

ORIGIN AND DEVELOPMENT OF
CARDIOVASCULAR SURGERY
IN GUATEMALA



MY MEMORIES
JOSÉ RAÚL CRUZ MOLINA MD



Dr. José Raúl Cruz Molina

Born in Guatemala City in March of 1931. For the duration of high school he studied at the National Central Institute for Boys, receiving "Honorable Mention", the Silver Plaque "Enrique C. López", and was recognized as a distinguished student during his whole academic career. His name can be found engraved on the institution's golden plaque, recognizing him as the most distinguished student in the class of 1948.

He studied medicine in the Faculty of Medical Sciences of San Carlos University in Guatemala, from 1949 to 1956. Because of his profound vocation and dedication to surgery he completed his general surgery residency at Roosevelt Hospital.

With his constant desire to improve himself, he completed a general and vascular surgery residency at Baylor University Medical Center in Dallas, Texas.

After his return to Guatemala, he became the chief of surgery of the Military Medical Center, where he remained for a duration of eight years.

He worked as a thoracic and vascular surgeon in Herrera Llerandi Hospital.

In 1974 he began to pursue a new goal. The study and training of a post-graduate specialization of cardiovascular surgery at Charlotte Memorial Hospital in the City of Charlotte, North Carolina, in addition to assisting in the department of pediatric cardiovascular surgery at the Children Medical Center in Boston, Massachusetts.

Upon his return to Guatemala, he began to dedicate an effort for the development of a Unit of Cardiovascular Surgery that would provide medical services to the general public.

In 1973, thanks to the initiative of Dr. Cruz Molina, with professional and technical advice offered by Dr. Francis Robicsek, the fundamental base for the development of the unit began and in 1976, the governmental agreement SP - G - 12 - 76 was issued, authorizing the creation and operation of the National Cardiovascular Surgery Unit, with a provisional headquarters at Roosevelt Hospital, under the direction of Dr. Cruz Molina.

ACCOMPLISHMENTS INCLUDED:

Associate Professor of Surgery at the Faculty of Medicine of the University of San Carlos de Guatemala.

Assistant Professor of Surgery at the Faculty of Medicine of the Francisco Marroquín University.

Active member of multiple national and international medical associations.

Itzamná de Oro Order granted by the College of Physicians and Surgeons.

Rodolfo Robles Order granted by the Ministry of Public Health, in 1984.

Order of the Quetzal, Grand Cross, granted by the Government of Guatemala, in 2012.

Honorary member of the Association of Physicians of the West.

Distinguished Guest of the City of Quetzaltenango, Guatemala, in 2012.

Honorary member of the Department of Surgery at the Military Medical Center.

Recognition awarded by the Guatemalan Association of Cardiology at the VII National Cardiology Congress and KNOLL Award, in 1987.

Recognition by the Military Medical Center, in 2013.

Recognition for the work he carried out in cardiovascular surgery in Guatemala by the Rotary Club of Guatemala, in 1993.

Recognition from Roosevelt Hospital for 25 years of service.

Recognition by the General Directorate of Medical-Hospital Services of the IGSS as an extraordinary teacher.

Recognition by the "International Medical Outreach Program and the Heineman Foundation of Charlotte, North Carolina."

Recognition for the collaboration provided to the national hospitals of Quetzaltenango, Escuintla, Cuilapa, Totonicapán, and Petén.

Author of multiple articles in the field of cardiovascular surgery and his participation in conferences, seminars, and workshops.

Recognition and honorary plaque as founder and general director of the Cardiovascular Surgery Unit of Guatemala by its board of directors in 1988, and placement of his photograph in the main conference hall of said unit of cardiovascular surgery.

INDEX

ACCOMPLISHMENTS INCLUDED:	3
ORIGIN AND DEVELOPMENT OF CARDIOVASCULAR SURGERY IN GUATEMALA	10
MY MEMORIES	10
JOSÉ RAÚL CRUZ MOLINA.....	12
ORIGIN AND DEVELOPMENT OF CARDIOVASCULAR SURGERY IN GUATEMALA	12
MY MEMORIES	12
DEDICATION	14
INTRODUCTION.....	16
FIRST CHAPTER.....	17
HISTORY	17
CREATION OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA	32
ORGANIZATION AND OPERATION OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA	33
TERM OF THE CONSTITUTIVE DOCUMENT OF THE UNIT	34
OFFICIAL INAUGURATION OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA	34
ORGANIZATION	34
BUDGET.....	36
MAIN OBJECTIVES	36
THE FIRST VIDEO-ANGIOGRAPHY UNIT INSTALLED IN GUATEMALA	37
INAUGURATION OF THE FIRST VIDEO-ANGIOGRAPHY EQUIPMENT IN THE CARDIOVASCULAR SURGERY UNIT.....	37
HOMAGE TO DOCTOR FRANCIS ROBICSEK	37
FIRST AUDIT OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA BY THE GENERAL AUDITING OFFICE	38
OPEN HEART SURGERY	42
CARDIOVASCULAR SURGERIES.....	43
CORONARY ARTERY BYPASS, FIRST CASE SUCCESSFULLY OPERATED IN GUATEMALA	44
OTHER PUBLICATIONS SHOWING THE FIRST CASES OF THE CARDIOVASCULAR SURGERY UNIT REPORTED BY DR. JOSÉ RAÚL CRUZ MOLINA AND HIS COLLABORATORS	46
THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA DURING THE FIRST EIGHT YEARS	46
NATIONAL UNIT OF CARDIOVASCULAR SURGERY BUDGET.....	47
THE GOVERNMENT OF THE REPUBLIC PROMOTES THE CREATION OF ANOTHER CARDIOVASCULAR SURGERY UNIT IN THE CITY OF COBÁN.....	49
THE COBÁN UNIT IN PROCESS	50
MILITARY COUP IN 1982	52
FINAL TRANSFER OF FRENCH MEDICAL EQUIPMENT	52
ATTEMPTS TO TRANSFER THE UNIT TO OTHER	52
HOSPITAL CENTERS.....	52
ANOTHER MILITARY COUP	53
THE CARDIOVASCULAR SURGERY UNIT'S OWN BUILDING	53
DRILLING AND INSTALLATION OF A WATER WELL AND HYDRAULIC PUMP PLACEMENT	55
DR. JOSÉ RAÚL CRUZ MOLINA, PRESIDENT OF THE GUATEMALAN SURGEONS ASSOCIATION, OFFICIALLY OPENS THE 10TH NATIONAL SURGERY CONGRESS IN APRIL 1981.....	59
TRIBUTE TO DOCTOR JOSÉ RAÚL CRUZ MOLINA IN QUETZALTENANGO.	60
RODOLFO ROBLES ORDER AND BETHANCOURT BROTHER ORDER AWARDED TO OUTSTANDING PROFESSIONALS IN NOVEMBER 1985.....	62
DESERVED DISTINCTION TO DOCTOR JOSÉ RAÚL CRUZ MOLINA BY THE ROTARY CLUB GUATEMALA DE LA ASUNCIÓN	63
THE EMINENT WORLD - RENOWNED.....	65
CARDIOVASCULAR SURGEON, DR. MICHAEL DEBAKEY FROM METHODIST HOSPITAL IN HOUSTON, TEXAS, VISITED GUATEMALA IN 1989	65
ANOTHER IMPORTANT VISIT WAS THAT OF THE FAMOUS CARDIOVASCULAR SURGEON VIKINC BIÖRK.....	66

INQUIRIES BEFORE THE TECHNICAL BUDGET66

DIRECTORATE TO IMPROVE THE WORK SITUATION OF THE CARDIOVASCULAR SURGERY UNIT STAFF66

POSITION CLASSIFICATION AND SALARIES OF STATE EMPLOYEES 1987-198867

ON 06/27/1990, THE OFFICIAL HAND OVER OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA BUILDING TOOK PLACE, ALTHOUGH THE BUILDING WAS NOT YET FINISHED.....67

09/28/1990 THE GOVERNMENT OF THE REPUBLIC APPOINTS A COMMISSION TO EVALUATE AND DEFINE THE STATE OF CARDIOVASCULAR SURGERY EQUIPMENT ACQUIRED BY THE GOVERNMENT OF GUATEMALA IN ACCORDANCE WITH CONTRACT NO. 4 - 81 OF SEPTEMBER 23, 198167

10/22/1990 FIRST MEETING OF THE EVALUATION COMMISSION68

THEFT IN THE FACILITIES OF THE CARDIOVASCULAR SURGERY UNIT68

PRODUCTION TRENDS UP TO 1993.....69

IN FEBRUARY 1992. INITIATIVE TO FORM A BOARD TO IMPROVE THE UNIT70

SECOND CHAPTER71

AS A RESULT OF SAID GOVERNMENT AGREEMENT, ACTIONS AND CONTACTS ARE INITIATED WITH A CIVILIAN GROUP NAMED AMEGESO, WHICH HAS COMMON INTERESTS WITH THE UNIT71

RELATIONS BECOME CLOSER BETWEEN THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA AND AMEGESO...72

ORIGIN AND OBJECTIVES OF THE GUATEMALAN MEDICAL ASSOCIATION DOCTOR RAFAEL ESPADA (AMEGESO)72

THE EFFORTS MADE BY THE CARDIOVASCULAR SURGERY UNIT AND AMEGESO BEFORE THE CENTRAL GOVERNMENT LED TO THE FORMULATION OF A GOVERNMENTAL AGREEMENT THAT MODIFIES THE ORGANIZATION AND FUNCTIONING OF THE EXISTING UNIT73

GOVERNMENT AGREEMENT 236 - 94 PUBLISHED IN THE OFFICIAL GAZETTE ON MAY 26, 1994, WHICH MODIFIES GOVERNMENT AGREEMENT 12 - 76 DATED FEBRUARY 24, 1976, CREATING THE NATIONAL CARDIOVASCULAR SURGERY UNIT.73

THE FIRST OFFICIAL SESSION OF THE NEW BOARD OF DIRECTORS IN OCTOBER 1994.....81

INTERNAL REGULATIONS OF THE BOARD OF DIRECTORS PRESENTED TO THE MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE IN OCTOBER 1994.....83

RESIGNATION OF SOME MEMBERS OF THE FIRST BOARD OF DIRECTORS.....83

BUDGET FOR THE YEAR 199584

APPROACH TO THE AUTHORITIES OF THE IGSS TO ANALYZE A MEDICAL SERVICES AGREEMENT.....84

PROTEST BY THE MEDICAL STAFF IN DECEMBER 199484

FIRST OWN BUILDING OF THE CARDIOVASCULAR SURGERY UNIT FINISHED (1994).....84

THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA IS ESTABLISHED AND TO SIMPLIFY ITS NAME, IT WILL BE CALLED UNICAR.....85

FIRST PEDIATRIC SURGICAL CAMPAIGN AT UNICAR85

FIRST SURGICAL CAMPAIGN FOR ADULTS IN THE NEW BUILDING OF THE UNIT, IN APRIL 199586

BOARD OF DIRECTORS MEMBERS 1994 - 2000.....87

THE MINISTRY OF NATIONAL DEFENSE ACCEPTS THE MEDICAL SERVICES OF THE UNIT THROUGH AGREEMENT87

FIRST AGREEMENT FOR PROVISION OF MEDICAL SERVICES BETWEEN THE IGSS AND THE CARDIOVASCULAR SURGERY UNIT87

OPINION OF THE TECHNICAL DIRECTION OF THE BUDGET87

OPINION OF THE NATIONAL CIVIL SERVICE OFFICE88

MARCH 1995, HOMAGE TO DOCTOR FRANCIS ROBICSEK.....88

DEPARTMENT OF SOCIAL WORK.....88

ADMINISTRATIVE - LABOR CONFLICT ARISES BETWEEN THE MEDICAL BODY AND THE GENERAL DIRECTOR OF THE CARDIOVASCULAR SURGERY UNIT.....88

