensión y ayuda de los poderes del Estado.

Excma. Sra. Presidenta al haber querido personalmente entregarme esta Condecoración. Mientras nuestras fuerzas estén unidas y trabajen por el bien de los hermanos cumpliremos con nuestra misión de entregar la vida a su servicio.

Gracias Excma. Sra. Presidenta - Gracias Excma. Sra. Ministro de Previsión Social y Salud Pública - Gracias a Uds. que me acompañan en este solemne acto: El compromiso de la Iglesia para servir a Bolivia.

(Pasa a la página 12)

EL DIARIO, FRIDAY, March 21, 1980

Estiman un bajo crecimiento democrático en Latinoamérica

Santiago (Chile), 20 (UP).— El Centro Latinoamericano de Democracia (CELADE) estimó hoy que salvo excepciones, el ritmo de crecimiento en Latinoamérica y el Caribe será inferior en los próximos veinte años al que se produjo en las últimas dos décadas.

El aserto se basa en las hipótesis de evolución futura de la mortalidad, y en particular de la fecundidad de acuerdo a lo señalado por el organismo regional.

La nota afirma que los cinco países más poblados a través del tiempo seguirán siendo Brasil, México,

Argentina, Colombia, y Perú, con un total de algo más del 7 por ciento de la población de América Latina.

“La población de Colombia superará holgadamente a la de Argentina en el año 2000 y se estima que en 192 la población colombiana será de 28.3 millones y la Argentina de 27.7 millones”, dice el CELADE.

Al examinar la variable de la fecundidad, que junto a la mortalidad determinan los cambios de la población, el estudio señala que en el quinquenio 1930-1935 sólo Argentina y Uruguay tenían menos de cuatro hijos por mujer.

Considerado el Quinquenio 1930-1935, seis países alcanzan tramos de fecundidad que implican menos de 4 hijos (Costa Rica, Panamá, Argentina, Chile, Uruguay y Cuba).

Empresa el CELADE (que particularmente bajo el nivel estimado para Cuba, con menos de dos hijos por mujer.

“Se estima que a fines de este siglo, 1995-2000, once de los veinte países tendrán una fecundidad inferior a los 4 hijos por mujer, y cinco entre ellos de 2 a 3 hijos por mujer”.

En cuanto a la mortalidad, el informe señala que en el Quinquenio 1950-1955 sólo Argentina y Uruguay tenían una mortalidad moderadamente baja, con más de 60 años de esperanza de vida al nacer.

En el Quinquenio 1930-1935 ese nivel es alcanzado por 15 países, de los cuales 4 (Cuba, Panamá, Uruguay y Costa Rica) llegarán de tener más de 70 años de esperanza de vida.

Subraya que en el Quinquenio 1995-2000 sólo BOLIVIA y Haití no habrán alcanzado los 60 años de esperanza de vida.

Polémica en torno al control de la natalidad en el Brasil

Brasilia, (UP).— Las aspiraciones del gobierno de Brasil, el país más populoso de América Latina, de preparar un programa de planificación familiar parecieron chocar hoy con la oposición de la Iglesia a la limitación de nacimientos.

Voceros de la conferencia nacional de los obispos brasileños (CNBB) comentaron esta tarde que el Episcopado brasileño tiene una posición "firme y clara" sobre la planificación familiar, que es la de respetar "la naturaleza y la voluntad de Dios".

La Iglesia sólo acepta métodos naturales para evitar la procreación, como el uso del calendario para conocer los periodos fértiles de la mujer, dijeron los voceros, rechazando energicamente "cualquier método antinatural".

Por su parte, fuentes del Ministerio de Salud explicaron que el estudio del programa de planificación familiar busca desarrollar la paternidad responsable.

Las polémicas iniciadas sobre el control de la natalidad o planificación familiar se producen cuando en Brasil se calcula estadísticamente en unos 14 millones el número de menores con poca o ninguna asistencia de los padres, en una población que asciende a 114 millones de brasileños.

Las controversias se sucedieron a cuatro meses de la visita del Papa Juan Pablo II al Brasil, tomando más sensibles los argumentos en las relaciones Iglesia-Estado.

Fuentes allegadas al gobierno brasileño explicaron que el programa buscará estimular precisamente los métodos naturales de anticoncepción y que la seguridad de pilólicas u otros métodos será realizada, como ocurre hoy, en forma individual por médicos sin el aliento oficial.

Brasil tiene una tasa de crecimiento demográfico anual de 2.7 por ciento, una de las más elevadas entre los países del tercer mundo.

"Estamos interesados en disminuir el número de abortos en el país, una práctica moral y legalmente condenable", dijeron las fuentes allegadas al gobierno.

Las autoridades carecen de estadísticas exactas sobre número de abortos anuales, aunque diarios brasileños ya publicaron que se realizan millones de ellos todos los años en clínicas particulares, en casas particulares, con la asistencia de médicos, parteras o simplemente curanderos.

El Secretario General de la CNBB, Luciano Mendes dijo ayer a los periodistas que generalmente las clases populares son las afectadas por campañas para reducir la natalidad, cuando debería programarse en forma eficiente el apoyo a la mujer obrera, y mejorarse sustancialmente las condiciones de salud, nutrición, vivienda y educación.

En reiteradas ocasiones, fuentes eclesísticas denunciaron la actividad de un grupo conocido como "bambas" en la región del noroeste, la de mayor crecimiento demográfico y menor renta per cápita del país, distribuyendo

pilloras anticoncepcionales y efectuando esterilizaciones en mujeres.

Las autoridades siempre negaron cualquier relación con esa organización privada.



LAS GRANDES campañas masivas para controlar la natalidad, tienen su raíz en un egoísmo que crece día a día. No es cierto que se agotan las riquezas de la naturaleza. Hay alimento y hay mayor tecnología para extraer todo lo necesario de las riquezas naturales (Foto EFE).

El "boom" de la demografía

La FAO ha difundido un "sitio" bastante curioso. Dice que dos tercios de la humanidad sufren hambre. Sin embargo Colin Clark ha declarado que la FAO ha cambiado de opinión, ya que el doctor Pastry, jefe del Comité ejecutivo, ha reconocido que no habrá problemas en producir en los próximos cien años de "treinta a cuarenta veces el volumen de alimentos actual". Y todo sin tener en cuenta los avances de las técnicas de explotación.

Lamentablemente estas ditas y hechas no se difunden.

Clark ha sido asesor del Gobierno de la India, por lo tanto conoce el país y sus problemas a fondo.

Declara que en 1947, casi todos los economistas de la India creían que no iban a aumentar su producción en más de un cinco coma cinco (5,5) por ciento. El aumento ha sido sin embargo de uno coma cinco (1,5) por ciento. Y la tierra está mal explotada. Japón, por ejemplo, que dispone de una superficie menor, produce más arroz.

