

Involvement of Divine Word Missionaries in the Development of Health Services in Papua New Guinea

The purpose of our missionary life is to bring fullness of life and God's goodness to others, especially caring for those in need. Since the beginning of SVD mission in (Papua) New Guinea (PNG), serving the sick was an integral part of the holistic approach to promotion of human development. Besides the fact that in early mission days some SVD brothers and priests were directly caring for the sick, many parish priests were actively supporting the development of health care in their parishes. There were different ways in which the SVD missionaries supported health service development, including finding sponsors for building health centres and providing many forms of support for SSps sisters and lay nurses serving the sick directly. Unfortunately, most of these indirect forms of support of health development went unrecorded. Therefore, this paper aims to portray the SVD missionaries' contribution to the development of church health services in PNG.

Introduction

Healing, both physically and spiritually, was in the centre of Christianity all the way back to the time of Jesus Christ. In the history of theological interpretation of human suffering there were different interpretations of the meaning of suffering. In the twentieth century, many theologians portrayed the suffering of the poor as a sign of the suffering Christ, arguing that Christians should work towards the alleviation of suffering and the creation of a better and more just world (Porterfield, 2005). Care for the sick was a distinctive feature of early Christian missionary activity. For instance, Harakas noted that holy men in the early Christian church “used the panoply of prayer together with their medical skills, folk wisdom, and herbal lore to cure the ills of others” (Flint, 1991, 187-192). As a result of this long-lasting interest by Christianity in human suffering and in the attempt to follow

Christ, whose healing ministry to the sick occupies a remarkable part of his ministry, it is not surprising that early missionaries involved themselves in medicine and ministry to the sick (Porterfield, 2005). The spirituality of the Society of the Divine Word (SVD) as summarised in the *Constitutions* portray the care for holistic human development by stating that “we promote true human progress” (SVD *Constitutions*, no. 101) or through our mission we want to “bring the fullness of life to others” [...] and make “God’s love visible especially by unconditional devotion to those in need” (SVD *Constitutions*, Prologue).

From the beginnings of the SVD mission in PNG, missionaries were concerned with the health of the people (Mihalic, 1999, 264-283). Early, in building many mission stations, the missionaries attempted to set up a mission health centre or hospital. The first clinics were usually opened at the mission stations and SVD brothers and priests and more often SSps sisters trained in nursing were involved in the ministry to the sick. According to Catholic Health Services records, in 1994, the Catholic Church ran 120 clinics in 17 dioceses. The total number of Catholic Church health workers was 780. The Catholic Church Health Services (CCHS) involvement in health care is growing and in 2019, the “Catholic Church runs 248 health facilities, including 2 district hospitals and 3 rural hospitals, 22 stand-alone VCT clinics, 40 health centres operational in 21 provinces, 99 sub-health centres, 11 urban clinics, 82 level-1 facilities including 84 aid posts, 5 health training schools. The health care services that the CCHS offers is delivered by 1462 employees. In 2017 CCHS reported that almost 1.7 million people received health care through their service” (Faliszek, 2019). Currently, CCHS cover approximately 50% of all rural health care (NDOH, 2019).

While some reports on the role of the Catholic mission in developing health services have been published (Kettle, 1979; Steffen, 2020a; Mihalic, 1999), they predominantly focused on SSpS sisters' involvement in direct health care as trained health professionals. This article aims to focus more on SVD brothers and priests involved in health service development including not only direct involvement in professional health service, but also going beyond that frame by describing various forms of spiritual and logistic support provided to the development of health services especially for the disadvantaged rural population. While this paper does not claim to provide a comprehensive historical report on SVD missionaries' involvement in the development of health services, it attempts to describe their multidimensional support based on accessible direct reports and historical records.