LETTERS OF SUPPORT FROM THE STAFF TO DOCTOR JOSÉ RAÚL CRUZ MOLINA.....88

MORAL SUPPORT NOTE FROM AN OLD AND GREAT FRIEND.....89

DOCTOR JOSÉ RAÚL CRUZ MOLINA IS APPOINTED TECHNICAL ADVISOR TO THE BOARD OF DIRECTORS OF UNICAR.....90

INTERNAL AGREEMENTS BETWEEN ROOSEVELT HOSPITAL AND UNICAR.....91

VISIT OF THE FIRST LADY OF THE NATION TO UNICAR.....91

REPORT OF THE COMMISSION APPOINTED TO EVALUATE THE PROJECT TO MOVE UNICAR TO THE NEW MILITARY MEDICAL CENTER91

SCHEDULING AND CONTRACTING FOR THE EXPANSION OF UNICAR92

THIRD CHAPTER	93
PEDIATRIC CARDIAC SURGERY UNIT (JANUARY 1997).....	93
HISTORY - PEDIATRICS DEPARTMENT.....	94
OUR DUTY	94
OUR ACHIEVEMENTS.....	94
INAUGURATION OF THE REMODELING OF PEDIATRIC OPERATING ROOMS, INTENSIVE CARE UNIT, INTERMEDIATE CARE UNIT, AND WORK ROOMS FOR PEDIATRICIANS	95
INTERNAL REGULATIONS OF UNICAR ARE AUTHORIZED BY THE GENERAL LABOR INSPECTION IN MARCH 1997	96
DISCORDANT NOTE FROM THE GENERAL AUDIT OFFICE (APRIL 1997)	97
DEATH OF DOCTOR JULIO CASTILLO SINIBALDI, JULY 1997	97
ADVANCES IN TECHNOLOGY AT UNICAR.....	97
FUNDRAISING BY AMEGESO	97
REQUEST FOR UNICAR TO BE RENAMED AFTER DOCTOR JOSÉ RAÚL CRUZ MOLINA.....	97
TRIBUTE TO DR. FRANCIS ROBICSEK IN OCTOBER 1997	97
RESIGNATION OF THE FIRST PRESIDENT OF THE BOARD OF DIRECTORS OF UNICAR	99
JOB AND SALARY MANUALS.....	99
NATIONAL OFFICE OF CIVIL SERVICE OPINION	99
REGARDING UNICAR	99
COMMISSION FOR THE FOLLOW - UP OF UNICAR.....	99
EXPANSION	99
Q.800,000.00 INCREASE IN THE BUDGET.....	99
PROBLEMS WITH THE FRENCH CGR X - RAY EQUIPMENT	99
UNICAR BOULEVARD.....	99
HOMAGE IS PAID TO DOCTOR JOSÉ RAÚL CRUZ MOLINA.....	102
THE CONSTITUTIONAL COURT DEFINES THE LEGAL NATURE OF UNICAR.....	103
JANUARY 1999 EXPANSION OF THE UNIT	103
FRENCH CGR X - RAY EQUIPMENT CONTINUES TO HAVE PROBLEMS.....	104
DONATION OF AN X - RAY EQUIPMENT FROM BOSTON (NUEVA ESPERANZA).....	104
CALVARY WITH THE BOSTON EQUIPMENT	105
FRENCH CGR X - RAY EQUIPMENT HAVING PROBLEMS AGAIN.....	105
MEMBERS OF THE BOARD OF DIRECTORS (1999)	106
RAFAEL AYAU AWARD TO ENGINEER RENATO DELCORE	106
FIRST THERAPEUTIC COMMITTEE OF UNICAR.....	106
FIRST REPORT OF THE OFFICE OF ACCOUNTABILITY ON UNICAR'S ACCOUNTING DOCUMENTS.....	106
ADMINISTRATIVE - FINANCIAL CRISIS IN UNICAR.....	106
STATISTICAL FIGURES SHOWING THE PRODUCTION FROM 1994-2000	107
EXTERNAL CONSULT.....	107
NEW MINISTER OF PUBLIC HEALTH AND SOCIAL ASSISTANCE.....	108
DEPARTMENT OF SURGERY	108
UNEXPECTED CHANGES IN THE ADMINISTRATIVE STRUCTURE OF UNICAR	108
PUBLIC OPINION SUPPORTS UNICAR.....	110
HUNDREDS OF PEOPLE SUPPORTING UNICAR.....	119
NATIONAL CONGRESS ALSO SUPPORTS THE CARDIOVASCULAR SURGERY UNIT.....	120
MINISTER BOLAÑOS YIELDS AND CONVENES A PRESS CONFERENCE	122
CONGRATULATIONS AND TRIBUTE LETTERS TO UNICAR CONTINUE.	126
IN MAY 2001, GOVERNMENT AUTHORITIES VISIT UNICAR.....	126
CHANGES IN UPRISAL (FORMERLY UNEPSSA).....	126
PARTIAL RECEPTION OF THE NEW UNICAR BUILDING	126
PRESIDENT OF THE CONGRESS OF THE REPUBLIC TREATED AT UNICAR	127
AUTHORIZED BUDGET FOR UNICAR: 2002.....	127
BIDDING COMMITTEE FOR THE PURCHASE OF ANGIOGRAPHY EQUIPMENT	127
ADJUDICATION PROCESS	127
DIRECT PURCHASE OF THE X - RAY EQUIPMENT	128

(RESOLUTION 09-2000)	128
GOVERNMENTAL AGREEMENT 22 - 2003 DECLARES THE SOCIAL BENEFIT OF ACQUIRING THE DIGITAL ANGIOGRAPHY EQUIPMENT FOR THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA UNICAR	129
TRANSFER OF THE CGR X - RAY EQUIPMENT TO THE GENERAL HOSPITAL SAN JUAN DE DIOS	129
CONTINUATION OF MEDICAL SUPPORT CAMPAIGNS (2002)	129
UNICAR WILL ATTEND TO PRIVATE PATIENTS	129
SUPPORTING THOSE WHO SUPPORT (GUTIÉRREZ FOUNDATION) MARCH 2002	130
ALDO CASTAÑEDA FOUNDATION SUPPORTS UNICAR.....	130
THE MINISTRY OF PUBLIC HEALTH AND UNICAR MEDICAL SERVICES AGREEMENT INITIATIVE.....	131
ACCEPTANCE REPORT OF THE NEW BUILDING (2002)	131
SIGNING OF THE ACCEPTANCE CERTIFICATE FOR THE NEW BUILDING	131
MINISTER OF PUBLIC HEALTH INVITES THE UNICAR BOARD OF DIRECTORS.....	132
VISIT OF THE PRESIDENT OF THE REPUBLIC AND HIS CABINET TO UNICAR	132
PURCHASE OF MEDICAL - SURGICAL EQUIPMENT FOR THE NEW BUILDING	132
DEPARTMENT OF STERILIZATION.....	135
POSTHUMOUS NOTE.....	135
RESIGNATION OF THE MINISTER OF PUBLIC HEALTH	135
PROJECT FOR A CARDIAC SURGERY AND HEART TRANSPLANT UNIT	135
OFFICIAL INAUGURATION OF THE SECOND BUILDING OF THE CARDIOVASCULAR SURGERY UNIT IN GUATEMALA	136
OTHER TRIBUTES AND RECOGNITIONS.....	137
THE MEDICAL ASSOCIATION FOR THE DEVELOPMENT AND ADVANCEMENT OF ALTERNATIVE THERAPY TO TRANSFUSIONS (AMDATAT) (2003).....	137
THE ASSOCIATION OF REMARKABLE ELDERLY ADULTS (AMANO) PAYS TRIBUTE TO THE CARDIOVASCULAR SURGERY UNIT (UNICAR), DR. ALDO CASTAÑEDA, DR. RAFAEL ESPADA, AND OTHER INDIVIDUALS AND INSTITUTIONS THAT HAVE EXCELLED AT THE NATIONAL LEVEL IN THE SOCIAL SPHERE (2006).....	137
NEW AUTHORITIES OF THE MINISTRY OF PUBLIC HEALTH	137
PRIVATE FUNDS IN BANCO INDUSTRIAL.....	138
PUBLIC BIDDING FOR THE SECOND DIGITAL ANGIOGRAPHY EQUIPMENT	138
REMODELING OF THE OLD UNICAR BUILDING (OCTOBER 29, 2005)	142
HOSPIGEN AND UNICAR'S EXTERNAL PHARMACY	142
LABORATORY FOR GENETIC RESEARCH (2005).....	142
ACKNOWLEDGMENT PLAQUE TO MRS. ISABEL GUTIÉRREZ DE BOSH.....	142
CARDIOLOGY UNIT, HEMODYNAMICS, AND CARDIOVASCULAR SURGERY UNIT AT THE HOSPITAL SAN JUAN DE DIOS.....	142
SURVEY BY THE IGSS REGARDING THE LEVEL OF SATISFACTION	145
EXTERNAL EVACUATION RAMP	145
PLANS FOR THE EXTERNAL EVACUATION RAMP (JANUARY 2006)	145
CORONARY UNIT PROJECT (AUGUST 2006).....	147
Acute Coronary Unit.....	147
Coronary Unit Project	147
ANALYSIS DONE BY THE NATIONAL INSTITUTE OF STATISTICS REGARDING PROPORTIONAL MORTALITY BY CAUSE AND THE TREND OF MORTALITY CAUSES IN GUATEMALA	150
EXTERNAL CONSULT.....	150
Trends in Causes of Mortality, Republic of Guatemala 1986 - 2005 - 2015	151
THE SCHOOL OF PHYSICIANS AND SURGEONS AWARDS THE GOLDEN ITZAMNA ORDER TO DOCTOR JOSÉ RAÚL CRUZ MOLINA.....	152
RECOGNITION TO DR. JOSÉ RAÚL CRUZ MOLINA BY THE INTERNATIONAL MEDICAL OUTREACH PROGRAM OF CAROLINA HEALTHCARE SYSTEM AND THE HEINEMAN OF CHARLOTTE	153
EXCLUSIVE OR INSTITUTIONAL PHYSICIAN PROJECT	153
NOTES OF GRATITUDE FROM PUBLIC OFFICIALS, PUBLIC AND PRIVATE ENTITIES	154
THE SECRETARIAT OF SOCIAL WORKS OF THE PRESIDENCY CONGRATULATES UNICAR (2007)	156
ANNUAL AWARD FOR CITIZEN ACTION TO UNICAR (2007).....	158
DR. FRANCIS ROBICSEK VISITS UNICAR	158
APPOINTMENT OF THE CHIEF OF RADIOLOGY	158
RESIGNATION OF THE PRESIDENT OF THE BOARD OF DIRECTORS.....	158

TRIBUTE TO MR. MARIO FUENTES PIERUCCINI	158
NEW AUTHORITIES OF THE MINISTRY OF PUBLIC HEALTH (JANUARY 2008)	159
DONATION OF A MOBILE DIGITAL ANGIOGRAPHY LABORATORY	159
INAUGURATION OF THE MOBILE DIGITAL ANGIOGRAPHY LABORATORY	160
LETTER FROM THE COMMISSION ON COOPERATIVES OF NON - GOVERNMENTAL ORGANIZATIONS OF THE CONGRESS OF THE REPUBLIC TO UNICAR	160
INTERPELLATION OF UNICAR BY THE CONGRESS OF THE REPUBLIC	161
ADVERTISING CAMPAIGN IN FAVOR OF UNICAR.....	163
A SOLIDARITY CAMPAIGN OF PUBLIC OPINION IS INITIATED THROUGH THE MEDIA AUDIT BY THE MINISTRY OF PUBLIC HEALTH, NOVEMBER 2009	164
AUDIT BY THE MINISTRY OF PUBLIC HEALTH, JULY 2010	164
 FOURTH CHAPTER.....	 165
 NEW DONATION FROM THE HEINEMANN FOUNDATION TO UNICAR (APRIL 2009)	 165
SIGNIFICANT BUDGET CUT IN THE STATE ALLOCATION FOR 2010	167
THE MEDIA SUPPORT UNICAR.....	167
THE GENERAL HUMAN RIGHTS TAKES ACTION	167
CONGRESS SUPPORTS UNICAR AND OTHER ENTITIES.....	168
ANOTHER VALUABLE DONATION FROM THE HEINEMAN FOUNDATION.....	168
CLINICAL RESEARCH AGREEMENT BETWEEN INCAP AND UNICAR.....	169
AUDIT BY THE MINISTRY OF PUBLIC HEALTH (2011).....	169
ORDER OF THE QUETZAL FOR DOCTOR JOSÉ RAÚL CRUZ MOLINA	171
DR. JOSÉ RAÚL CRUZ MOLINA RECEIVES THE DISTINCTION OF DISTINGUISHED GUEST FROM THE HONORABLE MUNICIPAL COUNCIL AND THE MAYOR OF QUETZALTENANGO	173
VIDEO CONFERENCING SYSTEM DONATED TO UNICAR.....	174
EXPANSION PROJECT OF THE NATIONAL ECHOCARDIOGRAPHY SYSTEM.....	176
ECHOCARDIOGRAPHY CLINIC IN CUILAPA, SANTA ROSA.....	177
INAUGURATION OF THE ECHOCARDIOGRAPHY CLINIC IN CUILAPA	177
DONATION FROM AMEGESO TO UNICAR (2012).....	178
UNICAR ACQUIRES NEW STATE OF THE ART ELECTROPHYSIOLOGY EQUIPMENT FOR ABLATION, EQUIPPED WITH A THREE - DIMENSIONAL MAPPING SYSTEM, UNDER THE DIRECTION OF DOCTORS GONZALO GALVIMONTES AND SERGIO LEAL H.	178
ACHIEVEMENTS OBTAINED	179
GOALS FOR THE FUTURE	187
 NOTES OF GRATITUDE	 189
 BIBLIOGRAPHY	 193
 TRANSLATED	 194

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IN GUATEMALA

MY MEMORIES

JOSÉ RAÚL CRUZ MOLINA
ORIGIN AND DEVELOPMENT OF
CARDIOVASCULAR SURGERY
IN GUATEMALA

MY MEMORIES

DEDICATION

I dedicate this book to my lovely wife Alicia Barrios of Cruz, for her patience, understanding and support. To my children Carlos, Alejandro and Brenda for their unconditional moral support, and to the Cardiovascular Surgery Unit of Guatemala.