"Ni en la India ni en ninguna parte del mundo puede justificarse científicamente la necesidad de controlar la natalidad. Los errores políticos del Gobierno indio han sido graves. Las dificultades de los países pobres, no deben a que los

"superávits" agrícolas de los países desarrollados compiten con las exportaciones de los países más pobres".

"Los temas que difunde el Banco Mundial sobre la limitación o control de la natalidad, son basados en prejuicios y medidas políticas, no científicas. Al fin y al cabo vemos con claridad que los países con más alto crecimiento demográfico son los que tienen índices más altos de aumentos de la producción "per cápita".

Y nosotros decimos: ¿Quién somos para decidir quién debe morir, y quién no? ¿Dónde cuándo es el hombre - o la mujer - el dueño y señor de la vida?

Nos han asustado hace unos pocos años, cuando se lanzó el "boom demográfico". No hay comida! Los peces del Perú se acabarían en pocos años. . . EE.UU. no podrá alimentar a tanta gente. . . se acaban los minerales . . . el petróleo. . . etc. Pero, ¿en que somos tan tontos como para dejarnos engañar con argumentos exagerados por unos pocos que buscan la degradación del ser humano? Porque controlar la natalidad no es más que eso: es llegar a una aberración tal que nos continúe en deudas y sufrimientos de la vida.

¿Y en que cosas no creemos en la Providencia? Claro que el

problema es serio. A veces pensamos que es mejor evitar los hijos, a que nazcan en zonas pobres donde las posibilidades son poco esperanzadoras. Pero la cuestión es hacer una política que piense en esos problemas, que sea al fin y al cabo la más importante; se trata de dar cultura a nivel masivo que llegue a todos los pobladores de un país, de un continente.

Lo fácil es adoptar la nomenclatura del control; del genocidio en una palabra. Porque controlar la natalidad es eso. Es cegar las fuentes de la vida. Y la mayoría de las veces es por pura comodidad: adquirir tal televisor, comprar un auto, pasar unas tranquilas vacaciones.

Se trata de generosidad, no es otro el secreto. Es abandonarse con generosidad en las manos de Dios, que es al fin y al cabo, quien conoce realmente los problemas que puede ocasionar la llegada de otro hijo, y si lo manda: El sabe más.

Desde luego que cuando el problema es otro (falta de educación, pocas posibilidades económicas a nivel país, etc. etc.) el remedio es buscar soluciones a nivel gubernamental. Que los que tienen que pensar, piensen. Que se intenten a buscar soluciones, que elaboren una política de "vida", y no de destrucción y muerte.

LA PRESENCIA

PROFESIONALES



médicos

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**PROBLEMAS DE ESTERILIDAD
CONYUGAL**

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GINECOLOGO

UNIVERSIDAD COMPLUTENSE - ESPAÑA

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Domingo 10 de Febrero 1980

EL DIARIO, domingo 10 de febrero de 1980 Pág. 6
Facultad de Medicina

Justificativos para el retiro de catedráticos

Todos los catedráticos se presentaron a la Facultad de Medicina para justificar su retiro. El Consejo Facultativo de Medicina, en su sesión del día 10 de febrero de 1980, aprobó el retiro de los siguientes profesores:

Dr. Carlos Romero
Dr. Juan Andrés

Dr. Víctor

diver. 3. Dr. Rolando Costa Arduo. 4. Dr. Enrique Aparicio Chopites. 5. Dr. Mario Michel Zamora. 6. Dr. José María Alvarado. 7. Dr. Edgar Moreno Sainz. 8. Dr. Enrique Revuelto Montero. 9. Dr. Gregorio Laza Balza. 10. Dr. Hugo Jiménez. 11. Dr. Oscar Egusa y Epula. 12. Dr. Gustavo Laguna Iturriz. 13. Dr. Rodolfo Herrero Rodríguez. 14. Dr. Hugo Salguero Silva. 15. Dr. Federico Allaga Arceizana. 16. Javier Mejía Saavedra. 17. Jaime Torrico Velasco. 18. Fernando Patiño Villegas. 19. Dr. Javier Cordova López. 20. Dr. Jaime Rivera Moratá. 21. Dr. Walter Arteaga Cabrera. 22. Dr. Hugo Julián Moscoso. 23. Dr. Carlos Aguilar Peralta. 24. Dr. Carlos Castañeda. 25. Dr. Raul Mendoza Requena. 26. Dr. José Sotomayor Flores. 27. Dr. Jorge Arratia. 28. Dr. Adolfo Colombo Aparicio. 29. Dr. Renato Bustillos. 30. Dr. Hugo Mirabal Santz. 31. Dr. Juan Camarero Arceizana. 32. Dr. Jorge Aza. 33. Dr. Emma Ortega de Camacho. 34. Dr. Luis Fernando Berragán. 35. Dr. José Allaga Inchausti. 36. Dr. Juan María López. 37. Dr. Jorge Melgarejo Durán. 38. Dr. David Mollinedo Niriago. 39. Dr. Germán La Fuente Siles. 40. Dr. Samuel Cordova Roca. 41. Dr. Alberto Criales Rego.

Profesores que deben someterse a concurso abierto de méritos y exámenes de competencia en las asignaturas del nuevo currículum y que Consejo Facultativo propone para ratificación provisional hasta que rinda exámenes.

1. Dr. José Escobar Rivas. 2. Dr. Walter Vargas Lorenzetti. 3. Dr. Raul Linares. 4. Dr. Guido Zambrana. 5. Dr. Patricia de la Borda. 6. Dr. Orlando Álvarez. 7. Dr. Oscar Vaca. 8. Dr. Alvaro Ortiz. 9. Dr. Rodolfo Suárez Tejada. 10. Dr. Cuestin Aguilar. 11. Dr. Julio Armas Anaya. 12. Dr. Alvaro Aparicio. 13. Dr. Johnny Pradol. 14. Dr. Luis Zapato Guaman. 15. Dr.

José Octavio Sotomayor Urquiza. 16. Dr. Edgar Torrico Ameller. 17. Dr. Felipe Valdez. 18. Dr. Eduardo Aranda Torrico. 19. Dr. Manuel Díaz Villegas. 20. Dr. Carlos Trujillo Morales. 21. Dr. Helio Moreno Sanjurjo. 22. Dr. Humberto Yugar. 23. Dr. Manuel Nariff Iza. 24. Dr. Graciela Layton de Quiroz. 25. Dr. Francisco J. de Urioste. 26. Dr. Carlos Loayza Rodrigo. 27. Dr. Luis Otazo Calderón. 28. Dr. Raul Lara Mendieta. 29. Dr. Jorge Lara Urrutia. 30. Dr. Humberto Chan Hurtado. 31. Dr. María del Carmen de Luna Ordoñez. 32. Dr. Jorge Nulaz Vidaurra. 33. Dr. Javier Luna Ordoñez. 34. Dr. Humberto Caranga Maldonado. 35. Dr. Augusto Camacho López. 36. Dr. Raul Urcuzo Rojas. 37. Dr. Juan Carlos Guerrero. 38. Dr. José Luis Morales. 39. Dr. Jaime Reyna Rodríguez. 40. Dr. Memphis Olaches Toro. 41. Dr. Luis Tamayo Meneses.