Direct Involvement in Health Service Provision

Since the very beginning, when in 1896 the Divine Word Missionaries took up their missionary engagement in PNG, they were involved in the health ministry. That time, many SVD priests and brothers received informal training in first aid and administration of basic medicine. "Father Janssen had Fathers Erdweg and Vormann take a special course in medicine at a German hospital, believing the knowledge would greatly assist them in New Guinea" (Bronfman, 1981, 381).

One of the first missionaries in PNG wrote to his mother: "Right from the beginning we cared for their sick. Two of us have some knowledge of medicine. Because now the wounds and ulcers, which occur here in large numbers, were healed, we gained more and more the hearts of all. [...] From afar, the natives come to the missionary to complain of their suffering and to find care and healing"¹ (Auf der Heide, 1900, 478-479).

For instance, Brother Clarentius Petry, SVD, before starting his mission at Tumleo Island received significant training in nursing, dental techniques and medicine courses. He reported that when in 1908, Fr Joseph Erdweg was

leaving Tumleo Island, he had to take over the pharmacy and care for the sick. He wrote: "At first, they didn't really trust my medical arts. But since I raised the chief of Tumleo practically from death with a medical treatment, everyone, young and old, has come and complained of their stomach aches. The chief was down because of severe pneumonia. The big death drum was already struck because he had died once already, as the wisest Kanaks said, when I was called (Kanaks die twice, according to body and spirit). I gave him a powerful medicine that did not fail to work. Today the chief is walking around again and is enjoying life" (Steffen 2020b, 985).

"From 1905 to 1909 SVD Brother Clarentius Petry worked in the first central station on Tumleo Island and from 1909 to 1914 at Alexishafen Hospital as a dentist and handling at the same time the pharmacy, besides his main job as a formator in the central boarding school of the station. When he was transferred to Alexishafen, the dispensary and the central school of the mission were also transferred" (Hagspiel, 1926, 123).

"As there was no other dentist in New Guinea, many private planters and their employees came to Alexishafen to avail themselves of Brother Clarence's services. In 1909–1910 he treated more than fifty such cases; thus, Alexishafen became more and more widely known" (ibid., 124).

Schmidlin (1913, 167) described the early involvement of SVD brothers and SSpS sisters in treating the sick as follows: "Each station has medically trained brothers or sisters with a larger or smaller pharmacy, the most important surgical instruments and the necessary bandages. Thousands of sick and sore natives, often pouring in for hours, receive medical help from the mission." Finally, he added: care for the sick provided by missionaries "assure the love, respect and trust of the natives."

Keeler (1925) depicted mission involvement in carrying for the sick: "There is a quasi-hospital at Doilon [Alexishafen], near Madang, with some twenty beds for natives only. In every mission station—there are eight of them, with the addition of two island stations (Tumleo and Ali)—the Brothers and Sisters labor incessantly to care for the common physical needs of the

¹ All translations from German by J. Kuzma.

natives; and it must be admitted, in spite of their lack of anything like professional medical training, that they have acquired a marvelous efficiency in dealing with common ailments, and in dressing and caring for wounds of all kinds.”

Father Peter Brenner, SVD, (1920, 133) described his experience of serving the sick on Muschu island at a Missionary Conference held in 1919 in Germany: “The healing of a woman and six men who were seriously ill with pneumonia won for me the confidence of the island village of Muschu, one hour by sea from my station, so that the village chiefs repeatedly came to my station and asked me to set up a station and school on their island.”

Fr Brenner also reports on the natives’ health status on Juo island: “In order to put a stop to the great mortality of children, it is necessary to get to know the childhood diseases in order to be able to counter them effectively. Particular attention must be paid to the recovery of youth in schools. How many children suffer from ear, eye and nose ailments, how many heart ailments and fever sufferers are there among them, how often can one see that worms have their home in the sick ears, so it is important to clean them thoroughly and not to turn up your nose. Skin diseases such as ringworm, the kaskas and often many and large wounds all over the body require special and permanent treatment. And then there are broken bones, such as broken arms and legs and dislocation of limbs. How often do they come to the missionary with these sufferings, often with wounds such as lance stabs and arrow wounds, which the natives received in the heat of the fight, and venereal diseases, caused by the Europeans, have been introduced into those areas, and must be dealt with thoroughly and sustainably. The internal diseases and especially pneumonia that occur in almost every prolonged rainy weather, the frequent symptoms of poisoning, be it through bad food, such as fish and other animals, or the bites of poisonous snakes, scorpions and millipedes, also require work and care” (ibid., 135).