INTRODUCTION

The main reason for this book is to make the reader aware of the origin and evolution of the cardiovascular surgery program at a national level, which contributes to the development of medicine in Guatemala.

Another reason that motivated me to publish was to present to clinicians and the general public the different events that took place during the course forming and development of the first hospital unit dedicated exclusively to heart surgery.

I also wish to leave a record, in chronological order, of the different teaching and experiences acquired, either good or bad, during the last forty years of my professional career. It is a privilege for me to have contributed to the development of cardiac surgery in Guatemala, and I hope to leave a legacy for future generations to come.

I want to take this opportunity to express my fondest gratitude and appreciation to my teacher and friend, Dr. Francis Robicsek. Without his wise advice, experience and encouragement, this project would have never become a reality.

I also wish to express my appreciation to Hospital Roosevelt and all of the friends and teachers; Dr. Eduardo Lizarralde, Dr. Roberto Arroyave, Dr. Rodolfo Solís Hegel, Dr. Carlos Gallardo and many more whose names are difficult to enumerate, and participated in the first experiences of cardiac surgery. In addition, my appreciation goes to; Dr. Rodolfo Herrera Llerandi, Dr. Francisco Sanchez Vidaurre, Dr. Ronaldo Luna Azurdia, Dr. Ismael Guzmán Rodríguez, Dr. Rodolfo McDonald, Dr. Raúl Rodríguez Román, Dr. Federico Alfaro and Dr. Federico Bianchi, among others, who have given part of their lives to the wellbeing of cardiac ill patients.

Recognition and gratitude to the Guatemalan Medical Association Dr. Rafael Espada - AMEGESO- , which with

efforts and profound social and humanitarian spirit, was able to formalize a cooperation pact with the Ministry of Public Health and Social Assistance and through the Governmental Decree 236 - 94, a organizational restructuring of the already existing Unit since 1,976 took place, leading to the formation of the current unit known as UNICAR, which represents the first public/private alliance that led to clear satisfactory results.

As well, I recognize Dr. Aldo Castañeda and the foundation that bears his name, for joining UNICAR and organizing the first Pediatric Cardiovascular Surgery Unit in the country, which to this date still contributes effectively to the wellbeing of Guatemalan children.

Lastly, I wish to remark on the fact that we started with almost nothing. What we have today, we have achieved and earned through hard work and faith in serving others before profiting. We based ourselves on the concept that Cardiovascular Surgery was a luxury for Guatemala and we transformed it into a necessity, without the use of tricks, subterfuges or political influence. No one worked alone. The work that took place was done with the knowledge and collaboration of other men. The development of the Cardiovascular Surgery unit in Guatemala, did not come to fruition on the effort of one single man, but because of the effort and collaboration of many people that formed a work team composed of physicians, paramedics and administration, that with dreams of serving the public, have given the population a unit that helps cardiac ill patient.

FIRST CHAPTER

HISTORY

For many years, the need for a hospital unit dedicated exclusively to cardiovascular surgery in Guatemala, has been evident.

Over time, the need for cardiovascular surgery has become more noticeable, because of the public's knowledge of the development that this field of medicine has reached in other countries.

People continually read in magazines and newspapers about the outstanding surgical procedures that surgeons perform on the human heart, and the large number of adult and pediatric patients being rescued from imminent death, thanks to open heart surgery.

With the development of the Extracorporeal Circulation System or Heart - Lung Pump in 1953, by Gibbon and his collaborators (1), in conjunction with its introduction into the surgical field by Gibbon, Lillihei and De Waal, a great interest in open heart surgery awoke throughout the world.

In the 1950, Dr. Herrera Llerandi practiced the Sweet and Blade surgery that consisted of Azygo-Pulmonary bypass for Mitral Valve Stenosis.

In 1951, at Hospital San Juan de Dios, the first patient with ductus arteriosus was successfully operated on by Fuchs, Lizarralde and Arroyave.

The first direct approach on the Mitral Valve due to Stenosis by means of Digital Closed Mitral Commissurotomy, was performed by Fuchs, Lizarralde and Arroyave, at Hospital San Juan de Dios (1952).

The first Blalock - Taussig surgery for Fallot's Tetralogy was performed by Lizarralde at Hospital San Juan de Dios

(1957).

Arroyave and collaborators published work on Cardiac Arrest in experimental animals in 1957. (2).

Arroyave et al. published work on Cardiac Arrest in experimental animals, in 1957(2).

In 1958, Lizarralde et al. presented an extensive experimental paper on Cardiac Surgery under direct vision in dogs, using extracorporeal circulation, describing the technique and methods used, being the first procedure of this type in the field and subject of Aldo Castañeda's Physician and Surgeon Graduation Thesis (3).

In 1960 at Roosevelt Hospital, Fernández Mendía (4) reviewed seventy - five cases of congenital and acquired anomalies of the heart, that were treated surgically without the aid of extracorporeal circulation. This emphasized the need to organize a center dedicated to heart disease in Guatemala.

In 1960, Herrera Llerandi et al. (5) published the first three cases of Congenital Stenosis of the Pulmonary Valve successfully treated in Guatemala, using the flow occlusion method of the vena cava with moderate systemic hypothermia, at the Rehabilitation Hospital in Zone 1.

In 1960, Gallardo successfully operated on a right pulmonary arteriovenous fistula in a cyanotic 10 - year old boy at Roosevelt Hospital. (Caption and photos from his personal file).

In 1961, de León et at. (6) published clinical papers on Selective Extracorporeal Circulation in limbs for treatment with local chemotherapy.

It wasn't until 1962, when a group of surgeons and cardiologists, made up of Sanches Vidaurre, Molina Baca, Soto and Villagrán, at Hospital San Juan de Dios (7), took the first steps in the development of open heart surgery, daring to perform the first three open heart surgeries with extracorporeal circulation in humans, in Guatemala. The surgeries were 1) Open Mitral Commissurotomy, 2) Pulmonary Valvotomy, 3) Interatrial Communication Closure, the last case being a successful operation.

Later in 1964, the then just established group at the department of Adult Surgery of Hospital Roosevelt, made up of Lizarralde, Luna, Arroyave and MacDonald (8), published 20 cardiac surgeries performed under direct vision using extracorporeal circulation and moderate systemic hypothermia; thirteen with congenital diseases and seven with acquired.

In 1973, with extraordinary postoperative results, Lizarralde et al. (9), published the first four cases with Partial Venous-Pulmonary Return Anomaly, in Guatemala.

Despite the interest and effort shown by many doctors, cardiovascular surgery did not receive the necessary support from the Government. Surgeries were performed only occasionally and with much personal effort.

It was unfortunate that in our midst we still did not have the proper means to perform these types of surgeries. Seeing how our Guatemalan brothers and sisters suffering from heart disease had to migrate to foreign countries to be operated on and obtain a cure at the expense of much sacrifice.

It is even more painful when one thinks of the pitiful situation of patients and relatives that belong to the poor and needy classes, that lack sufficient financial means to bear the expenses of a trip and stay abroad, on top of hospital and professional fees for the expensive heart surgery.

What happens to these people? All some can do is nothing and wait for God's will, others take a more difficult path and resort to public charity, until they obtain necessary funds at the cost of much sacrifice.

During that time, a prominent Guatemalan journalist emerged. Mrs. Elly Rodríguez, with great altruistic feelings and an interest in helping these people, began an advertisement campaign in the newspaper "Prensa Libre" which translated to Free Press. The campaign was called "Corazón Herido" which translated to "wounded heart". Thanks to her journalistic skills and tenacious perseverance, she managed to get many Guatemalans operated and cured in different countries abroad (Prensa Libre, July 1978).

At the beginning of the seventies, as a result of the multiple requests for financial aid and publicity campaigns to raise funds for the help of cardiac ill patients, the government began to show interest and recognize the need to establish a service of cardiac surgery nationwide.



Dr. Francis Robicsek

Coincidentally, the President of the Republic of Guatemala, General Carlos Manuel Arana Osorio, happened to meet an American Cardiovascular Surgeon who was visiting the Ruins of Tikal. They engaged in conversation and the need for Cardiovascular Surgery services in the country was mentioned. Immediately, Dr. Francis Robicsek, who was Director of the Department of Thoracic and Cardiovascular Surgery at Memorial Hospital in Charlotte, North Carolina and President of the Heineman Foundation, offered his full collaboration in the implementation of a Cardiovascular Surgery Program in Guatemala.

The story begins around the year 1972. When on one of the many trips that Dr. Robicsek made to Guatemala, due special interest in Pre-Columbian Mayan archeology, a subject on which he has written four books. He had the opportunity to meet the current President of the Republic, General Carlos Manuel Arana Osorio, who asked him if there was any possibility to have cardiovascular surgery

services in the country. To this Dr. Robicsek replied that it was possible, but that the main objective should be focused on training human staff that had the capacity and time to train abroad and then return to Guatemala to organize the program.



The City Of Charlotte, North Carolina

He said that an eminent foreign doctor with his team would do a better job if he helped to educate and train local medical and paramedical personnel than if he limited himself to operating on a series of patients for a short period of time (volunteer surgical days) and then return months or years later, to carry out another journey. For these reasons, and being President of the Heineman Foundation in the city of Charlotte, North Carolina, he offered his collaboration in planning a program for this purpose.

To begin with, Dr. Robicsek offered the facilities of the Medical Center of the City of Charlotte in North Carolina, for the training and training of medical and paramedical personnel, at no cost to Guatemala. Said training, as part of Guatemala's commitment, began with the confirmation of the scholarship for cardiovascular surgery, granted to the surgeon Dr. JOSE RAUL CRUZ MOLINA, in 1974.

Cardiologists, anesthesiologists, professional nurses, extracorporeal circulation technicians, were selected and later traveled for training in different areas of the specialty, to complete the team.



Former President of Guatemala General Carlos Manuel Arana, Dr. José Raúl Cruz and Dr. Francis Robicsek, Pioneers and Initiators of the first Program Of Cardiovascular Surgery at a national level

Doctor Ismael Guzmán Rodríguez (invasive cardiology), Dr. Raúl Rodríguez Román (anesthesiology), Professional Nurses, María Gutiérrez (operating room), Maribel Hernández (intensive). Shortly after, Dr. Oscar López Padilla (Invasive Cardiology), Mr. Javier Castillo Palma [perfusion technician] and Mrs. Hilda Ramírez de Medrano (Hemodynamics technician) joined the team, also traveling to Charlotte.

From Left To Right: Dr. José Raúl Cruz Molina, Dr. Raúl Rodríguez Román, Nurse María Gutiérrez, Nurse Marible Hernández, Dr. Ismael Guzmán Rodríguez, And Mr. Roberto Melgar, Standing In Front Of Memorial Hospital In The City Of Charlotte, North Carolina.



To start the project, the Heineman Foundation signed the commitment to donate the amount of Thirty thousand dollars (\$30,000.00), which would initially cover the training expenses abroad of the selected Guatemalan personnel; it also offered to continue financial support to cover material expenses. and equipment, trips, future training sessions, etc., etc.

Joint efforts between the Guatemalan government and the Heineman Foundation continued. Since Guatemala did not have a radiological laboratory for hemodynamic diagnosis, Dr. Robicsek once again offered the facilities of the Charlotte Hospital in North Carolina and its specific medical personnel to perform cardiac catheterizations on previously selected Guatemalan patients. Later they would be operated on in our country, when the team was integrated, which was already in the process of formation.



From Left To Right: Dr. José Raúl Cruz Molina, Dr. Raúl Rodríguez Román, Nurse María Gutiérrez, Nurse Marible Hernández, Dr. Ismael Guzmán Rodríguez, And Mr. Roberto Melgar, Standing In Front Of Memorial Hospital In The City Of Charlotte, North Carolina.

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In September 1975, the Guatemalan government provided a Guatemalan Air Force plane, which transported 43 sick adults and children to the city of Charlotte, North Carolina, to perform diagnostic cardiac catheterizations by American and Guatemalan doctors. These studies were carried out successfully in a period of forty-eight hours, working day and night. The expenses of lodging, feeding of the patients and support personnel, materials and medical-hospital expenses in that city were borne by the Heineman Foundation.