Profesores que Consejo Facultativo considera que no deben ser ratificados por las razones expuestas en cada caso.

1. Dr. Lucio Salguero Ferrafino. a) Incapacidad académica. b) Resistencia a la Autonomía. 2. Dr. Oscar Saenz Arredondo. a) Incapacidad académica. b) Ingreso posterior a 1972. 3. Dr. Hernando Valdes Redondo. a) Técnica pedagógica negativa. b) Se observa su puntualidad. c) Incompatibilidad de horarios. d) Ingreso posterior a 1972. e) Irregularidad en exámenes de materia. 4. Dr. Félix Romano Ramírez. a) Conflictivo por su relación docente estudiantil negativa. b) Se observa su puntualidad. c) Ingreso posterior a 1972. 5. Dr. Luis López. a) Ballesteros.

Resistencia a la autonomía. b) Tesis proscritas pendientes. c) Competencia en calificaciones CNES. 6. Dr. Fernando Alvarado Quisbert. a) Por irregularidad en el ingreso por ingresar a dicha cátedra después de 1972. 7. Dr. Angel Quirós Medrano. a) Incapacidad académica. b) Incompatibilidad de horarios. c) Actividad y resistencia al movimiento autonomista. 8. Dr. Augusto Vargas Illudson. a) Técnica pedagógica negativa. b) Relación docente - estudiantil negativa. c) Programas y exámenes deficientes. d) Ingreso posterior a 1972. 9. Dr. Guillermo Gailardo Echeguy. a) Incapacidad académica. b) Relación docente estudiantil negativa. c) Conducta anti-autonomista. 10. Dr. Mario Méndez Elias. a) Resistencia y actividad anti-autonomista. b) Ministro de Educación en la dictadura. 11. Dr. Mario Quirós Gutiérrez. a) Técnica Pedagógica negativa. b) Incapacidad académica. 12. Dr. William Michel García. a) Actividad anti-autonomista. b) Ingreso posterior a 1972. 13. Dr. Edgar Santaluz Fabón. a) Incapacidad académica. 14. Dr. Mario capacidad académica. 15. Dr. Luis Henning. a) Incapacidad académica. 16. Dr. Nilo Noya Tapa. a) Abandono de la docencia. 17. Dr. Rubén Rocha Peinado. a) Resistencia a la autonomía. 18. Dr. Guido Segarra Salas. a) Conducta anti-autonomista. 19. Dr. Gastón Pezzo Caballero. a) No dio examen. b) Incapacidad académica. c) Resistencia a la autonomía. d) Regenera estudiantil. 20. Dr. Luis Brizman. a) No dio ningún examen.

Resistencia a la autonomía. b) Tesis proscritas pendientes. c) Competencia en calificaciones CNES. 6. Dr. Fernando Alvarado Quisbert. a) Por irregularidad en el ingreso por ingresar a dicha cátedra después de 1972. 7. Dr. Angel Quirós Medrano. a) Incapacidad académica. b) Incompatibilidad de horarios. c) Actividad y resistencia al movimiento autonomista. 8. Dr. Augusto Vargas Illudson. a) Técnica pedagógica negativa. b) Relación docente - estudiantil negativa. c) Programas y exámenes deficientes. d) Ingreso posterior a 1972. 9. Dr. Guillermo Gailardo Echeguy. a) Incapacidad académica. b) Relación docente estudiantil negativa. c) Conducta anti-autonomista. 10. Dr. Mario Méndez Elias. a) Resistencia y actividad anti-autonomista. b) Ministro de Educación en la dictadura. 11. Dr. Mario Quirós Gutiérrez. a) Técnica Pedagógica negativa. b) Incapacidad académica. 12. Dr. William Michel García. a) Actividad anti-autonomista. b) Ingreso posterior a 1972. 13. Dr. Edgar Santaluz Fabón. a) Incapacidad académica. 14. Dr. Mario capacidad académica. 15. Dr. Luis Henning. a) Incapacidad académica. 16. Dr. Nilo Noya Tapa. a) Abandono de la docencia. 17. Dr. Rubén Rocha Peinado. a) Resistencia a la autonomía. 18. Dr. Guido Segarra Salas. a) Conducta anti-autonomista. 19. Dr. Gastón Pezzo Caballero. a) No dio examen. b) Incapacidad académica. c) Resistencia a la autonomía. d) Regenera estudiantil. 20. Dr. Luis Brizman. a) No dio ningún examen.

Profesores de las carreras

de Farmacia y Bioquímica que fueron ratificados en la segunda instancia.

1. Dra. Elida Flores. 2. Dra. Bertha Ros Iriarte. 3. Dr. Jaime Martínez Salguero.

Profesores que deben someterse a concurso abierto de méritos y exámenes de competencia en las asignaturas del currículum y que Consejo Facultativo propone para ratificación provisional hasta que rinda exámenes.

1. Dra. Sonia Caro Miranda. 2. Dra. Lilia Sánchez García. 3. Dra. Delfina Morales de Armas. 4. Dra. Onivaldo Trigo. 5. Dra. Hernán Casanova. 6. Dra. Heriberto Curvas. 7. Dra. Gonzalo Salinas Roque. 8. Dr. Max Mollinedo. 9. Dr. Mario Aramayo. 10. Dr. Gonzalo Reyes Chávez. 11. Dr. Guillermo Gallardo. 12. Dr. Enrique Urdeta. 13. Dr. José Carreón Noldus.

Profesores observados

1. Dra. Wilma Vargas de Vides. 2. Dra. Amalia Espinosa Camacho. 3. Dra. Soledad Siles.

En fecha anterior se envió a su despacho una nota bajo el número 748-79 relacionada con ratificación parcial de docentes que integran las diferentes carreras de nuestra Facultad, cuya copia adjunta a la presente.

Con este motivo, retiro a usted mis atentos saludos.

Dr. Mario Berragán Vargas, Decano

For the 'Doctora' in Bolivia, Payment

By WARREN HOGE

Special to The New York Times

CHILAYA, Bolivia, Dec. 28 — The early morning sun crept from behind the sacred Inca island, sprang upon the cloudless mountain sky and seared its reflection into waters as calm as sleep.

Several hundred yards of rock piles and scrub up from the drowsy lake, brisk activity was already under way. A woman in a white smock, her gray hair pulled back into a businesslike bun, directed several helpers under the passive gaze of a group of Aymara Indians still huddled under ponchos and patterned knit caps with ear flaps as they waited for the rising sun to burn the chill out of their bones.