Fr Bruno Hagspiel, who accompanied the Superior General of the Divine Word Missionaries, Wilhelm Gier, as secretary in 1923 on his visitation to New Guinea, stated

that SVD missionaries have learned much from the Australian Government’s efficient action aiming to eradicate epidemics and serious diseases. He admitted: “It is astonishing to me how effective they [the missionaries] have been in dealing with the ravages of hook-worm, malaria, small-pox, skin diseases of every sort, and even leprosy. I know that this work is being done and well done...” (Keeler, 1925, 89-90).

Predominantly SSpS sisters as trained nurses and midwives were involved in the direct care for the sick in hospitals at the SVD mission stations. In 1928 the Austrian Brother Gerhoch Eder, a trained nurse, came to be in charge of the hospital in Sek [Alexishafen] (*Word PNG*, Dec 1978/Jan 1979).

During World War II, the Catholic mission lost all nurses. After the war the Alexishafen mission hospital was run by SVD Brother Gerhoch Eder till 1946 when SSpS Sister Balderika Tokker from Holland took over medical work from the brother (Mihalic, 1999, 266).

Brother Fridolin, Joseph Schlierenzauer, SVD, from Switzerland was also involved in work with leprosy patients in the hospital and occupational centre (*Word PNG*, 2001, No. 263). He was also an active member of the Leprosy Control Patrol, which was instrumental in eradicating the disease in that area (*Word PNG*, 1993, No. 174.)

A beautiful example of Br Fridolin’s personal commitment to the health of PNG people was his donating blood to those who needed it; he donated 104 times in 4 countries, 64 times for PNG patients (ibid.).

“In 1935 Brother Gonzaga Schniedergergers, a trained dentist, came to New Guinea and opened a dentist’s studio at Alexishafen and one at Wewak” (Steffen, 2020a, 429). He was serving patients with dental problems in Wirui station, Wewak Diocese (*Word PNG*, 2000, No. 259).

Since the late 1960s, TB (tuberculosis) has become a major health issue in the Middle Sepik. Br Matthew Bouten, SVD, did substantial work with the government on the floating X-ray clinic and organizing hospitalization for about 350 cases sick with TB in Timbunke (Mihalic, 1999, 272). He was also involved in detection and treatment of leprosy cases (*Word PNG*, 2000, No. 259). With the

emergence of the HIV/AIDS epidemic in PNG, Br Matthew conducted a wide awareness campaign in schools. Br Matthew became a pioneer in promoting AIDS awareness through numerous educational lectures in schools. He soon trained a team going around and teaching about HIV/AIDS prevention. He was involved in Callan Services caring for the disabled. He personally ran ambulance services providing transport for the sick at all hours of the day or night (*Word PNG*, 2000, No. 260).

In the last two decades, we had two SVD brothers involved in direct care for the sick. One was the Australian brother John Alting, a trained nurse and midwife who worked for a few years in Kunjingini Health Centre and Mingende Rural Hospital and for a short time in

Madang General Hospital. Another brother is Polish SVD Jerzy Kuzma, a trained general surgeon who arrived in PNG in 1997 and is still working there. He started working at Kundiawa

Provincial Hospital and Mingende Mission Hospital.

