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Opening of Community Health Centre

I travelled to East Timor recently. The main reason was for the opening of the Atabae Community Health Centre constructed by FPET, which was on Friday 15 August 2008 - the Feast of the Assumption.

The occasion started with Mass at 10.30am celebrated by Father John (parish priest) who then blessed the building and it was formally opened. People then had an opportunity to look through the building before lunch was served.

After lunch the youth played music and there was dancing and talking through to late afternoon. It was after dark by the time everything was put away.

The Health Centre building would easily be the best building in Atabae. Its construction and finish is of a high standard and is a great credit to our volunteers, Margaret and David Hall, and Jose (who attended World Youth Day and visited Brisbane) in the planning, supervision and construction of the building by local people.

The design (12x6 metres) is open plan with wide doorways and louvre windows so the interior is very light and airy, and includes an open roof-covered veranda (also 12x6).

The building will be the base for the preventative health care program being developed by Margaret Hall, which includes training young people to undertake primary and basic health care.

I also visited the remote mountain villages including Aidabeleten where FPET constructed a school building in 2005. Even though it was Sunday and during the school holidays, the two teachers and some of the pupils turned up. The school has 82 students and goes up to Year 4.

We built the school as the younger children couldn't walk back home from the nearest school about 7 kms away – all up hill and some parts very steep.

John Brady, Treasurer 3300 4811

President's Report



The Atabae school was built and is operated with FPET funding. FPET's partnership with Atabae Parish is evolving with changing circumstances. Over the past 8 years, we have raised over \$470 000. This was initially for emergency relief, then rebuilding priority infrastructure, then other projects including education, health and communication.

We keep focused on the best way to achieve our aims, and this includes supporting our PALMS volunteers. Financing Margaret and David to live in Atabae and carry out their work is a big commitment. They have succeeded beyond our expectations but this is taking most of our money.

In the early days, we funded the rebuilding of Parish Schools and until now we have paid teacher salaries because the Government would not. However, the teacher payroll increased and continued much longer than we ever expected. To balance our budget, FPET has told Dili Diocese that we cannot continue paying teachers' salaries. FPET has financed the Parish Schools through the bad times, but it is now appropriate for the Diocese and/or the Government to take over. There is unspent money in the education budget, and the Government has committed to paying all teachers' salaries by the end of the year.

So FPET's main focus moves from our successful Parish Schools to Timor's great need for human capacity development - through mentoring by the Halls and through our scholarship schemes. We now see this as the best way to stay true to our mission to live out Christ's command to love one another.

Jim Johnson



The Atabae Community Health Centre building is now complete and considered the best constructed building in Atabae.

East Timorese World Youth Day Pilgrims



Jimmy Johnson with some of the East Timorese World Youth Day pilgrims during a visit to Mater Dei primary school.

The pilgrimage of World Youth Day (WYD) 2008 including Brisbane and Sydney events not only strengthened the faith of those who participated, but also strengthened our courage to face the challenges of our lives. East Timorese, other international visitors and Australians all gained a much better appreciation of the universality of the Catholic Church by building relationships with the people we met from diverse cultures. In walking the streets of Sydney singing and dancing, participating in the mass with Pope Benedict and learning new perspectives from the catechesis, we all learnt through our sharing and the richness of our differing cultures.

Through the WYD experience the East Timorese, including our guests from Atabae and Buradu Youth Group in Dili became more aware of who they are as Timorese and what Timor is as a country. Atabae, Buradu and Baucau pilgrims built a much stronger relationship with each other. In the future, Atabae and Buradu youth groups plan to cooperate in a range of activities. They plan to establish a small business in Dili to manufacture Street Swags. Negotiations are continuing but this venture could bring desperately needed income and jobs to a very poor community.

All the tears and hugs at the airport as the Timorese pilgrims left for Darwin confirmed our belief that all the hard work and fund-raising put into WYD was well worth the effort. We will all draw upon our experiences and memories when facing whatever lies ahead.

Joel & Mary Hodge



Joel and Mary Hodge as pilgrims with Maria and Lepa at WYD.

Sarah Good's East Timor Impressions

Observations from a report by a fifth year medical student for whom FPET facilitated a visit to East Timor.

The volunteers that I was staying with (David and Margaret Hall) have been in Atabae for two and a half years and are training up a group of local health-care workers. The team has a direct focus on preventative health. They run clinics for women in which they assess nutritional status (by measuring weight and haemoglobin), vision, hearing and other basic health indicators.

As a generalisation, women in Timor Leste have many children and they start young. It was not uncommon for me to meet a 24 year old woman pregnant with her fifth child. Furthermore, much of the responsibility for caring for house, partner, child and extended family falls upon the women. More than half of the women that I saw at one particular clinic had haemoglobin values below 11g/l. I met one woman caring for six children and maintaining her household (a task much more labour intensive than housekeeping in Australia) with a Hb of 4g/l. The team assured me that this was not unusual.

The team also invests a lot of time into children's health. About half of the population of Timor Leste is younger than 15. The team at Atabae provides a nutritional service for babies that fail to thrive, conducts multiple home visits and a weekly clinic. I attended one of these clinics. All of the obvious conditions of poverty were prevalent, low birth-weight and gastroenteritis in particular. Malaria is common and kills many children every year.

One of my most troubling experiences in Timor Leste was meeting a four year-old boy with Down's syndrome. At four years old, he was the height of an 18 month-old child, unable to sit unattended, let alone walk or run. He made very, very little eye contact and I questioned how much of my face he actually registered. His body was limp and his muscle tone almost non-existent. He made no sounds. I suspect he had an untreated congenital heart defect. There is simply no health service in Timor Leste equipped to provide him with the care he needs.

I have made many, many a beautiful and dear friend in Timor Leste. I definitely intend to go back, initially to cement these friendships and learn the language but with a view to working as a doctor there. Now that I have seen the need I feel that it would unethical to do otherwise.

Sarah Good

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