A pea-green portable scale was placed in the middle of a grassy plot surrounded by dwarf trees and flowering scotch broom. Cellophane bags full of pills, ointments, vitamins, thermometers and plastic syringes were lifted from the back of a station wagon and set by the leg of a table. One chair stood at the table's side, another at its middle.

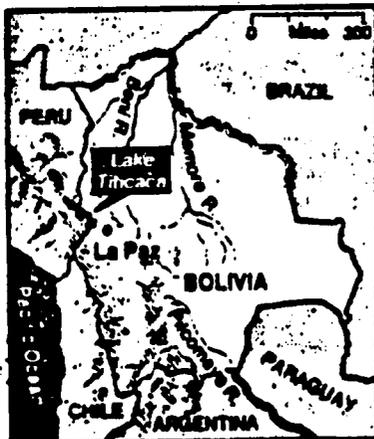
Nearby, an assistant attached a headrest to another chair, unfolded a carrying case and slid open drawers full of dental tools to a glittering encounter with the sunlight.

The Doctor Is In

"Isn't this a nice waiting room?" the woman said cheerfully, smoothing her white linen lap and sitting down at the table before two cardboard boxes of pink and blue index cards. The doctor's office was open.

Dr. Ruth W. Tichauer has been practicing her brand of *al fresco* medicine in Bolivia for more than 30 years, bringing treatment to Indians cut off by jungles and mountains from such attention. German-born, bookish, a music lover, a chatty font of philosophy and a horticulturist who has produced abundant flowers, fruits and vegetables from land marked "uncultivable" on official maps, she has been compared to Albert Schweitzer.

To her Indian patients she is known simply as "Doctora." So devoted are they to the 68-year-old physician that they have reserved a burial plot for her in one of their hilltop cemeteries.



The New York Times / Jan. 1, 1960

Dr. Tichauer practices in mountain villages near Lake Titicaca

Is Mostly Devotion

President Hugo Banzer Suárez at a cost of \$20 million and designed to speed visitors from the airport into the city without seeing much of the eight miles of misery along the way. Dr. Tichauer, by contrast, has spent a lifetime seeking it out.

Wide-Ranging Enthusiasms

The station wagon passed through dusty suburban slums, and Dr. Tichauer's verbal enthusiasms ranged over her work, the writings of Carlos Castaneda, the recent political uprising of peasants that helped set back a feckless military coup, the American Women's Hospital Service, which provides her major financial support, Vivaldi, the Aymaras' respect for the elderly, the "pomposity" of Europeans "and of their books" and Bolivia's 230 varieties of potatoes.

The vehicle coursed along a dirt road past mud-brick huts and fields of potatoes. Off to the side luminous snow-capped Andean peaks climbed from the high plain into the sky. Ahead shimmered Lake Titicaca, at 12,400 feet the highest navigable waterway in the world.

About 30 Indians were already waiting as Dr. Tichauer's car pulled into the small backyard here at 7 A.M. Some had walked all night to see her. Others had paddled across to the mainland in reed boats.

As soon as the office was set up, Simón passed along the row of waiting patients and slipped a thermometer into the mouth of each. "We take temperatures all at once so that everyone knows he will be treated," Dr. Tichauer explained to an onlooker. "Then we establish the routine — hear your name called, step on the scales, come sit down here next to me. Those waiting can see what they have to do. People like to feel competent."

Can't Show Much Emotion

A lot of her effort is directed at overcoming the shyness her rural patients feel in the face of so much coddled gadgetry. "I take their pulses because they feel it's therapeutic," she said. "You can never show them much emotion because they would get very frightened. I would too. Most things are routine, but we are alert to worse things. People used to die here in enormous numbers."

One by one the Indians came to sit in the chair by her table and explained their maladies in soft voices and with earnestness etched in faces stained reddish brown by the mountain sun. A young local woman who had become a nurse at Dr. Tichauer's urging stood by, translating difficult dialects or words that were peculiar to individual islands in the lake.

Dr. Tichauer made her diagnosis

She fled Germany with her husband, a Jewish importer, in 1940 and settled here, setting up practice in a barrio in the capital city of La Paz six years later. Today she treats more than 6,000 Indians, among them grandchildren of her first patients.

A Drive Up From La Paz

This particular visit had begun in the cold half-light of 5 A.M. in La Paz, an hour and a half away and about 2,000 feet down from this village on the 12,900-foot-high altiplano. In the station wagon with Dr. Tichauer were a dentist she had recruited, Dr. René Aguilar; an illiterate gardener named Simón whom she had trained as a paramedic and one of her six grandchildren, Pedro.

Dr. Tichauer grasped the wheel with gloved hands and peered through thick glasses into the chilly dawn. The car began the steep climb out of La Paz, passing military sentries guarding government buildings and Indian women in bowler hats and ponchos, with the infants on their backs swaddled in blankets knotted snugly across the mother's chest.

"I present to you the most expensive piece of road in Bolivia," Dr. Tichauer said with a flourish of her hand across the windshield. The vehicle turned into a four-lane highway built by former



The New York Times / Warren Kopp

Ruth W. Tichauer prescribing remedies for Indians in Chilaia, Bolivia

quickly. "I must find the problem quickly, and I must be able to present some relief," she said. "I'm dealing with people whose concentration in

conversation is short-lived."

She tapped collarbones to check for tuberculosis, felt lower backs if the complaints indicated rheumatism, moved her hands below the sacrum to investigate possible kidney trouble.

Within minutes in each case she sang out the prescriptions — "antibiótico," "tuberculina," "corazón" — to Pedrito, who dispensed the pills, and to Simón, who administered insulin.

Of each woman she would ask how many children she had borne and how many still lived. The common answer was three out of six.

High-Altitude Ailments

Besides rheumatism, tuberculosis and kidney disease, the most common ailments she encountered were eye and skin troubles stemming from exposure to the sun at such high altitudes.

Patients with dental problems lined up by Dr. Aguilar's chair. With dispatch he injected Novocain into the gum and extracted the troublesome tooth. Whether poised before Simón's syringe or awaiting the toothpulling of Dr. Aguilar, none of the Indians showed any fear of pain.

Dr. Tichauer did not coddle her patients. People who showed up late were told to return next week. "My poor workers have to live by Prussian time schedules too," she said. Dr. Tichauer also insists on some kind of payment, and throughout the morning a pile of potatoes, eggs, turnips, onions, mushrooms and cheese rose by her table.

One woman reached under her layers of garments, untied a knotted kerchief and rolled three eggs out of the cloth into the wicker basket. Dr. Tichauer told her the offering was not enough. The woman drew a five-peso coin, about 20 cents, from another recess in her clothing, and Dr. Tichauer nodded her approval. "She wasn't showing the proper respect," she said.