He took part in a number of medical bush patrols organized by Catholic Health Services in Simbu and Enga Dioceses attending to the sick and performing minor procedures. In 2020 Br Kuzma was transferred to work in Madang Provincial Hospital and to get involved in teaching health students at Divine Word University. In his practice as a general surgeon, he came across many children and young people with limb deformities. He realized that he was not trained to help them by correcting the limb problems and to overcome life-long disabilities. In Australia and PNG, he completed a formal orthopaedic training and after organizing the orthopaedic ward he is now able to restore to health many patients who cannot receive help in other hospitals without orthopaedic facilities. In response to the drastic shortage of doctors in PNG, in 2006 Brother Kuzma became fully involved in leading the new medical school at

Divine Word University. Apart from full engagement in medical education, Br Kuzma is still involved in care for the sick, operating complex orthopaedic cases and treating general patients while simultaneously training medical students. When time allows, he still participates in “medical bush patrols” caring for the very neglected rural population. These days he is taking medical students with him.

Finally, in the direct involvement of SVD missionaries in the ministry of healing, the aspect of spiritual healing of the sick should not be overlooked. This aspect was underlined at the Melbourne World Missionary Conference in 1980: “The Holy Spirit uses the loving service and open welcome extended by the congregation for healing. By listening to one another and bearing one another’s burdens, the

despairing receive hope and the alienated are restored. Those whose wills have been crushed receive new courage in the caring group. Worship and sacramental life is a powerful force for healing the sick—especially the

prayers of intercession, the proclamation of forgiveness (absolution), the laying on of hands and anointing with oil (James 5:14) and participation in the Eucharist.”²

To conclude, many early missionaries in PNG, after receiving more or less formal training in medicine, were attending to the sick and suffering. They believed that alleviating suffering was part of their mission following Jesus who healed the sick. The mission of serving the sick continues in the contemporary mission at PNG, however in changed form. These days well trained health professionals are involved in the health ministry and they collaborate with the whole health system in the country.



² Section III, The Church Witnesses to the Kingdom, # 19, in: *Commission on World Mission and Evangelism*, 1980, 200.

Organisation and Building Infrastructure— Logistic Support to Health Services Development

Funding Health Development Projects

The Catholic mission was not only providing mission land for the health facilities but often offering substantial financial support for building mission health centres and hospitals.

“The missionary could commence first evangelization work in unevangelized village societies, and the villagers got the benefit of a typical mission station setup with airstrip, health center, school and mission store” (Steffen, 1996, 241f.).

Many missionaries collected mission funds in their home countries during their holiday and offered a part of this fund for the health projects. This financial support from SVD missionaries to the development of health services continues to these days. Yampu Mission Hospital development in Enga Province can well demonstrate the SVD involvement in building infrastructure in health services.

Overcrowding of the hospital in Wabag with leprosy patients prompted the government to establish a leprosy hospital in Yampu, in 1954. There were 16 wards built of bush materials, each designed for 24 patients. At first, approximately 400 leprosy patients were admitted. Staff consisted of 15 orderlies and 1 medical assistant. Fr Bill Kelly, SVD, resided at the hospital and was doing rounds twice a week to ensure that all patients took their medicine (Kettle, 1979).

In 1955, the Divine Word Missionaries were asked to take over the hospital management and provide the staff. In 1964, the wards made from bush materials were gradually replaced by more permanent buildings. Fr Kelly was involved in building new, more permanent wards. Bishop George Bernarding, SVD, negotiated the purchase of the ground around the hospital so that leprosy patients, staying long in the hospital, far from their homes, were able to plant and grow their own vegetables (Kettle, 1979).

Because leprosy typically causes disabilities, next to the hospital, the centre of occupational therapy has been developed to give the patients

leaving the hospital means to sustain themselves economically (Bus, 1961, 3-4).

SVD brothers were involved both in building and in the work in the leprosarium. In 1967, SVD Brother Arnold Steenbergen from Holland joined Yampu Hospital as the first paramedical worker. He was trained in the Regional Leprosy Unit in Mt Hagen. He was mainly responsible for case-finding foot patrols and the follow-up of discharged patients. He was also providing specially designed sandals to protect the feet of leprosy people (Kettle, 1979).