Patients who subsequently underwent surgery in the Training Unit at the Roosevelt Hospital in the month of November of the same year. The project becomes a reality, becoming a generous assistance center for the people of Guatemala.



43 Patients Were Said Goodbye To By The Ministry Of Public Health And Social Assistance, Dr. Julio Castillo Sinibaldi, Reporter Elly Rodríguez, Doctors, Nurses And Family Members, At Aurora International Airport. They Were Headed To The City Of Charlotte, North Carolina

Among the medical and paramedical personnel who participated in said event were Doctors Rodolfo MacDonald Kanter, Marco Antonio Peñalonzo Fumagalli, Federico Alfaro Arellano, cardiologist (who while in training at the Methodist Hospital of the City of Houston, traveled voluntarily and for his own means to the city of Charlotte, to collaborate as a Guatemalan cardiologist and provide his professional services Also attended by Roberto Arguedas, Administrative Director of the Roosevelt Hospital and Mrs. Hilda Ramírez,

Hemodynamics Technician.

The Government of Guatemala, aware of the need to have a cardiovascular surgery unit at the national level, which provides the people with a high-quality service, in accordance with the technology of surgery and modern medicine, decided to coordinate the technical services, both human The Ministry of Public Health, the Ministry of National Defense and the Guatemalan Institute of Social Security have both physical and financial information.

The Ministries of Public Health, National Defense and the Guatemalan Institute of Social Security, in accordance with the sentiment of the Executive and with the best purpose of providing Guatemalans with a high cardiovascular surgery service, agree to sign an agreement governing the preparation, installation, operation and maintenance of a cardiovascular surgery unit at the national level, which would be located in the facilities of the Roosevelt Hospital, the only place, which at that time, met the minimum conditions for the physical facilities of said center, after visiting other hospital centers from the city.

A draft agreement between the three institutions is formulated and for this purpose a commission is appointed to draft said document, made up of doctors Gustavo A. Cordero on behalf of the Ministry of Public Health, and Héctor Estrada Arias on behalf of the Ministry of National Defense and Carlos Harders Zamora from the Guatemalan Social Security Institute, with the collaboration of Dr. Bienvenido Michelen. Different

aspects were contemplated, such as the provisional headquarters of the Unit, materials and equipment, medical and paramedical personnel, installation and operation of a cardiovascular surgery center with a technical-administrative decentralization character to facilitate operation and future growth.

While the training of the personnel was being carried out abroad, negotiations began with the Public Health authorities, in order to acquire the necessary equipment and materials for the hemodynamic diagnosis of cardiovascular diseases and, thanks to the active and determined collaboration.

From the Minister of Public Health at that time, Doctor Julio Castillo Sinibaldi, the acquisition of a modern PICKER brand X-ray equipment with a thousand milliamps was achieved, the first of its kind in Guatemala. Later installed in the rooms of the X-Ray Department of the Roosevelt Hospital, on the second level, with Dr. Adán García Padilla being Head of said Department.



*Dr. Hector Estrada Arias -
Ministry Of National Defense*



*Dr. Gustavo A. Cordero -
Ministry Of Public Health
And Social Assistance*



*Dr. Carlos Harders Zamora -
Guatemalan Institute Of
Social Security (IGSS)*

On September 25, 1975, Dr. Julio Castillo Sinibaldi, Minister of Public Health and Social Assistance, General Romeo Fernando Lucas García, Minister of National Defense, and Guillermo Pellecer Robles, Deputy Manager of Financial Administration of the Guatemalan Social Security Institute held a meeting at a restaurant in Guatemala City and agreed to sign a document that legally established the Cardiovascular Surgery Unit, which created a legal entity, so that it can acquire and incur obligations; has specific legal representative; has its own economic resources; and is administered independently of the Ministries and Institutions that establish it. Ideally the Unit would become a private law institution and preferably, would remain non-profit. The

rights and obligations not provided for in this document, will be established in the constitutive pact of the Unit.



Roosevelt Hospital In Zone II Of The City Of Guatemala, Temporary Site Of The Cardiovascular Surgery Unit Of Guatemala (1976)



From Left To Right: Dr. José Raúl Cruz Molina, Dr. Julio Castillo Sinibaldi (Minister Of Public Health And Social Assistance), Lcdo. Guillermo Pellecer Robles (Acting Manager Of The Guatemalan Institute Of Social Security), And General Romeo Lucas García (Minister Of National Defense).



They Attended As Guests Of Honor. From Left To Right: Dr. Rodolfo Macdonal Kanter, Dr. Francis Robicsek, Dr. Heriberto Ferrari (From Charlotte North Carolina), Dr. José Raúl Cruz Molina Accompanied By Dr. Julio Castillo Sinibaldi (Minister Of Public Health And Social Assistance), Lcdo. Guillermo Pellecer Robles (Acting Manager Of The Guatemalan Institute Of Social Security) And General Romeo Lucas García (Minister Of National Defense). The Constitutive Act Of The Cardiovascular Surgery Unit Of Guatemala Was Signed On September 25, 1975, In A Restaurant In Zone 9 Of Guatemala City.

Original Document of the Constitutive Act of the Cardiovascular Surgery Unit of Guatemala, published in the official gazette on September 25, 1975. In its constitution, Mario Aguilar Arroyo, Private Secretary of the Presidency of the Republic, appears, who with his professional knowledge and affection and sympathy for the project, put all his efforts into facilitating all the necessary legal procedures. We must also remember the participation and close collaboration provided by the lawyer Ernesto Berger, legal adviser, of the Presidency of the Republic.

Consejo

Los suscritos: Doctor Julio René Castillo Sinibaldi, Ministro de Salud Pública y Asistencia Social; General Romeo Fernando Lucas García, Ministro de la Defensa Nacional; y Licenciado Guillermo Pellecer Robles, Subgerente de Administración Financiera del Instituto Guatemalteco de Seguridad Social, en funciones de Gerente, por el presente documento y a nombre de los Ministerios e Institución indicados, convienen lo siguiente:--

PRIMERO: Conscientes de la necesidad de que exista una Unidad de Cirugía Cardiovascular en el País, acorde con la política del Gobierno de la República, a nombre de nuestros Representados por este acto nos comprometemos formalmente a establecer y patrocinar la formación de la Unidad de Cirugía Cardiovascular de Guatemala, conforme a los términos siguientes:-----

A) FORMA Y ESTRUCTURA JURIDICA DE LA UNIDAD:

Dentro del menor plazo las partes suscribirán el documento que legalmente constituya la Unidad, la cual tendrá la calidad de persona jurídica, a efecto de que pueda adquirir y contraer obligaciones por si misma, de que cuente con un representante legal específico, que tenga recursos económicos propios y sea administrada en forma independiente de los Ministerios e Institución que la establecen. De preferencia la Unidad será Institución de derecho privado y, desde luego, no perseguirá fines lucrativos de ninguna clase. Los derechos y obligaciones no previstos en este documento se establecerán en el pacto constitutivo de la Unidad.



B) ORGANIZACION DE LA UNIDAD:

Consejo de Administración. El Órgano Supremo de la Unidad será el "Consejo de Administración" de la misma, integrado así:

Por un Presidente, que lo será alternativamente el Representante del Instituto Guatemalteco de Seguridad Social; Ministro de Salud Pública y Asistencia Social y Ministro de la Defensa Nacional.

Por un Vicepresidente, que alternativamente lo será el representante de uno de los Ministerios que participan; e Instituto Guatemalteco de Seguridad Social.

Por un Vocal Primero, que lo será alternativamente el representante del otro Ministerio;

Y,


Por un Vocal Segundo, designado por otras entidades públicas y privadas que sean llamadas a participar en su financiamiento.

Administración. La Administración de la Unidad estará a cargo del Presidente del Consejo de Administración, quien tendrá la administración, gobierno y la representación legal de la misma.

Fiscalización. En lo que respecta al manejo de fondos, bienes y valores, la Unidad quedará sujeta al control y fiscalización de un sistema de auditoría y, naturalmente, a los de la Contraloría de Cuentas por tratarse de fondos públicos.

Asimismo deberá existir un sistema adecuado de supervisión y auditoría médica.

Personal. Las relaciones entre el personal médico, técnico, paramédico y administrativo y la Unidad, se regularán por las disposiciones que emita el Consejo de Administración. La Unidad de Cirugía Cardiovascular contará con el personal médico, técnico, paramédico y administrativo, que nombre el Consejo de Administración. Para el efecto las partes se obligarán a lo siguiente:

- 
- a) El Ministerio de Salud Pública y Asistencia Social por su cuenta enviará al extranjero a un médico y cirujano a especializarse en cardiología y hemodinamia; a un médico y cirujano a especializarse en anestesiología; a un técnico a especializarse en circulación extracorpórea, y a dos enfermeras a especializarse en pacientes de cirugía cardiovascular e instrumentista de sala de operaciones;
 - b) Los Ministerios de Salud Pública y Asistencia Social y Defensa Nacional por su cuenta enviarán al extranjero a un médico y cirujano, a especializarse en cirugía cardiovascular;
 - c) El Instituto Guatemalteco de Seguridad Social por su cuenta enviará al extranjero a un médico y cirujano, a especializarse en cirugía cardiovascular; a un técnico en manejo de circulación extracorpórea; a un técnico a especializarse en hemodinamia; a tres enfermeras en pacientes de cirugía cardiovascular, y a una enfermera, en instrumentista de sala de operaciones; y,
 - d) Todo el personal identificado en los incisos a), b) y c), anteriores deberá ser guatemal-

- 3 -

teco. Mientras inicia sus actividades el Consejo de Administración, los Ministerios e Institución participantes decidirán lo pertinente, ya sea en función normativa o de nombramientos.

Equipo.

- a) El Ministerio de Salud Pública y Asistencia Social, además de los equipos de la especialidad que actualmente posee, aportará el más moderno equipo de Rayos X, conforme a la tecnología moderna de diagnóstico y seguimiento de casos, así como de un moderno equipo de circulación extracorpórea y un monitor de ocho canales;
- b) El Ministerio de la Defensa Nacional, además de los equipos de la especialidad que actualmente posee, aportará un moderno equipo de Anestesia de acuerdo a la más moderna tecnología; y,
- c) El Instituto Guatemalteco de Seguridad Social, además de un moderno equipo de Circulación extracorpórea que actualmente posee, aportará la suma de Q10,000.00 que la Unidad destinará privativamente a la adquisición de un completo equipo de cardiología, conforme a la tecnología moderna de diagnóstico y seguimiento de casos.

JB C) ATRIBUCIONES DEL CONSEJO DE ADMINISTRACION:

Las atribuciones del Consejo de Administración se establecerán en el documento constitutivo de la Unidad, anticipándose que el Presidente tendrá doble voto para el caso de empate y de que cualquier acuerdo o resolución se decidirá por mayoría relativa.

D) ATRIBUCIONES DEL PRESIDENTE:

Las atribuciones del Presidente de la Unidad se establecerán asimismo en el documento a suscribirse, adelantándose que el mismo deberá ser un profesional con conocimientos en administración hospitalaria, guatemalteco y colegiado activo, que prestará sus servicios a tiempo completo.

E) FUNCIONES DE LA UNIDAD:

La Entidad cumplirá, especialmente, las funciones médico quirúrgicas siguientes:

- a) Aplicará los procedimientos diagnósticos necesarios (Laboratorio Clínico, Rayos X, Cateterismo, etc.) para llegar de ser posible al diagnóstico final de los casos en estudio.

- b) Tratará quirúrgicamente los casos que así lo requieran, incluyendo el tratamiento preoperatorio y postoperatorio correspondientes.
- c) Seguirá los casos tratados, asistiéndoles cuando así lo requieran, para el control médico quirúrgico y de Rehabilitación de los mismos; y,
- d) Promoverá la necesaria divulgación y educación, en el campo de la Cirugía Cardiovascular para los casos bajo su control y los que no lo están, puedan también beneficiarse de estas actividades.

Sede de la Unidad. Las oficinas administrativas, clínicas médicas, salas de operaciones y encamamiento de pacientes funcionarán en las instalaciones del Hospital Roosevelt, Zona 11 de esta ciudad, sin que el Ministerio de la Defensa Nacional ni el Instituto Guatemalteco de Seguridad Social ni la Unidad tenga que pagar algún valor, pues se entiende que todo esto es por cuenta del Ministerio de Salud Pública y Asistencia Social. Sin embargo, cuando la capacidad económico-financiera de la Unidad lo permita y así lo disponga el Consejo de Administración de la misma, podrá establecer sus propias instalaciones.