DO NOT FORGET THE NEEDIEST!

PRESENCIA

Domingo 9 de Diciembre 1979

Ministra de Salud censura la práctica del aborto

La ministra de Salud, Dra. Aída Clares de Baya, expresó

que el aborto clandestino es un delito que debe ser castigado.

La autoridad expresó que, por las mismas características de clandestinidad que tiene esta acción, es difícil hacer una cuantificación de los abortos que ocurren, que se trata de personas privadas.

La ministra Clares de Baya, se declaró partidaria del proyecto legal que dice que "nadie debe ser privado arbitrariamente de la vida", por lo que condenó el aborto, especialmente de aquel que se lo hace sin fondo, valdara alguna.

No obstante esos criterios, la Ministra de Salud se dijo que medidas tomará su despacho para combatir aquel mal.

Hace tiempo que se tuvieron algunos datos referentes al aborto, que mostraban que en un conjunto de hospitales y clínicas de La Paz se registraba un promedio de dos abortos por día.

Lo peor del caso, expresaban los investigadores, es que la actividad del aborto es mucho más desarrollado en la clandestinidad, tanto en clínicas que dicen no practicar como en forma domiciliar, mediante matrones o practicantes empíricos.

Se informa que es en estos últimos casos donde se producen los peores resultados para la mujer, debido a que las malas curatas les proveen una serie de complicaciones que, en muchos casos son causa de muerte.

Miércoles 17 de Octubre de 1979

Ministro de Salud niega que se ejerza control de la natalidad

El Ministro de Salud Pública, Jorge Abularach, negó categóricamente que su despacho fomenta acciones de control de natalidad o de planificación familiar y prometió, por el contrario, investigar si personas o entidades privadas se dedican a esa actividad, para aplicarles las sanciones legales que correspondan.

El Departamento de Relaciones Públicas de ese despacho informó sobre aquel desmentido, con la indicación de que está dirigido contra "la acusación lanzada por algún órgano de prensa o personas particulares", a quienes se las considera con "intenciones aviesas".

El Ministro Abularach

hizo consideraciones en sentido de que Bolivia no cuenta con una población que esté en proporción con su extensión territorial y, consiguientemente, "es necesario incrementar el capital humano para un mejor aprovechamiento de los recursos naturales y contar con un mercado suficiente para la propia producción".

Afirmó que la política de su despacho está orientada a favorecer a los grupos familiares y que, por tal razón, ninguna de sus reparticiones cumple tareas de control de natalidad ni de planificación de la familia.

Abularach añadió haber tenido conocimiento de que en el pasado se

denunciaron y descubrieron programas de control de natalidad, patrocinadas "por instituciones de fuera de nuestras fronteras", que dijo condenarlas "por atentar contra los intereses nacionales".

El Ministro de Salud dijo tener "información" de que, tanto en La Paz como en otras ciudades, "funcionan clínicas privadas, que se dedican casi exclusivamente a practicar el aborto criminal".

Tanto en esos casos como ante alguna otra posibilidad de control de natalidad, prometió que se harán las investigaciones y que "se aplicarán sanciones legales contra los culpables".

La Paz, miércoles 17 de octubre de 1979 **hoy** 7

Denuncian práctica de aborto criminal en clínicas privadas

“El Ministro de Salud, Jorge Abularach, denunció la existencia en La Paz y el interior del país, de clínicas particulares que se dedican, casi exclusivamente al aborto criminal.

Formuló dicha denuncia a tiempo de sostener que su despacho no realiza el control de la natalidad y más bien propugna el aumento de la población para aprovechar en mejor forma los recursos naturales que posee el país.

Dijo responder de este modo a algunas publicaciones en sentido de existir un fomento oficial al control de la natalidad.

“En el tiempo que llevo de Ministro, puedo declarar enfáticamente que este Ministerio no realiza absolutamente, por sí o mediante sus diferentes direcciones, departamentos o divisiones, ninguna acción destinada a la planificación de la familia y mucho menos al control de la natalidad”, manifestó el dignatario.

“Asevero que desconoce las razones por las cuales en anteriores oportunidades se hubiera podido autorizar alguna forma de control de nacimientos “actividades que fueron patrocinadas por instituciones de fuera de nuestras fronteras y que en su momento la Iglesia Católica se encargó de denunciar y coadyuvó a frenar”, dijo.

Sin embargo, dijo que se realizarán las investigaciones necesarias y si se comprueba que alguna entidad o persona se dedica a esta labor enjuiciará y castigará en forma severa.

“Directamente con el tema del control de la natalidad se encuentra el del aborto criminal y en este sentido tenemos información de que tanto en esta ciudad como en el interior del país, funcionan clínicas privadas dedicadas exclusivamente

a la realización de este delito. Puedo asegurarles que en este campo también tomaremos las medidas pertinentes”, manifestó la autoridad.

ABORTO

“Directamente con el tema del control de la natalidad se encuentra el del aborto criminal y en este sentido tenemos información de que tanto en esta ciudad como en el interior del país, funcionan clínicas privadas dedicadas exclusivamente

SE ACENTUO EL CONTROL DE LA NATALIDAD EN BOLIVIA

(Por Gastón Lobatón)

Las grandes potencias y las multinacionales están terriblemente interesadas en controlar el crecimiento poblacional muy especialmente de los países económicamente subdesarrollados. Para ello se chidan en emplear medios coercitivos tanto a nivel individual como a nivel de grupos y naciones.

En Bolivia, durante los años del régimen dictatorial, se ha intensificado el control de la natalidad bajo la supervisión del Ministerio de Salud y con mayor intensidad en el área rural.

Según investigaciones realizadas por el Semanario AQUI, varios fueron los organismos que han estado cumpliendo planes natalistas bajo la directa supervisión del Ministerio de Salud.

CONTROL DE NATALIDAD Y PLANIFICACION FAMILIAR

Por lo general, y en teoría, se suele distinguir entre



ternacionales. Los principales son los siguientes:

- Departamento Latinoamericano de Population Reference Bureau.
- Centro Latinoamericano de Demografía (CELADE)
- Federación panamericana de Colegios Médicos.

- USAID: En 1973 prestó asistencia al Ministerio de Salud y a CENAPA con un total de \$us. 200.000.- Las obligaciones acumuladas por todo el año 1974 ascendieron a \$us. 1.546.000.-
- ONU: Un convenio suscrito el 24 de febrero de 1976, en Nueva York, por el Canciller Alberto Guzmán Soriano (representante del gobierno boliviano), por el Director Ejecutivo de UNFPA (Fondo de las Naciones Unidas para Actividades de Población) y posteriormente firmado en representación de OPS/OMS, por el Director Héctor Acuña Monteverde, en Washington, el 17 de marzo de 1976, asigna la contribución de \$us. 1.611.074, con fines de control de natalidad.

programa de planificación familiar del hospital de Santa Cruz y contraceptivos a la Sociedad Boliviana de Obstetricia y Ginecología.