The work was continued by German SVD Brother Helmut (Otto) Vennebörger who was building more houses for the occupation training centre at Yampu Hospital.

Another Austrian SVD brother, John Gaugg, installed a water supply for the station and hospital. Br Peter Mommers, SVD, provided timber for the hospital buildings and constructed a bridge which allowed car communication and built a hydro-electric power supply (Porterfield, 2005). According to Kruczek (1997), the Catholic Church in Enga has organized three larger health centres: Yampu, Pompabus and Landor. In 1984, Fr Anthony Krajci, SVD, built a house and invited Rosary Sisters nurses to look after the sick in the Health Centre at Landor.

Improved treatment for leprosy led to decreasing numbers of patients and the hospital was changing to serving other health needs of the population. The newer generation of missionaries—Polish Brother Victor Kanarski and German Brother Lothar Goetz—made a thorough-going electrical installation and connected it to the hydro station in Par or alternatively to a generator.

In Wewak Diocese, an important role in developing health service infrastructure was played by Br Matthew Bouten, SVD. He started his activities on Sepik River stations. Initially, he organized funds and building of the Health Centre in Kanengera. After a few years of serving along the Sepik River, he was appointed Diocesan Health Secretary and worked for many years organizing Catholic health services in Wewak diocese. Br Matthew was successful in obtaining funds from overseas donors for a number of health development projects. Among these successful projects we can list providing

ambulances, and a whole batch of wards and nurses' accommodation throughout the diocese (*Word PNG*, 2000, No. 259). As acknowledgement of his achievement in the development of health services, in 1994, Br Matthew was appointed the National Catholic Church Health Secretary and was an active executive of the Churches Medical Council (Mihalic, 1999, 272). The Catholic Church health workers worked harmoniously together with other Christian churches in the Churches Medical Council (Brumm & Mihalic, 1995, 105-107).

In the Archdiocese of Madang, the first note about Alexishafen Hospital was in 1905. "Another example is that the sick around Alexishafen were attended in a small hospital built by the SVD and served by 2 brothers: ... This was a wooden single house which consisted of a dispensary and a room for men and women, an isolation room, a maternity department, a room for the nurses and one for medicine. The sick lay on simple wooden frames, more comfortable than actual beds, due to the great heat; there were also pillows and blankets. [...] Sister Barnaba Zirkel, SSsP, nurse and midwife from Germany, had taken over the management of this hospital from the brothers in 1916" (Stegmaier, 2001, 45-50).

A more detailed report on the medical service provided at Alexishafen was given by Hagspiel (1926, 123-124): "A large hospital was built in 1910, with about twenty beds. This building continued to serve its purpose until 1912, when the present well-equipped hospital was erected. Meanwhile, the personnel had so greatly increased (especially as a result of the rice plantation) that the expansion of its accommodations to one hundred beds was none too great. Besides the large general ward, the hospital contains a special ward for the seriously ill, a room for the attendant, a bathroom, the dispensary with operating-hall, and the dental department and X-Ray studio."

The first government report that the mission in Alexishafen had a hospital was in 1912. In 1916 a permanent hospital was built which consisted of women's and men's wards, an isolation ward, dispensary and nurses' room. In 1967 the new hospital at Alexishafen was built with 4 wards, each containing 8 beds. In 1990 a special maternity wing was developed (Mihalic, 1999).

These days further development and upgrading of the Alexishafen Mission Hospital continues. The PNG Bishops' Conference, through the arrangement by Fr Victor Roche, SVD, has provided funds for the renovation and extension of the labour ward. Further, a Polish brother, Doctor Jerzy Kuzma, SVD, arranged the project for the development of Alexishafen Hospital. Engaging with numerous sponsors, he has organized a fully equipped operating theatre and is finalizing the establishment of radiological services at Alexishafen Heart of Mary Health Centre. He also arranged two large donations of medical furniture and medical equipment from Australia and Poland. In addition, Br Kuzma, who is practicing as a general and orthopaedic surgeon, with the support from various overseas sponsors, established a new orthopaedic ward at the government Provincial Hospital in Madang. Through various developmental projects, the orthopaedic ward has become well-equipped with basic instruments and materials which enabled Br Kuzma to provide an adequate orthopaedic care and save the sick from life-long disability.