F) CAMPO DE APLICACION:

De conformidad con los derechos que reconocen a los afiliados y beneficiarios del Régimen de Seguridad Social, la Constitución de la República, el Decreto 295 del Congreso de la República y la reglamentación vigente del Instituto Guatemalteco de Seguridad Social, la Unidad de Cirugía Cardiovascular de Guatemala quedará terminantemente obligada a prestar sus servicios en forma oportuna y eficiente a los pacientes afiliados y beneficiarios que remita el Instituto, sin pago adicional alguno.

La oportunidad y eficacia de los servicios y la atención de los pacientes la evaluarán independientemente el Instituto y los Ministerios participantes.

En lo que se refiere a los pacientes que remita el Ministerio de la Defensa Nacional, quedan en las mismas condiciones de los pacientes que remita el Instituto Guatemalteco de Seguridad Social.

En cuanto a los casos que refiera el Ministerio de Salud Pública y Asistencia Social, su



A handwritten signature in dark ink is written over a circular stamp. The stamp contains the text 'INSTITUTO GUATEMALTECO DE SEGURIDAD SOCIAL' around the perimeter and 'INTE' in the center.

- 5 -

atención se regulará en las disposiciones que contemple el documento constitutivo de la Unidad y en disposiciones del Consejo de Administración.

G) RECURSOS FINANCIEROS:

La Unidad de Cirugía Cardiovascular de Guatemala se financiará de la manera siguiente:

a) A partir del 1.º de enero de 1976, el Instituto Guatemalteco de Seguridad Social aportará anualmente hasta una cantidad de Q60,000.00, en dinero, que no podrá aumentarse por lo menos dentro de los tres años siguientes al primer pago. Para el período comprendido entre la fecha que inicie operaciones la Unidad de Cirugía cardiovascular de Guatemala y el 31 de diciembre de este año, el Instituto pagará una cantidad proporcional a dicho tiempo.

Además el Instituto Guatemalteco de Seguridad Social aportará por una sola vez, la cantidad de Q10,000.00, ya mencionada anteriormente, que se destinará privativamente a la adquisición de equipo médico.

b) El Ministerio de la Defensa Nacional aportará anualmente la cantidad de Q25,000.00 en dinero, que no podrá aumentarse por lo menos dentro de los ^{-tres-}años siguientes al primer pago. Para el período comprendido entre la fecha que inicie operaciones la Unidad de Cirugía Cardiovascular de Guatemala y el 31 de diciembre de este año, el mencionado Ministerio pagará una cantidad proporcional a dicho tiempo.

c) El Ministerio de Salud Pública y Asistencia Social aportará anualmente una cantidad de Q40,000.00 en dinero, que no podrá aumentarse por lo menos dentro de los ^{-tres-}años siguientes al primer pago. Para el período comprendido entre la fecha que inicie operaciones la Unidad de Cirugía Cardiovascular de Guatemala y el 31 de diciembre de este año, el mencionado Ministerio pagará una cantidad proporcional a dicho tiempo.

d) Con otros ingresos provenientes de donaciones, aportes o subvenciones de personas individuales o jurídicas y de los que se establezcan por el Consejo de Administración.

Las aportaciones mencionadas en los literales a), b) y c) se pondrán a disposición de la Presidencia de la Unidad cuando ésta lo requiera, por medio de un solo pago o de pagos parcia-



les, según la naturaleza del gasto que cubrirán los aportes, y después de que el Organismo Ejecutivo haya autorizado las correspondientes apropiaciones presupuestarias para cada año. Con la excepción hecha en el literal a), los aportes los cubrirán los Ministerios e Institución participante durante el plazo de vigencia del documento constitutivo de la Unidad.

H) PLAZO DEL DOCUMENTO CONSTITUTIVO DE LA UNIDAD:

El plazo del documento constitutivo de la Unidad de Cirugía Cardiovascular de Guatemala será indefinido, pero la Entidad tendrá carácter experimental.

I) CAUSAS DE DISOLUCION DE LA UNIDAD:

La Unidad de Cirugía Cardiovascular de Guatemala podrá disolverse por algunas de las siguientes cláusulas:

- a) Por decisión de las partes, tomada por el Consejo de Administración;
- b) Por imposibilidad de realizarse los fines perseguidos.

J) LIQUIDACION:

Llegado el caso, la Unidad se liquidará conforme a las reglas que apruebe el Consejo de Administración y después de cancelar el pasivo general los bienes que cada participante aporte le serán devueltos y los que se adquirieran con posterioridad por compra-donación o contribuciones, serán valuados de común acuerdo y distribuidas en la proporción siguiente:

Instituto Guatemalteco de Seguridad Social	40 %
Ministerio de Salud Pública y Asistencia Social	40 %
Ministerio de la Defensa Nacional.	20 %

SEGUNDO: En los términos expuestos los comparecientes aceptamos para los Ministerios e Institución representados, el presente convenio, comprometiéndose a designar cuanto antes - -

- 7 -

posible las personas que por cada Ministerio y por el Instituto elaborarán el proyecto del documento constitutivo de la Unidad, a razón de dos delegados por cada socio. El documento Constitutivo de la Unidad será aprobado por parte del Instituto por su Junta Directiva antes de que se gestione su aprobación ante las autoridades respectivas. En fé de lo anterior firmamos el presente documento en Original y dos copias, en la Ciudad de Guatemala, el día veintiseis de septiembre de mil novecientos setenta y cinco, haciendo constar además que el licenciado Pellecer Robles fue facultado para otorgar el presente documento conforme el punto séptimo del Acta número setenta y ocho de la sesión extraordinaria celebrada por la Junta Directiva del Instituto Guatemalteco de Seguridad Social el veinticinco de septiembre de mil novecientos setenta y cinco. Entre líneas: tres-tres-léase. Testados: omfase.

The image shows three handwritten signatures and their corresponding official seals.
 1. On the left, a signature is written over the text "Ministro de Salud Pública y Asistencia Social." Below it is a circular seal with the text "MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL" and "GUATEMALA".
 2. In the center, there is a circular seal with the text "REPUBLICA DE GUATEMALA" and "SECRETARÍA DE ESTADO".
 3. On the right, a signature is written over the text "Ministro de la Defensa Nacional." Below it is a circular seal with the text "MINISTERIO DE LA DEFENSA NACIONAL" and "GUATEMALA".
 4. At the bottom center, a signature is written over the text "Gerente del Instituto Guatemalteco de Seguridad Social." Below it is a circular seal with the text "INSTITUTO GUATEMALTECO DE SEGURIDAD SOCIAL" and "CONSEJO DIRECTIVO".

The previous document establishes and standardizes the formation of the Cardiovascular Surgery Unit of Guatemala according to the following terms: A) Legal form and structure of the unit, B) Organization of the unit, C) Powers of the board of directors, D) Powers of the president, E) Functions of the unit, F) Scope of application, G) Financial resources, H) Duration of the unit's constitutive document, I) Causes for dissolution of the unit, J) Liquidation.

CREATION OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA

Immediately afterwards, the creation and operation of the Cardiovascular Surgery Unit of Guatemala was authorized through Government Agreement SP-G12-76, whose headquarters will be located in Roosevelt Hospital in Guatemala City, the nation's capital.

DIARIO DE CENTRO AMERICA.— Mayo 7 de 1976

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MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL

Autorízase la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, cuya sede estará en los ambientes previamente acondicionados del Hospital Roosevelt, en esta ciudad Capital.

ACUERDO GUBERNATIVO No. SP-G-12-76

Palacio Nacional: Guatemala, 24 de febrero de 1976.

El Presidente de la República,

CONSIDERANDO:

Que es necesario el funcionamiento de una Unidad de Cirugía Cardiovascular, que brinde al pueblo de Guatemala un servicio de alta calidad, acorde a la más moderna tecnología médico-quirúrgica.

Que el Gobierno de la República, dentro de su plan de trabajo, ha dado prioridad a las acciones de salud que en forma integral y coordinada brinden una mejor y más eficiente atención a todos los guatemaltecos:

CONSIDERANDO:

Que los Ministerios de Salud Pública y Asistencia Social y el de la Defensa Nacional, y el Instituto Guatemalteco de Seguridad Social, consecuentes a la política que en materia de salud se ha propuesto el Gobierno de la República, suscribieron un convenio para establecer y patrocinar la formación de la Unidad de Cirugía Cardiovascular de Guatemala:

CONSIDERANDO:

Que la referida Unidad requiere para su funcionamiento, subvenciones del Estado que puedan darse a través de los Ministerios de Salud Pública y Asistencia Social y de la Defensa Nacional, así como del Instituto Guatemalteco de Seguridad Social; además debe quedar facultado para percibir y usar para sus fines, donaciones de personas individuales o jurídicas.

POR TANTO,

En uso de las facultades que le confiere el inciso 4o. del Artículo 169 de la Constitución de la República.

ACUERDA:

Artículo 1o.—Se autoriza la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, cuya sede estará en los ambientes pre-

viamente acondicionados del Hospital Roosevelt, en esta ciudad capital.

Artículo 2o.—Se integrará provisionalmente el Consejo de Administración, el que se encargará de organizar la Unidad y coordinará las comisiones encargadas de elaborar los estatutos, reglamentos e instructivos indispensables para el buen funcionamiento de la misma. Dicho Consejo estará integrado por un representante del Ministerio de Salud Pública y Asistencia Social que lo presidirá, un representante del Ministerio de la Defensa Nacional y un representante del Instituto Guatemalteco de Seguridad Social, los cuales serán nombrados por el Presidente de la República.

Artículo 3o.—El financiamiento de la Unidad se hará con fondos provenientes: Del Ministerio de Salud Pública y Asistencia Social, cuarenta mil quetzales (Q.40,000.00) anuales; del Ministerio de la Defensa Nacional, veinte mil quetzales (Q.20,000.00) anuales; y, del Instituto Guatemalteco de Seguridad Social, sesenta mil quetzales (Q.60,000.00) anuales. Las aportaciones podrán ser ampliadas posteriormente, según las necesidades de la misma.

Artículo 4o.—Por encontrarse en el Hospital Roosevelt la sede de la Unidad, la administración de los fondos de la misma la tendrá a su cargo el Departamento de Contabilidad de ese Hospital, bajo la supervisión y fiscalización de la Contraloría de Cuentas.

Artículo 5o.—La Unidad de Cirugía Cardiovascular para su financiamiento tendrá, además de los recursos a que se refiere el artículo 3o., los ingresos siguientes:

- a) Por las asignaciones que reciba del Estado y sus entidades;
- b) Donaciones y contribuciones de particulares;
- c) Los ingresos que obtenga por los servicios que preste.

Artículo 6o.—La Unidad de Cirugía Cardiovascular queda autorizada para que, en los casos en que el consejo de Administración considere que las personas atendidas están en posibilidad económica de pagar el servicio que reciben de la Unidad, pueda efectuar los cobros correspondientes.

Artículo 7o.—El Consejo de Administración de la Unidad de Cirugía Cardiovascular funcionará hasta en tanto se apruebe otra forma de organización.

Artículo 8o.—El presente Acuerdo entrará en vigor al día siguiente de su publicación en el Diario Oficial.

Comuníquese.

LAUGERUD G.

El Ministro de Salud Pública y
Asistencia Social,
JULIO RENE CASTILLO SINIBALDI.

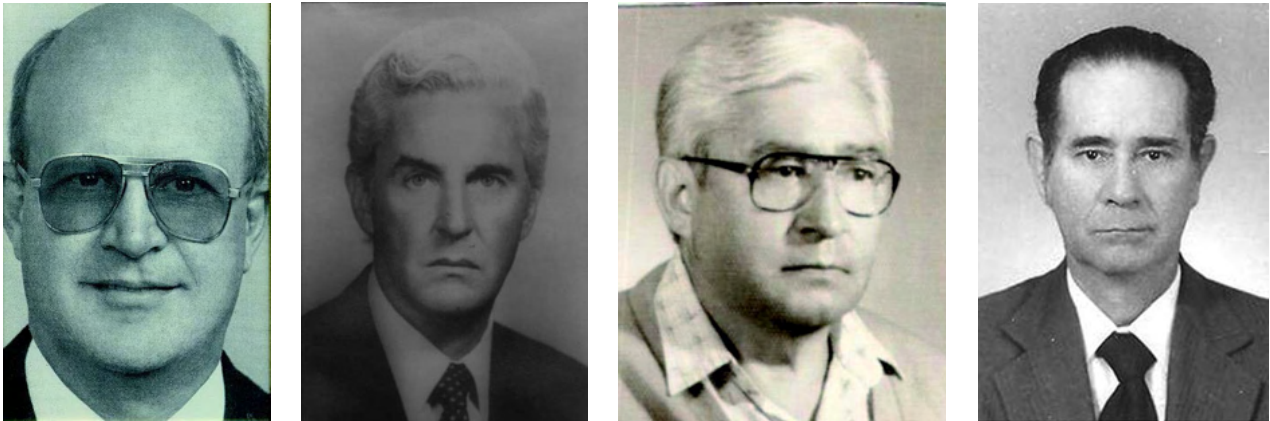
El Ministro de la Defensa Nacional,
FERNANDO ROMEO LUCAS GARCIA.