- ASAMBLEA MUNDIAL DE LA JUVENTUD. En cooperación con el Comité Nacional de la Juventud, trabaja en el campo de concientización.

- VECINOS MUNDIALES. Su área de acción es principalmente el Altiplano.

METODOS

COERCITIVOS: Aprovechando la ignorancia de las campesinas les introducen espirales o les ligan las trompas. En los Clubes de Madres, a fin de que no se les suspenda a éstas el suministro de productos CARITAS, se las obliga a someterse a la aplicación del DIU.

DE PERSUASION: Seminarios, publicaciones.

BASES IDEOLOGICAS

- Se considera ineptamente que la población de América Latina (principalmente Bolivia) no es la adecuada para un auténtico desarrollo.

- Se considera y propone la planificación familiar como la única solución para la pobreza económica.

ACTITUD DEL GOBIERNO DE BANZER

Con Resolución Suprema No. 168015 aprobó el programa de Salud Materno-infantil.

El 31 de diciembre de 1974 varios Ministros de parte del Gobierno boliviano firmaron un convenio con el Sr. John R. Olson, Director de USAID-Bolivia con fines de planificación familiar.

CONCLUSIONES

En Bolivia, nación subdesarrollada, donde en algunas zonas existe un habitante por 2 km. cuadrados, se acentuó en los años de la dictadura, el control de la natalidad con la directa participación del Ministerio de Salud y sus organismos especializados.

Nuestro país fue el principal escenario de la práctica antinatalista. Unidades móviles del Ministerio de Salud Pública y Previsión Social se desplazaban constantemente a los sectores rurales del altiplano, los valles y el trópico para intensificar el control de la natalidad, cumpliendo de esa manera con disposiciones de los acuerdos suscritos por el gobierno boliviano con organismos internacionales.

La propia Iglesia Católica denunció en reiteradas ocasiones el control de la natalidad en la que estuvieron involucrados autoridades del gobierno y organizaciones extranjeras.

"El control de la natalidad es una verdadera FALACIA" porque "pretende hacer recesar toda o casi toda la culpabilidad del subdesarrollo al crecimiento demográfico de los países pobres" afirmó la Conferencia Episcopal Boliviana a tiempo de condenar energéticamente esa práctica.

BOLIVIA se convirtió en el principal centro de experimentos donde los organismos que citamos anteriormente, realizaban una serie de prácticas de control de población.

Algunos Ministros de Estado, personal superior y profesionales médicos del Ministerio de Salud y otros organismos, cuyos nombres revelaremos próximamente, tuvieron directa participación o estuvieron implicados en el control de natalidad en nuestro país.

Esta agresión internacional, que tiene todas las características de un moderno GENOCIDIO, revela la intencionalidad de las grandes potencias y el capitalismo. Revela la decisión de controlar el crecimiento poblacional de los países económicamente pobres.

En las próximas ediciones del Semanario AQUI, se hará conocer con más detalle la práctica del control de natalidad en Bolivia, los nombres de los principales ejecutores y los beneficios que por todo ello percibieron.

PARA LA MUJER



La mujer se lo coloca dentro de la vagina antes de las relaciones sexuales y tiene que usarlo todo el tiempo que se está teniendo relaciones sexuales.

DIAPHRAMA

PARA EL HOMBRE



El condón o preservativo debe ser colocado cubriendo el pene antes del acto sexual.

CONDON

TABLETAS



Se toman localmente colocándose diariamente en la vagina, a la hora indicada en el prospecto de cada medicamento.

DIU



control de natalidad y planificación familiar. El control de natalidad sería una política situada en niveles coercitivos. La planificación familiar, en cambio, se presentaría como una política de carácter esencialmente persuasivo, de aceptación libre y en una dimensión macroscópica. Esta política de planificación familiar se la presenta como ligada a la llamada "paternidad responsable".

Sin embargo, en la práctica, las formas de actuar tanto de gobiernos como de organismos de pre-control natal y planificación familiar (formas de persuasión, distribución gratuita de anticonceptivos, préstamos "condicionados" a programas de control de la natalidad) indican claramente que ambas políticas conducen a un mismo objetivo: reducir la tasa de natalidad en los países subdesarrollados que confrontan un rápido crecimiento poblacional.

ORGANISMOS DE CONTROL DE LA POBLACION EN AMERICA LATINA

En América Latina existen organismos de carácter regional o panamericano promovidos por organismos in-

- Asociación Latinoamericana para Investigación de la Reproducción.

- Organización Panamericana de la Salud.

- El Instituto de Población y Familia.

- Asociación de Comunitarios Demográficos (ALACODE).

Los principales organismos internacionales que promueven y financian el control de natalidad, son:

- AID: De 1968 a 1972 ha invertido para control de población en América Latina la suma de \$us. 59.989.-

- Asociación Internacional de Planificación Familiar (AIPF).

- La Fundación Rockefeller.

- La Fundación Ford.

- OXFAM.

- El Servicio Mundial de Iglesias.

CONTROL DE NATALIDAD EN BOLIVIA

De acuerdo a investigaciones realizadas por el Semanario AQUI, el control de la natalidad se acentuó en los últimos años en nuestro país, con la directa participación del gobierno. Los organismos que actuaron o actúan y los principales financiadores son los siguientes:

EJECUTORES NACIONALES

- CENAPA, creada para frenar la propaganda antinatalista. Se ha convertido en propagandera del control de natalidad.

- PROFAM. Cuenta con diferentes centros de control, de ablación y con laparoscopios.

- Programa de Salud MATERNO-INFANTIL.

- Asociación Boliviana de Educación Sexual (ABES).

OTRAS ENTIDADES INTERNACIONALES

- IPPF. En 1974 invirtió \$us. 85.900 para adiestramiento de médicos, enfermeras y personal paramédico, en colaboración con el Ministerio de Salud.

- COMITE CENTRAL MENONITA (MCC). Actúa principalmente en el área rural.