Another illustration of SVD missionaries' involvement in raising funds for health services is Fr Adam Sroka, SVD, who during holiday time initiated a small-scale project "Children helping children." At his home parish in Poland, children going to first communion organized a collection for the children's ward at Kunjingini Mission Hospital. With these funds the paediatric ward was renovated. An alternative example of continuous financial support to the health care development is the allocation of SVD funds for the poor for building a new Health Centre in Pompabus in Enga Province.

While the author is missing an adequate account of all projects in health development which were organized and sponsored by missionaries, the examples given aimed to illustrate the financial commitment of SVD missionaries to development projects upgrading health services for local people.

Financial Support in Health Service Operation

In the early organisation of mission stations, the church health facility was a part of the whole station. It means that a lot of expenses were shared and actually covered by the church. Enough to list here the cost of the fuel for the

generator, combined transport of supplies and the personnel, carrying out maintenance and repairs, etc.

Wölfel (1966) records an example of missionary practice: “The income from the mission store was reinvested in the development of the mission schools and rural health centers....”

When financial responsibilities for church health were taken over by the government, the health facilities still had to pay for the services of diocesan workers, however, they have timely service often at a reduced “mission” price. Despite this financial separation between diocese and health services, many missionaries use part of the mission funds obtained from their home countries to cover some of the most urgent running expenses of church health services. For instance, the parish priest in Kunjingini, Fr Sroka reported allocating a part of mission funds for the purchase of medicine needed in the mission hospital.

In the early days, the mission was also responsible for recruiting and organizing the transport of overseas nurses and volunteers, and taking care of their salaries. Later, after the agreement between the state and church health services, the state took over the responsibility for health workers’ wages and operational expenses. However, given that state financing is often inadequate to the needed expenditure of the health sector there is still a need to financially support church health services.

Transport Assistance

Mission stations are usually equipped with transport means, whether it was a car or a boat with engine. A decade or two ago, the mission vehicle could be the only one in the whole area. Many SVD priests and brothers, especially those working in very remote places, tell numerous stories about saving sick patients by transporting them in time to health facilities. There is no good record of the number of lives saved due to being delivered to a health facility by mission transport. On top of transport offered to medical emergencies, pastoral patrols to very remote villages were normally combined with medical patrols where the parish or diocese covered the transport cost also for health workers. Also, on numerous occasions, the transport of supplies to the mission station

offered free transport to the health staff and medical and other supplies to health facilities. One of the pioneers of air transport, Bishop Leo Arkfeld, SVD, was also transporting the sick when need arose.

A good example of SVD missionaries’ involvement in transport of the sick could be Br Matthew who was successful in obtaining funds from overseas donors for the fleet of ambulances (*Word PNG*, 2000, No. 259). Moreover, he personally ran ambulance services providing transport to the sick at all hours of the day or night (*Word PNG*, 2000, No. 260). Another more contemporary report of the mission commitment to assist in the transport of the sick could be the parish priest from Amboin, Fr Piotr Wasko, SVD. On the way back from patrol, he was often taking up to 10 sick people to Timbunke Mission Hospital on his large canoe with motor.