El Ministro de Trabajo y Previsión Social,
DANIEL CORZO DE LA ROCA.

El Ministro de Finanzas,
JORGE LAMPORT RODIL.

ORGANIZATION AND OPERATION OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA

Within the organization of the Cardiovascular Surgery Unit of Guatemala, the controlling entity will be the Board of Directors, composed of a representative from the Ministry of Public Health and A.S. Dr. Rodolfo MacDonald Kanter, a representative from the Guatemalan Social Security Institute Dr. Federico Murga (RIP), who was replaced by Dr. Carlos Molina Baca in 1985, and a representative from the Ministry of National Defense, Dr. Héctor Estrada Arias, who will alternately occupy the positions of President, Vice President, and First Vocal.



From Left To Right Dr. Rodolfo Mcdonal Kanter, Dr. Federico Murga (Rip), Dr. Héctor Estrada Arias And Dr. Carlos Molina Baca.

The funds, property, and assets will be subject to the control and oversight of the General Comptroller of Accounts, as they are public funds. As for financial resources, the Unit will be financed as follows:

a) Starting on January 1st, 1976, the Guatemalan Social Security Institute will contribute up to Q60,000.00 annually in cash, which cannot be increased for at least the first three years following the first payment.

Additionally, the Guatemalan Social Security Institute will make a one-time contribution of Q10,000.00, which will be exclusively allocated to the purchase of medical equipment.

b) The Ministry of National Defense will contribute Q25,000.00 annually in cash, which cannot be increased for the three years following the first payment.

c) The Ministry of Public Health and Social Assistance will contribute an annual amount of Q40,000.00 in cash, which cannot be increased for at least the three years following the first payment.

d) The above contributions will be combined with other income from donations, contributions or subsidies from individuals or legal entities, and what the Board of Directors establishes.

TERM OF THE CONSTITUTIVE DOCUMENT OF THE UNIT

The term of the constitutive document of the Cardiovascular Surgery Unit will be indefinite.

In October of 1975, the first five successful open-heart surgeries were performed at Roosevelt Hospital (headquarters of the Cardiovascular Surgery Unit) on patients that previously had been examined at a hospital in Charlotte, North Carolina, by Guatemalan and American medical and paramedical personnel.

The personnel who participated in those examinations were the following:

Guatemalan personnel

- Dr. José Raúl Cruz Molina (cardiovascular surgeon)
- Dr. Ismael Guzmán Rodríguez (hemodinamist cardiologist)
- Dr. Raúl Rodríguez Román (cardiovascular anesthesiologist)
- Dr. Jorge Fernández Mendía (clinical cardiologist)
- Dr. Federico Alfaro Arellano (hemodinamist cardiologist)

North American personnel (Charlotte, North Carolina)

- Dr. Francis Robicsek (cardiovascular surgeon)
- Dr. Harry Daugherty (cardiovascular surgeon)
- Dr. Norris Harbold (hemodinamist cardiologist)
- Dr. Heriberto Ferrari (cardiovascular anesthesiologist)
- Sr. Emmanuel Bagby (extracorporeal perfusion technician)
- Two professional intensive care nurses.

OFFICIAL INAUGURATION OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA

By means of Government Agreement No. SP-G-76 of February 24, 1976, the President of the Republic, General Kjell Eugenio Laugerud García, and the body of Ministers agreed to authorize the creation and operation of the entity, whose headquarters would be located at Roosevelt Hospital in the capital.

The official inauguration took place on February 26, 1976, at Roosevelt Hospital, just days after Guatemala was hit by a devastating earthquake on February 4, 1976, which caused enormous human and material losses.

The authorities of the Ministry of Public Health granted a wing of the third-level south sector of Roosevelt Hospital to house the general bed unit of the new Unit, with a capacity for 16 beds. Other services such as Intensive Care, Operating Rooms, Laboratories, External Consultation, Maintenance, Food, etc. were offered for free, demonstrating the great spirit of collaboration, solidarity, and support for the new service.

Without this help, it would not have been possible to start the program, as there was only a meager annual budget of Q125,000.

ORGANIZATION

Cardiovascular Surgery Unit organization at the national level was composed of a Board of Directors formed by representatives of each of the sponsoring institutions; Dr. Rodolfo Mac Donald Kanter from the Ministry of Public Health and Social Assistance, Dr. Héctor Alberto Estrada Arias from the Ministry of National Defense, Dr. Federico Murga (R.I.P. 1985), and Dr. Carlos Molina Baca, representative for the Guatemalan Institute of Social Security in place of Dr. Murga.

The medical, paramedical, and administrative personnel were comprised of the following: Dr. José Raúl Cruz Molina, Dr. Ismael Guzmán, Dr. Federico Alfaro, Dr. Raúl Rodríguez Román, Mr. Javier Castillo (Perfusion Technician), Mrs. Hilda Ramirez (Hemodynamics Technician), and Miss Edna Elizabeth Marín, Executive Secretary (1976).



In the photo, part of the donated equipment used in our first operations can be seen, an electronic vital signs monitor, a volume ventilator (BENNET), and the first PEMCO roller pump for extracorporeal circulation.

The medical and paramedical personnel were progressively increased according to the needs of the service and the budget of the Unit. It is worth mentioning that several colleagues worked on an ad-honorem basis.

Cardiovascular Surgeons:

Dr. José Raúl Cruz Molina 1976 - 2012
 Dr. Rodolfo Castañeda Cofiño (R.I.P)1977 - 1978
 Dr. Alfonso Cabrera Escobar1977 - 2012
 Dr. Leopoldo Mérida Spinola1978 - 1980
 Dr. Jaime Pérez Molina1980 - 1996
 Dr. Eduardo Palácios Cacacho1980 - 1996

Associated Surgeons (pro bono)

Dr. Fernando Solares Ovalle 1984 - 1997
 Dr. Rodolfo Cesáreo Bonilla 1985 - 2012
 Dr. Julio Enrique Guzmán Ovalle 1988 - 2012

Cardiologists Hemodynamic Specialists

Dr. Ismael Guzmán Rodríguez 1976 - 2012
 Dr. Federico Alfaro Arellana 1977 - 1986
 Dr. Federico Bianchi Godoy 1976 - 1980
 Dr. Ricardo Sotomora Von Ahn 1978 - 1980
 Dr. Oscar López Padilla (+) 1978 - 2012
 Dr. Rodolfo Enrique Barillas Wilken 1987 - 2012
 Dr. Victor Manuel Fratti L. 1987 - 1997
 Dr. Ricardo Soto Menegazo 1987 - 1988
 Dr. Carlos Enrique Sánchez Samayoa 1987 - 2000

Associated Cardiologists

Dr. Oscar Rodríguez Barillas 1988 - 2000
 Dr. Héctor Augusto Mora Montenegro 1989 - 2012
 Dr. Guillermo Gaitán Rodríguez 1988 - 2012
 Dr. Mauricio O’Conell Juárez 1988 - 2012

Cardiovascular Anesthesiologists

Dr. Raúl Rodríguez Román 1976 - 1978
 Dr. Roger Barrios 1979 - 1981
 Dr. Benjamin Campos Marroquín 1980 - 1987
 Dr. Benjamin Jacobs 1981 - 1985
 Dr. Miguel Angel Nájera 1981 - 1985
 Dr. Roberto Galindo 1981 - 1985
 Dr. Luis Arturo Marroquín 1985 - 2000
 Dr. Sandra Flores de Izquierdo 1985 - 2000

Resident Physicians

1 Chief Resident
 3 Rotating Surgical Residents from Roosevelt Hospital, General San Juan de Dios Hospital, and the Guatemalan Social Security Institute (IGSS)
 1 Rotating Anesthesia Resident from Roosevelt Hospital
 1 Cardiology Resident from IGSS

Extracorporeal Circulation Technicians

Mr. Javier Castillo Palma 1976 - 1980
 Dr. Marco Tulio Moreno (+) 1978 - 1985
 Miss. Hilda M. Ramírez de Medrano 1976 - 2005
 Elizabeth Marroquín de Mérida 1977 - 1990
 Carmen Guisela Estrada Porras 1980 - 2012
 Miriam Zambrano 1990 - 2012
 Dr. José Morales Reyna 1990 - 2012

X-ray Technicians

José David de la Cruz
 Otto Daniel Ardón Medina
 Carlos Sosa

Administrative staff

Executive secretary
 Miss. Edna Elizabeth Marín de Ramirez 1976 - 1995

Accounting

Miss. Dora Amarilis Marroquín de Moreira 1980 - 1997

Professional Nursing Staff

1 Chief
 9 Assistant Chiefs
 24 Auxiliary Nurses
 2 Nursing Assistants

Social Workers

Esperanza Elizabeth del Valle de Palala 1995 - 2012
 Aminta Josefina Arévalo de Cabrera 1999 - 2012

BUDGET

The cardiovascular surgery program began with an annual budget of one hundred and twenty-five quetzales (Q.125,000.00), distributed as follows:

IGSS	Q60.000.00	48%
Ministry of Public Health and Assistance	Q40.000.00	32%
Ministry of National Defense	Q25.000.00	20%

Increases in contributions have been made by the Ministry of Public Health and Assistance and the Guatemalan Social Security Institute, beginning the budget for 1981 as follows:

Ministry of Public Health	Q345.811.00	80%
IGSS	Q60.000.00	14%
Ministry of National Defense	Q25.000.00	6%
TOTAL	Q430.811.00	100%

MAIN OBJECTIVES

The important objectives of the cardiovascular surgery program are to provide specialized care to patients referred by any public health institution in the capital city, from different regions of the country, from the Guatemalan Social Security Institute, and from the Military Hospital and from autonomous, semi-autonomous or private health institutions that require specialized diagnostic studies and surgical treatment of cardiovascular diseases. In addition, it aims to promote the necessary dissemination and education in the field of cardiovascular surgery, as well as the training of human resources and academic exchange.

Some of these objectives have been partially achieved through the fact that the Cardiovascular Surgery Unit is located in Roosevelt Hospital, which is a large and university-type center that maintains close relations with different medical departments and specialties, as well as the ease of having resident physicians and medical

students from different hospitals in the capital.

Clinical research is also being promoted through multiple scientific works, thesis advice, participation in conferences, seminars, and scientific congresses.

From a medical, hospital, and academic point of view, for the first time in the history of medicine in Guatemala, highly specialized services are concentrated in a single hospital to avoid duplication of efforts, reduce costs, and increase the skill and expertise of medical and paramedical personnel, has been successfully accomplished.

It is necessary to stop believing that our specialized medical problems can only be solved in developed countries, as the majority of our population does not have the necessary economic resources to have surgery outside the country. Only a minimal part of the civilian

population can afford to travel and be treated abroad, spending large amounts of money. For these reasons, it is essential to concentrate highly specialized centers such as the **CARDIOVASCULAR SURGERY UNIT** in Guatemala.

CLINICAL EXPERIENCE: During the early years, operations were performed on non-complex cardiac pathology, especially closed-type surgeries such as arterial ducts, coarctations of the aorta, open mitral valvuloplasties, etc. Until the group gained confidence and security, operations of greater technical difficulty began to be performed, but always with the professional advice of foreign experts. In cases of small children with certain complex pathologies, surgeries were performed in the company of surgeons, anesthesiologists, and perfusionists from North Carolina, who were always willing to collaborate selflessly with the Guatemalan group.

The first five years of work were difficult for the **CARDIOVASCULAR SURGERY UNIT**, despite good harmony between the sponsoring entities, economic limitations inherent to the environment, distrust and uncertainty in results, and above all the existence of agreements for the provision of cardiovascular services between sponsoring entities such as IGSS and the Mexican Social Security Institute (IMSS) and the Ministry of National Defense with Methodist Hospital in Houston, Texas, which committed them to spend large amounts of foreign currency, preventing them from increasing their meager contributions to the UNIT. Periodic but insufficient increases were received from the Ministry of Public Health and Social Welfare.

Roosevelt Hospital granted space on the third level of its building to the Cardiovascular Surgery Unit of Guatemala for general hospitalization with fourteen beds, including two for intensive care. Outpatients and intensive care patients were treated in the corresponding sections of the hospital. The operating room schedule for the hospital allowed the unit to operate only two days a week.

THE FIRST VIDEO-ANGIOGRAPHY UNIT INSTALLED IN GUATEMALA

In September 1977, the three-phase transformer of 1000 milliamperes installed by Engineer Sigurd Mocklebust Chua, under contract UCCV January 1976, was received for the new video-angiography equipment acquired under the helm of Dr. Julio Castillo Sinibaldi, Minister of Public Health and Social Assistance, through the Electronic Biomedical Company owned by Engineer Roberto Centeno, to be installed in the X-ray Department of Roosevelt Hospital, with Dr. Adán García Padilla as the head of said department, and under the management

of Dr. Julio Toriello de León, for the exclusive use of the Cardiovascular Surgery Unit of Guatemala.