- FONDO PATHFINDER. Suministró equipo al

QUINTO CONGRESO BOLIVIANO DE OBSTETRICIA Y GINECOLOGIA

La Paz, 4 al 7 de Agosto de 1977

"Peregrinadas" para la MESA Redonda sobre "Planificación Familiar"

(Intencionalmente no se dan cifras, estadísticas ni autores)

- 1) Sería preferible emplear la expresión "PATERNIDAD RESPONSABLE" que encierra un concepto claro, aceptado aún por los que solo admiten el método del "ritmo".
- 2) Es importante difundir la idea de que "Paternidad Responsable" no implica la posición NEGATIVA de evitar la natalidad, como podría deducirse del término "control de la natalidad", empleado también con mucha frecuencia. Se trata de una actitud POSITIVA que solo busca "ENCAUZAR" la natalidad de acuerdo a principios éticos y morales.
- 3) En Bolivia no tenemos el problema de exceso de población, y más bien la población es escasa para cubrir todo nuestro territorio. Aunque parezca paradójico, con la Paternidad Responsable, adecuadamente llevada, obtendremos un real aumento en la población, no solo en el número, sino también en la calidad. Definitivamente no estamos frente a un problema DEMOGRAFICO, si no más bien frente a un serio problema médico, o más propiamente BIO-SOCIAL.
- 4) Con aterradora frecuencia comprobamos que las mujeres del pueblo, para conseguir que 2 ó 3 hijos lleguen a la edad adulta, han debido tener 10, 12 ó 15 embarazos, arriesgando su vida y salud otras tantas veces. No es esto un lamentable derroche biológico? No hubiese sido preferible que tenga un número de embarazos igual al de hijos que deseaba criar?.
- 5) Está demostrado que los hijos producto de embarazos numerosos y frecuentes, nacen y se desarrollan en inferioridad de condiciones. No hubiese sido mejor espaciar prudentemente los nacimientos para que los niños vengan al mundo fuertes y se desarrollen sanos?
- 6) Nadie podría negar el hecho de que para todos el ABORTO INDUCIDO es una desgracia.
- 7) Es también incontrovertible que todo aborto inducido es el resultado de un EMBARAZO NO DESEADO.
- 8) Son ya muchísimos los países en que la práctica del aborto se ha "liberalizado" o "legalizado", tal vez con el criterio de que entre dos males, hay que aceptar el "mal menor", y con el objeto de evitar la más mortífera de sus variedades: el aborto provocado por manos inexpertas y en precarias condiciones.
- 9) Penoso el caso de la adolescente soltera que se embaraza y en su desesperación por salvar su "honor" recurre al aborto provocado, con lo que puede perder la vida. Con su muerte, lamentable por cierto, se termina el problema.
- 10) Muchísimo más triste aún es el caso de la múltipara que queda nuevamente embarazada, y que "harta" de tener hijos, recurre al aborto. Si por desgracia llega a perder la vida, su muerte desarticula la familia y los pequeños hijos sobrevivientes quedan abandonados y proclives a la delincuencia. Desgracia en cadena que trae gravísimos problemas sociales.
- 11) La única forma efectiva de combatir el flagelo del aborto provocado, es EVITAR los embarazos no deseados. No les parece?.
- 12) En todos los países del mundo existe el propósito firme de abolir el analfabetismo, procurando que el 100% de la población adulta sepa leer. En igual forma, en la mayoría de los países se propende a que el 100% de la población en edad fértil tenga conocimientos exactos sobre el importante proceso de la procreación, para que en base a ellos, fundamente racionalmente su actitud y conducta. Esta información está en manos de las clases privilegiadas y sería de estricta justicia que TAMBIÉN esté al alcance de todos,

incluyendo las clases humildes.

13) Ninguna persona, ni Institución por respetable que sea, ni el mismo Estado, tiene el derecho de obligar a que la pareja tenga hijos o NO LOS TENGA, porque ello implicaría una flagrante violación de la más fundamental libertad individual y de conciencia.

14) Debe quedar definitivamente establecido y muy claramente entendido que es derecho exclusivo e INALIENABLE de la pareja decidir, sin ninguna presión ni coerción, el número de hijos que deseen tener.

15) Es obligación nuestra, como médicos, y de todos los ciudadanos sin excepción, procurar que el Estado ponga a disposición de todos los habitantes de nuestro País, los medios adecuados y suficientes para que nuestras mujeres puedan tener TODOS los hijos que deseen tener, y que los tengan sin riesgos innecesarios, porque deberán gozar de la más completa y eficiente asistencia que la ciencia médica permita.

16) Es también obligación nuestra procurar que el Estado ponga a disposición de todas las parejas del País, la información y los medios necesarios, para que puedan decidir LIBREMENTE, VOLUNTARIAMENTE Y CONCIENCIALMENTE el número de hijos que deseen tener.

17) Es decir que cuando una pareja (marido y mujer) nos consulte, debemos en primer lugar darles toda la información disponible, en forma honesta, veráz y exacta, sin tratar de imponerles ninguna conducta, luego les diremos claramente: "son ustedes, solo ustedes y NADIE mas, que ustedes, los que tienen que decidir sobre el número de hijos que deseen tener, uno, dos, diez..." Si la pareja fuese estéril o subfértil, tenemos la obligación de darle toda la asistencia y ayuda disponible, para que puedan concebir y tener el hijo y todos los hijos anclados. Por otra parte, si la pareja -- por razones que solo a ellos compete -- desea espaciar los embarazos o no tener más hijos, también tenemos la obligación de procurarles toda la ayuda y asistencia disponible, para que puedan cumplir con su voluntario deseo. Luchemos por acercarnos al ideal de que algún día, todos los niños que nazcan sea hijos DESEADOS.

18) Si así lo hacemos, podremos tener la seguridad de que nuestras mujeres parirán sin MIEDO, y que sus hijos no vendrán a este mundo con el tórax enjuto y los ojos sin luz. Nuestra población aumentará en cantidad y sobre todo en CALIDAD. Tendremos nuestro País poblado por hombre y mujeres sanos de cuerpo y de mente. es decir ciudadanos de PRIMERA CATEGORIA, única forma de aspirar a constituir una NACIÓN DE PRIMERA CATEGORIA.-

Dr. Percy Boland R. (Santa Cruz)
Miembro Honorario de la Sociedad Boliviana de Obstetricia y Ginecología.-

Director: **Rolando Rojas L.**
Co-Director General: **Araucario Mariza V.**
Jefe de Redacción: **Mario Maldonado V.**

Director: **Rolando Rojas L.**
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LA PRESENCIA 4 August 1977

Derechos humanos y antinatalismo

Ha tenido enorme éxito la campaña impulsada especialmente por Estados Unidos, los países democráticos de Europa y otras regiones y las Naciones Unidas para exigir que se cumplan los convenios internacionales sobre los derechos humanos. Esa campaña, a la que no se dio el comienzo mucha importancia, se ha convertido en uno de los medios más eficaces para dar prestigio a la democracia, para poner a la defensiva y provocar propósitos de enmienda en varios gobiernos dictatoriales y para influir profundamente hasta en la vida interna de los regímenes comunistas. Incluso en éstos, los disidentes comienzan a conseguir triunfos que antes hubieran sido imposibles.