Assistance in Maintenance of Health Facilities

In earlier years, the SVD mission had brothers specialised in various trades, able to offer both building and maintenance to facilities. Church health facilities many times benefited from SVD brothers and priests offering free or low-price maintenance to the health facilities. For instance, Fr Adam Sroka on a few occasions helped in plumbing repair in Timbunke and Kunjingini mission hospitals, as well as being a volunteer to help paint the rooms. Br Helmut (Otto) Vennebörger, a builder, Br Hubert (Wendalinus) Frese, a smith and mechanic, and Br Wiktor Kanarski, an electrotechnician and computer specialist, were always ready to offer their timely help to repair and maintain catholic church health facilities in the highland provinces. A group of SVD brothers, including Br Hermann Specht (electrician), Br John Gaugg (plumber) and Br Sjaak Swinkels (builder) were involved in the maintenance work of mission facilities in Wewak diocese. At the same time these brothers were taking care of the health facilities for free or giving a good mission discount for their work.

Engagement in Training Local Health Workers (Health Education)

Aside from the support offered to the working health staff, SVD missionaries since the beginning of mission were deeply involved in

education of PNG people. This commitment to education encompasses also the education of health workers. The SVD province has organised a special scholarship for catholic students from poor families. Already a few health students have benefited from this program. I assume there was much unrecorded private support from the SVD missionaries for the school fees and education of health workers. An example I came across was the providing of funds by the priest of Kunjingini parish for a CHW (Community Health Worker) working at the Kunjingini Catholic Health Centre to receive training in early diagnosis of TB and malaria.

A substantial contribution to training all cadres of health workers has been made by the Divine Word University founded and governed by the SVD and SSpS. Beginning with launching the health management and physiotherapy programs, then taking over from the Government the training of Health Extension Officers and Environmental Health Officers. In recent years a Medical School with the MBBS program training future doctors were opened, and a postgraduate program in Public Health and a degree in Health Management were commenced. DWU also amalgamated two schools of nursing in Rabaul and Wewak and affiliated the Lutheran School of Nursing (LSON) in Madang for some years, providing the amalgamated and affiliated schools with academic quality procedures and opportunities for staff training and development.

All this development in training health workers was initiated and supported by Fr Jan Czuba, SVD, who held the President's office at DWU. Also, Br Jerzy Kuzma, SVD, who, for his academic achievements and publications, has been appointed Professor of Surgery, during his 22 years of work at DWU contributed markedly to the development of health programs. Appointed as the Head of the Medical Department, Br Kuzma played a substantial role in the progress of a Medical School at DWU. In addition, Br Kuzma successfully obtained a large scholarship program for 200 health students, allowing academically promising students, especially from poor rural families, to continue health education.

Spiritual Support for Health Workers

The parish priest, where a mission health facility was located, typically extended special spiritual care for health church workers. Fr Adam Sroka, SVD, recalled that when he was responsible for the Timbunke parish he every year organized a 5-day retreat for nurses and a few times a year, a recollection day. Similar pastoral care to health workers was offered in Yampu by Fr Theo Tersteeg, SVD, and in Simbu Diocese by Fr Ryszard Wajda, SVD.

Since nurses work in the context of life and death, they were encouraged by priests to administer the sacrament of baptism in the situation of imminent child death. The administration of the sacrament naturally required catholic parents' consent. Parish priest Fr Sroka in Kunjingini offered instruction to nurses how to administer the sacrament of baptism in case of emergency. Additionally, according to his opinion, the parish priest with his established well-respected position in the community, plays an important role in conflict resolution. Resolving conflicts peacefully at various levels, such as within health workers' families, between the health staff, between health centre staff and the community, was one of the important factors contributing to undisrupted church health services development.

Following the example of Jesus who "took pity on the suffering" and was healing the sick, early SVD missionaries to PNG were committed to alleviating the suffering of the sick in direct care or indirect support for health services development. The current mission in PNG continues to be sensitive to the health needs especially of marginalized groups such as the neglected rural population or ostracized HIV/AIDS patients. With the changing face of PNG society, health needs and challenges are different from those in the early days of mission in PNG. Yet, the SVD spirituality of prophetic dialogue with the world keeps our eyes open to the needs of people, including their health needs. The response to the spiritual and holistic development of people remains at the heart of our mission.