INAUGURATION OF THE FIRST VIDEO-ANGIOGRAPHY EQUIPMENT IN THE CARDIOVASCULAR SURGERY UNIT

On November 8, 1977, the official inauguration of the first Cardiovascular video-angiography Unit, manufactured by Picker, of 1000 milliamperes, was held at the X-ray Department of Roosevelt Hospital, by General Eugenio Kjell Laugerud García, President of Guatemala, accompanied by the former President General Carlos Manuel Arana Osorio, other officials, and the general public.

HOMAGE TO DOCTOR FRANCIS ROBICSEK

During the ceremony of the aforementioned inauguration, an Act of Recognition and Homage was held for Dr. Francis Robicsek for his collaboration in the development of Medicine in Guatemala, in which the Doctor was extended the Highest Decoration of Merit with the Order of the Quetzal by the President of the Republic of Guatemala, General Kjell Eugenio Laugerud García, in the rank of Grand Commander.



CONDECORACION. Momento en que el presidente de la República, general Kjell Eugenio Laugerud García, impone la condecoración de la Orden del Quetzal en el grado de Comendador, al doctor Francis Robicsek, por sus relevantes méritos y desinteresada ayuda a Guatemala, en el ramo de la medicina.



INAUGURACION: El Presidente de la República inauguró la sala de rayos X de la unidad de cirugía cardiovascular del Hospital Roosevelt; en el momento de cortar la cinta simbólica lo acompañan el General Carlos Manuel Arana Osorio, expresidente de la república y el Dr. Francis Robicsek.

FIRST AUDIT OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA BY THE GENERAL AUDITING OFFICE

July 1979

In the city of Guatemala, at eight o'clock on the ninth day of July, 1997, the following persons were present at the offices of the Accounting Department of Roosevelt Hospital: Dr. José Raúl Cruz Molina, Head of the Cardiovascular Surgery Unit; Mrs. Carmen Cámara de Cossio, Head of the Accounting Department; Mr. Miguel Ángel Valle Sharac, Paying Cashier, both of Roosevelt Hospital; and the auditing accountants of the General Auditing Office: Luis Alberto Rodas Alonzo and René Paris Hernández Varela, to certify that, in accordance with the instructions received through order number C241/CV dated March 27 of the current year from the Deputy Chief of the Comptroller's Office and Head of the Audit and Investigation Section, the undersigned acting Auditing Accountants conducted fiscal inquiries into the accounts of the Cardiovascular Surgery Unit, which is located at Roosevelt Hospital and operates with its own funds and independent administration from the Ministry of Public Health and other institutions that establish it; its resources are managed through the Accounting Department of Roosevelt Hospital, which records its operations in its Fiscal Cash Box. Its funds have been included in the Common Fund of the hospital's operating budget, and approval from the President of the Administration Council is necessary for its expenses to be authorized.

Second: It is recorded that through documents and records that were reviewed, the subscribed Auditing Controllers audited the accounts of the aforementioned Unit from the date of the start of its operations in November 1975 to June 30, 1979, verifying through the Fiscal Cash of Roosevelt Hospital that they have been satisfactorily managed, as well as the system of purchase orders and payments for the authorization of its operating expenses; the results of these diligences were satisfactory, recording a balance to date of Q130,522.41, through the official diligence of the undersigned.

As the Cardiovascular Surgery Unit is an independent entity in relation to its income and expenses budget, it will need to have its operating funds from the hospital. Due to these circumstances, the undersigned ordered the opening of a bank account in the name of the Cardiovascular Surgery Unit at the Bank of Guatemala, which will be held jointly by the head of the unit and the head of accounting at Roosevelt Hospital. The account is registered with the number 110-780-4 at the Bank of Guatemala with a balance of Q130,522.41.

February 1980

By the end of this year, the Cardiovascular Surgery Unit of Guatemala had 40 members, led by Dr. José Raúl Cruz Molina, Dr. Ismael Guzmán Rodríguez, Dr. Federico Alfaro Arellano, Dr. Federico Bianchi Godoy, Dr. Alfonso Cabrera Escobar, Dr. Benjamín Campos Marroquín, Dr. Oscar Adalberto López Padilla, Dr. Jaime Rolando Pérez Molina, Dr. Eduardo Palacios Cacacho, Dr. Ricardo Federico Sotomora Von Ahn, and Dr. Mario Tulio Moreno. Eleven professionals, including cardiovascular surgeons, hemodynamic cardiologists, anesthesiologists, and perfusionists trained in prestigious hospitals abroad, formed the unit. The remainder of the staff consisted of resident doctors, intensive care nurses, hemodynamics technical personnel, auxiliary nurses, and administrative personnel.



Doctor Robicsek and Doctor José Raúl Cruz operating in the Cardiovascular Surgery Unit of Guatemala.



Segment from the local newspaper "La Tarde" titled "Open Heart Surgery," which explains, by Dr. José Raúl Cruz Molina, how over 300 cardiovascular surgical interventions have been performed in the national surgery unit.

Por otra parte, señala el entrevistado que "se realizan intervenciones quirúrgicas de defectos congénitos que consisten en comunicaciones anormales entre las cavidades izquierda y derecha del corazón".
 "Existen otros tipos de complicaciones como es el nacimiento anormal de los grandes vasos que forman estrechez de las arterias principales que salen del corazón".
 Por otro lado, señala el doctor Cruz Molina que "se hacen operaciones de cirugía vascular en las arterias de las extremidades, pudiéndose sustituir en algunos casos por venas del mismo paciente o bien por arterias plásticas".



● EL DOCTOR RAÚL Cruz Molina, director de la unidad, cuando declaraba a diario La Tarde que la sección de cirugía cardiovascular es sostenida gracias a la colaboración del actual gobierno, indicando que el general Romeo Lucas García fue una de las personas que firmaron el convenio cuando se fundó, durante su gestión como ministro de la Defensa.

Capacidad de operar tres veces por semana

"Actualmente tenemos capacidad de operar tres veces por semana" dice el doctor Cruz Molina. "no se puede más a pesar de que se tiene equipo humano capaz, pero lamentablemente tropezamos con limitación de equipo electrónico".
 "El equipo electrónico que tiene la unidad de cirugía cardiovascular es insuficiente y muy costoso, y el peor

obstáculo no se limita solamente a tener más equipo sino al deficiente mantenimiento del mismo", agregó el profesional.

Señala que "en Guatemala no se cuenta con repuestos adecuados, y cuando se necesitan hay que pedirlos al extranjero, lo que sucede con relativa frecuencia. Esto obliga a cancelar operaciones, porque algunos de los aparatos están descompuestos o porque el repuesto viene del extranjero".

"Lo ideal —manifiesta el doctor Cruz Molina— sería tener varias unidades de cada aparato, pero esto no es posible debido al alto costo del equipo, pero lo fundamentalmente en nuestro medio sería un buen mantenimiento".

Señala el doctor Cruz Molina que la unidad de cirugía cardiovascular brinda una evaluación clínica por cardiólogo, rayos X, electrocardiogramas, electrocardiografía, cateterismos cardíacos y cirugía cardíaca, incluyendo la colocación de "marcapasos", que son aparatos pequeños que reproducen los latidos del corazón cuando éstos son débiles.

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QUE TIPO DE ATENCIÓN SE BRINDA:

"Además, tenemos cirugía vascular periférica en donde colocamos arterias de plástico, cuando se hace necesario", agrega que toda esta evaluación clínica se da en todo el territorio de la república.

COMO ESTA ORGANIZADA LA UNIDAD

Indica el entrevistado que en la unidad de cirugía cardiovascular existe un director técnico, cuatro cirujanos cardiovasculares; 5 cardiólogos; un anestesiólogo; tres técnicos de perfusión y hemodinamia; tres técnicos de rayos X; nueve enfermeras graduadas; 24 enfermeras auxiliares y dos auxiliares de hospital.

Indica que todo el personal de la unidad ha sido entrenado en el extranjero en las diferentes disciplinas.

EQUIPO MEDICO QUIRURGICO

Señala el director técnico de la unidad que la misma cuenta con un equipo de perfusión (una bomba corazón-pulmón), oxigenadores, filtros arteriales; monitores electrónicos, respiradores; analizadores de gases arteriales (electrolitos), equipo de rayos X, especialmente para cateterismos cardíacos, con intensificadores de imágenes, cine angiográfico.



● BOMBA DE circulación extracorpórea, llamada en términos populares "bomba pulmón-corazón", que llega a detener el corazón mismo, para que el cardiocirujano pueda abrir el órgano y de esta forma corregir.

Segment from the local newspaper titled "Capacity to operate three times a week," which explains, by Dr. José Raúl Cruz Molina, how operations can only be performed three times a week due to the limitation of expensive electronic equipment, despite having the necessary human resources. However, the provided care includes cardiological evaluations, X-rays, electrocardiograms, electrocardiography, cardiac catheterizations, and heart surgeries.

Guatemala, 14 de octubre de 1980

MEDICINA LA TARDE

EN EL HOSPITAL ROOSEVELT:

Los cambios de válvulas cardiacas

■ Es una de las intervenciones quirúrgicas que con más frecuencia se llevan a cabo en la unidad de cirugía cardiovascular

POR JORGE MAZARIEGOS

"Las intervenciones quirúrgicas que con más frecuencia se llevan a cabo en la unidad de cirugía cardiovascular, son la substitución de válvulas cardiacas y reparación de defectos congénitos intracardiacos", dijo a diario La Tarde el doctor Raúl Cruz Molina, director de esa unidad, en el hospital Roosevelt.

"Las válvulas cardiacas se pueden enfermar por ataques de fiebre reumática en la infancia o por arterioesclerosis en la edad adulta —indica el entrevistado—. Esta enfermedad puede producir estrechez o dilatación en el orificio de dichas válvulas".

Señala el doctor Cruz Molina que "cualquier alteración en las válvulas cardiacas, producen síntomas como fatiga, sofocación, cansancio, durante el ejercicio, dificultad respiratoria, palpitaciones rápidas, irregularidades en el ritmo del corazón y un deterioro físico".

Indica que "el daño es progresivo hasta llegar a producir un fallo cardíaco que puede llevar a la muerte al paciente. Las válvulas cardiacas se pueden sustituir por otros tipos de materiales. Unas son las válvulas biológicas hechas de tejidos vivos y la otra elaborada de materiales plásticos".

Indica que "una vez desarrollada la arterioesclerosis, se puede llegar a la gangrena y después a la amputación de las extremidades". Señala que no se sabe exactamente el origen de la enfermedad".

Indica el doctor Cruz Molina que los síntomas son: un endurecimiento de las arterias; dolor en las extremidades al caminar que obliga a la persona a detener la marcha; un hormigueo o piquetazos en la extremidad y palidez de la piel. Entonces hay necesidad de intervenir quirúrgicamente en la unidad.

CIRUGIA DE LAS ARTERIAS CORONARIAS LA SIGUIENTE ETAPA DE LA UNIDAD

Señala el doctor Raúl Cruz Molina "que la siguiente etapa de cirugía que piensa realizar la unidad, es la intervención de las arterias coronarias, que son las principales del corazón y las que llevan sangre al músculo del mismo".

Indica "que esta cirugía es importante porque cuando estas arterias se obstruyen son las que producen los infartos cardiacos. Esta la etapa próxima de la unidad de cirugía cardiovascular".

● EL DOCTOR Cruz Molina, director de la Unidad de cirugía cardiovascular, muestra uno de los monitores electrónicos que controlan signos vitales en el paciente: presión arterial, ritmo cardiaco, presión pulmonar, y la determinación de electrolitos minerales en la sangre.

Segment from the local newspaper "La Tarde" titled "Heart Valve Replacements," which explains, by Dr. José Raúl Cruz Molina, how valve replacements are among the most frequently performed surgical interventions in the cardiovascular surgery unit, and how the next stage of the unit is coronary artery surgeries.

650 operaciones del corazón han practicado en el Roosevelt

Por: Romeo MENDOZA PINO
De la redacción de PRENSA LIBRE

Seiscientos cincuenta operaciones y más de 800 cateterismos cardíacos ha practicado el equipo médico que integra la unidad cardiovascular que funciona en el hospital Roosevelt y que sostiene económicamente el ministerio de Salud Pública, el IGSS y el ministerio de la Defensa, dijo el doctor Raúl Cruz Molina, director de la unidad.

Cinco años de funcionamiento y los logros obtenidos, es una satisfacción para los profesionales de la medicina dentro de la especialidad en cirugía cardiovascular, ya que la positividad de los casos pasa del 90 por ciento —dijo el director— jefe de esta unidad.