Pero es curioso que la campaña insista sólo en algunos aspectos y haya dejado otros sin correctivo posible. No sólo es curiosa; es también sospechosa. Por ejemplo, se insiste, con toda razón, en que se respete la libertad de expresión; en que no se detenga indebidamente a nadie, en que no se torture a los presos ni se los persiga con métodos crueles y otros puntos semejantes. Pero nada se dice del respeto que merece el elemental derecho humano a tener hijos, o que la familia determine, sin presiones indebidas y por su sola conciencia, el número de descendientes que quiere tener; no se habla del derecho a conservar la integridad anatómica y funcional en todo lo que se relaciona con la procreación.

No ha cesado la campaña mundial, principalmente financiada por las mismas naciones y organismos internacionales que ahora insisten en los derechos humanos, para disminuir radicalmente la natalidad en las naciones pobres. La campaña ha utilizado continuamente medios que, aunque sean de refinada técnica, son inmorales, irracionales e inhumanos. Ambas afirmaciones son verdaderas, confirmadas por multitud de casos. Son verdaderas, pese a todo, porque si se quiere, todo hijo nacido. De todo valen los subterfugios. Por ejemplo, al hablar de planificación familiar y no simplemente de restricción a la natalidad, estos programas no dan ninguna ayuda a la madre que necesita una operación para tener hijos, pero la atraen abundantemente para evitar que los tenga; basta tal hecho para comprobar que no se busca una racional planificación familiar; con la que todos estamos de acuerdo.

Otro subterfugio ha consistido en hacer aparecer entidades sanitarias que administran los fondos dedicados al antinatalismo; ya sabemos de dónde salen esos fondos y qué entidades los administran en cada nación. El tercer subterfugio usual consiste en hacer los programas natalistas con otros de asistencia social, ayuda al hogar, educación de niñas, etc. Dichos programas y programas, pero en su sola objetivo verdadero: disminuir, con criterios que lleva mucho de recelo, la natalidad de las naciones pobres.

¿No es contradictorio esto, insistir con la práctica de los derechos humanos?

No vemos la diferencia sustancial entre disminuir la alimentación necesaria y la asistencia médica a un preso político y el dar a una mujer lo que ella necesita para tener hijos. No vemos la diferencia entre el programa de planificación familiar y el programa de planificación de la natalidad. No vemos cómo el programa y el programa de planificación familiar y la operación que se realiza para dar hijos es una práctica y garantizar, de cualquier modo, en este mundo, la procreación. No vemos la diferencia, sobre todo en los países pobres, que no han fallado nunca, en sus técnicas y funciones los hechos por medios gubernamentales de acuerdo a las Naciones Unidas, y que no se presentará al momento la planificación familiar a otros países o algunos grupos raciales en el mundo, al igual que el número de participantes en las Naciones Unidas se provocó por las prácticas antinatalistas de los países y bien tales se llevan a cabo sólo contra habitantes de países pobres? ¿Dónde está la diferencia esencial?

Estas prácticas, que tanto llaman de criminales e inhumanas, han sido condenadas por nuestros gobiernos y nuestro pueblo. Es que, además de tener los caracteres consuetudinarios que hemos explicado, en nuestro caso esas prácticas son dirigidas especialmente antinacionalistas, antibolivianos.

Para esto es tema que merece comentario aparte.

Un vacío en el centro de América del Sur

Ante los delegados que concurren a un Congreso médico, el Subsecretario de Salud y el Rector de la Universidad de La Paz han manifestado su condena a las políticas antinatalistas. Han utilizado especialmente, un argumento que nos toca de cerca: necesitamos incrementar en mucho el número de nuestra población; tanto, que las prácticas antinatalistas constituyen entre nosotros un atentado contra la patria, además de merecer condena desde el punto de vista de la moral más elemental.

La política antinatalista que se ha intentado, con éxito relativo, imponer en Bolivia, ha sido elaborada por países extranjeros, en organismos internacionales y por personal que no conoce nuestra realidad y que simplemente se siente obligado a reducir el número de habitantes de las naciones pobres. Lo más lamentable es que haya habido bolivianos que cooperaron a la campaña antinatalista y que la consideraran constructiva, pese a que cualquier persona sin prejuicio puede advertir que tal posición es profundamente errada, para decir lo menos.

Pensemos en lo que sucede con nuestros núcleos humanos, distribuidos en tres zonas geográficas. Si tomamos en cuenta los datos preliminares del último censo y nos atenemos a cifras redondas, podemos llegar a conclusiones desoladoras. El altiplano y las montañas ocupan alrededor de la octava parte de nuestro territorio con una densidad demográfica de 13 habitantes por kilómetro cuadrado, incluyendo los habitantes de las ciudades. La zona de los valles, con el 17 por ciento del territorio, tiene una densidad de 16 habitantes por kilómetro cuadrado. La zona de los llanos, que representa el 70% del territorio nacional, tiene una densidad de medio habitante por kilómetro cuadrado. En estas condiciones, no es raro que, a veces, se tengan que recorrer decenas de kilómetros de nuestras fronteras antes de encontrar un habitante.

En relación con nuestras vecinas, somos como un centro sudamericano vacío o casi vacío. Según proyecciones de población, para el año dos mil, Brasil tendrá doscientos veinte millones de habitantes; Paraguay, seis; Argentina, treinta y cinco; Chile, quince y Perú, más de treinta. En cuanto a Bolivia, se nos calculaban diez millones, pero cuando se paró de la base de que ya contábamos con casi seis millones de habitantes en la actualidad, el censo nos ha comprobado que no llegamos ni a cinco millones, ocho o nueve, para el año dos mil. Estaremos rodeados por más de trescientos millones de las países vecinos, con enormes fronteras abiertas, con un territorio rico y, por tanto, tentador para los ambiciosos ajenos. Con la posibilidad que siempre es capaz de convertirse en alta probabilidad, es que se repita lo que ha causado nuestras mutilaciones territoriales anteriores, siempre producidas allí donde la población boliviana no existe o existe en mínima cantidad. Cuando hay un vacío o un semivacío de este tipo, nunca falta alguien que quiera llenarlo en provecho propio, como nos enseñó nuestra historia.

Por eso, entre nosotros, el antinatalismo no es, debido a varias de las prácticas que utilizó sólo un crimen de lesa humanidad; es también un atentado de lesa patria.

Es verdad que necesitamos ayuda económica y asistencia técnica para alcanzar nuestro desarrollo, para realizar avances cuantitativos y cualitativos en todos los órdenes. Pero esa ayuda y esa asistencia no queremos que nos lleguen a través de instrumentos o drogas esterilizantes o de operaciones quirúrgicas que mutilen, sino con otros recursos. Con medios que nos permitan principalmente aumentar mejor a los bolivianos, garantizarlos la buena salud y el aprovechamiento de las capacidades potenciales humanas por medio de una adecuada educación. Lo que necesitamos es que todos nuestros niños gocen de esos beneficios, no que éstos sean innecesarios porque no haya niños a los cuales aplicarlos.

LA PRESENCIA 5 August 1977