El factor presupuesto que soporta en un 80.25 por ciento el ministerio de Salud Pública; un 13.93 por ciento el Instituto Guatemalteco de Seguridad Social y un 25.80 por ciento el ministerio de la Defensa Nacional, ha sido uno de los motivos indispensables para lograr el éxito alcanzado en cinco años.

La creación de dicha unidad, se debió a los numerosos casos que a diario se presentan en nuestra población y los cuales son expresados en los diversos medios de comunicación, iniciándose campañas o colectas de personas generosas para que un niño o adulto viaje al exterior con el objeto de superar sus males.

“Excuso decirle —dijo el doctor Raúl Cruz Molina— que la idea salió del entonces presidente Arana Osorio, compenetrado de la necesidad que tenía nuestro país para contar con una de estas unidades”.

—Fue en un encuentro de dicho mandatario con el doctor Francis Robicsek, conocido arqueólogo y médico especializado en la cirugía cardiovascular, cuando este último

vino a Guatemala y viajó a Tikal para uno de sus estudios sobre la civilización maya. Llegó allí coincidentemente el general Carlos Arana Osorio y en esa forma se iniciaron las pláticas preliminares para la fundación de esta unidad que sostienen las ya mencionadas instituciones.

—Compenetrado de la importancia y urgencia que había en nuestro país sobre el particular, el doctor Robicsek, desde hace varios años médico jefe del departamento de cirugía cardíaca en el hospital Memorial de Charlotte, Carolina del Norte, Estados Unidos de Norte América, vino a Guatemala exclusivamente para formar un grupo de médicos y miembros de enfermería con el fin de especializarse en las diversas ramas que se necesitan para integrar el equipo de trabajo sobre cirugía, el cual ya funciona



DIRECTOR. — El doctor Raúl Cruz Molina, director de la unidad cardiovascular que funciona en el hospital Roosevelt, dijo que Guatemala cuenta con un servicio muy especial, en lo que a enfermedades del corazón se refiere. (RMP)



RECUPERADO. — Un día después de haber sido operado de la carótida, donde se le habían formado coágulos, y a consecuencia de ello perdía la vista paulatinamente, aparece en franca recuperación el señor Ruperto López. (RMP)



INTERVENCIÓN QUIRÚRGICA. — El grupo de médicos especializados, en Estados Unidos de Norte América, intervienen quirúrgicamente al señor Ruperto López, en una de las salas acondicionadas para esta clase de operaciones, en el hospital Roosevelt. (RMP)



VALVULA MITRAL. — La señora Bernarda Gil de Chinchilla, convalece dos días después de haber sido operada del corazón, cambiando la válvula mitral. En silla de ruedas es controlada en su fase post-operatoria, por una enfermera y chequeada constantemente por un aparato especial que aparece a la izquierda. (RMP)

profesionalmente en Guatemala.

—El tiempo de especialización abarcó un considerable número de meses en el hospital norteamericano, y cuando el grupo vino al país, el gobierno que entonces lo presidía el general Laugerud García tuvo la misma atención para el programa iniciado. —Ya listo el grupo de cirujanos y personal de enfermería, la instalación de equipo necesario en el tercer nivel del hospital Roosevelt, hizo que el ejecutivo mediante el acuerdo SP-G-12-76, autorizaba su funcionamiento.

Aunque el 7 de noviembre de 1977 fue la inauguración oficial, el grupo de cirujanos efectuó antes varias intervenciones cardiológicas, demostrando con esto, lo efectivo y necesario que resultaba para nuestro pueblo el esfuerzo de los gobiernos mencionados —dijo el director de cirugía cardiovascular— agregando que en el año de 1974, había partido el primer grupo rumbo a norteamérica para especializarse, y a su regreso se dedicó de lleno a preparar lo que serviría a todo el personal que hoy ha realizado una de las mejores labores médicas no sólo a los capitalinos, sino a nivel nacional.

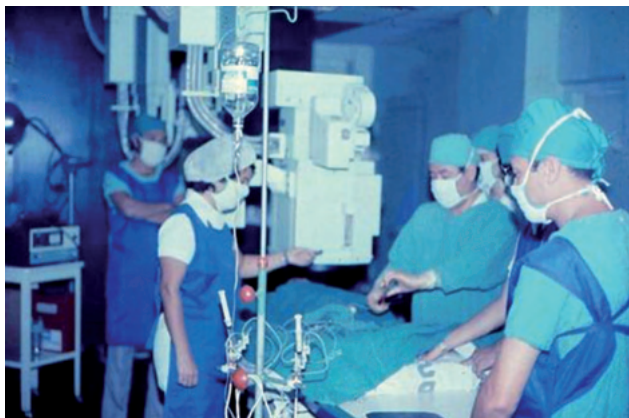
Actualmente —expresó el doctor Cruz Molina— se vienen atendiendo aproximadamente mil quinientos casos anualmente, dentro de los cuales la mayoría llegan por casos de válvulas y arterias importantes; otros que ameritan intervención quirúrgica, entre ellos muchos pacientes que sin saberlo se les hacen puentes coronarios, coartación de la aorta, aneurismos,

marcapasos, sustitución de válvulas cardíacas por seccia de fiebre reumática. También se tratan casos por enfermedades congénitas y en fin, todo lo que es relativo a las enfermedades del corazón.

Por último, quiero agradecer en especial a PRENSA LIBRE la divulgación desinteresada que ha tenido en nuestro trabajo, pues a iniciativa del diario de mayor circulación, se debe que esta unidad cardiovascular esté prestando un servicio en bien del pueblo de Guatemala, ya que por ser el periódico más efectivo en su información, muchas campañas se han hecho en sus páginas y de ahí que se haya pensado en formar una especialización de sólo profesionales guatemaltecos para trabajar en esta noble tarea, terminó diciendo el doctor Raúl Cruz Molina, jefe de la unidad cardiovascular.

Segment from a local newspaper titled "650 Heart Surgeries Performed at Roosevelt," recounting how 650 operations and over 800 cardiac catheterizations have been carried out in the cardiovascular surgery unit operating at Roosevelt Hospital in Guatemala.

By 1981, around four thousand patients were being treated in the Outpatient Department and approximately 200 cardiac catheterizations were performed per year, with the new Picker Angiography equipment, which was acquired in late 1977.



Doctor Ismael Guzman Rodriguez, pioneer of invasive cardiology in Guatemala, performing the first cardiac catheterization on the Picker angiography equipment, in the Radiology Department of Roosevelt Hospital, with the assistance of technicians, Mrs. Hilda Ramírez and Mr. Javier Castillo Palma.

Special hemodynamic studies were performed, as coronary angiography studies were not of optimal quality, which therefore took some time before the decision to operate on the first cases of this pathology was made, and it was not until 1982 that the first successful coronary bypass was performed in Guatemala.

By 1982, 253 open-heart surgeries had been performed, in adult patients or older children. Closed palliative operations were performed in younger children, due to limitations in technical and professional capacities.

OPEN HEART SURGERY

Interatrial communication	48
Interventricular communication	33
Pulmonary valvotomy	4
Aortic valvotomy	3
Repair of Tetralogy of Fallot defect	7
Open mitral commissurotomy	46
Mitral valve substitution	63
Aortic valve substitution	39
Doble valve substitution	3
Cardiac myxomas resections	3
Rastelli operation	1
Roght atrial coronary fistula	1
Coronary bypass	1
TOTAL	253

Breakdown of the types of open heart surgeries performed in the Cardiovascular Surgery Unit in 1982.

The majority of the heart surgeries were performed to correct the most common and less complex pathologies of our patients, such as congenital defects of the interatrial and interventricular septum, replacement of mitral and aortic valves using mechanical prostheses of the Bjork-Shiley type or biological porcine valves (Hancock), especially in young patients or women of childbearing age. More complex surgeries were postponed and performed in conjunction with the presence of more experienced foreign surgeons during previously scheduled surgical campaigns.

Chronic valvular pathology of rheumatic origin remained the most important and frequent cause in our patients, especially in the adult population. Obstructive arteriosclerotic disease of the coronary arteries did not represent a societal medical problem in Guatemala. This criterion was supported by the author, and likely due to diagnostic limitations that were very significant, especially due to the lack of high-resolution angiography equipment.

However, in the early 1980s, the first coronary arteriogram was performed in the Cardiovascular Surgery Unit, by Dr. Federico Bianchi Godoy, who was part of the newly acquired angiography team. It is necessary and timely to mention that in 1975, cardiologist Carlos Vassaux performed the first angiographic study of coronary arteries in the X-ray Department of Roosevelt Hospital, under very unique conditions, as he used a rudimentary 16 - millimeter movie camera (personal communication). Other types of surgeries were also developed, such as peripheral vascular operations, abdominal aortic

aneurysms, obstructive aortoiliac disease, and the implantation of endovenous or epicardial pacemakers in adult patients. However, there was an extraordinary case of a 29 days old girl who was born with complete congenital atrioventricular block, with a heart rate of 30 beats per minute, causing tonic-clonic convulsions and apnea episodes due to low cerebral blood flow. Pediatric cardiologist, Dr. Ricardo Sotomora Vohnan announced the need for implantation of a permanent epicardial pacemaker, and given the size of the child, the abdominal route was chosen. The selected pacemaker was the smallest and lightest available on the market, and thanks to the help of Dr. Sotomora, one was obtained for free from the company CPI. The immediate postoperative evolution was satisfactory, the arrhythmia problem was resolved, but later complications occurred at the implant site, which required several re-interventions for repositioning due to its small size. The patient represents the first case of epicardial pacemaker implantation in an infant in Guatemala.

Among other vascular surgeries performed were multiple resections of abdominal aortic aneurysms, thoracic aortic aneurysms, coarctations of the aorta, and persistent arterial ducts in children and adults. (10). By 1983, 19,198 patients had been evaluated in the UNIT in the Outpatient Clinic, and 1,298 cardiac catheterizations, 2,250 echocardiograms, and 1,028 cardiovascular operations had been performed, including open-heart surgery, closed palliative procedures, peripheral vascular surgery, and implantation of pacemakers; following the same system of carefully selecting the most frequent and least complex pathologies as can be seen in the following table.

CARDIOVASCULAR SURGERIES

Cardiac valves	188
Interatrial communication	65
Interventricular communication	41
Open mitral commissurotomy	46
Repair of Tetralogy of Fallot defect	16
Miscellaneous	20
Closed mitral commissurotomy	28
Ductus	104
Coarctation of the aorta	21
Coronaries	6
Blalock	29
Waterton	6
Rastelli	1
Pericardium	7
Vascular and others	622
TOTAL	1,028

Breakdown of the types of open heart surgeries performed in the Cardiovascular Surgery Unit in 1983.

Valvular prosthesis implants and mitral valvotomy are the most frequent procedures, followed by surgical closure of arterial ducts, especially in small children, although doctors were forced to intervene in adolescent and even adult patients, making this pathology extremely delicate and technically challenging.

(Guatemalan Cardiology Association Yearbook, October 1988, page 32, (11). Six successful coronary revascularizations were also performed, which were presented at the National Cardiology Congress in 1995. As seen in the following chart, we had the impression that coronary disease did not represent a significant societal medical problem in our population, and that valvular pathology was the predominant condition. This phenomenon was also observed in other countries

in previous decades when open-heart surgery was initiated. Complex pathologies in children were mainly treated by palliative surgical means, as shown in the statistical chart, where palliative operations in children, aortic coarctations, arterial duct closure, and systemic-pulmonary fistulas predominated. Primary reconstructions were postponed for future opportunities using foreign medical missions that visited the country.

During this period of time, the coronary artery surgery began and with our own angiography team, the first diagnostic radiological studies and the first six Coronary Revascularizations were performed. Unfortunately, the period was very short as the equipment began to fail and it was necessary to temporarily suspend the coronary program.

CORONARY ARTERY BYPASS, FIRST CASE SUCCESSFULLY OPERATED IN GUATEMALA

In 1982, the first Coronary Artery Bypass was performed in Guatemala on a 63-year-old male patient, RS, with Medical Record 778 - 803 originally from Escuintla, who consulted Roosevelt Hospital on December 9, 1980, due to 3 months of precordial pain, with irradiation to the neck, accompanied by oppression and difficulty breathing. The episodes of pain occurred more frequently and at the time of consultation had been accompanied by cold sweats, anxiety, and a feeling of suffocation. These symptoms start with moderate activity and are relieved through rest or taking nitrates. As for medical history, the patient suffers from peptic disease. Physical examination included normal vital signs and rhythmic heart without murmurs, with the remainder of the examination within normal limits.

Repeated electrocardiograms showed changes suggestive of anteroseptal subendocardial ischemia and on the diaphragmatic side, cardiac enzymes without significant changes. The patient remained in the hospital for several days with the diagnosis of stable angina receiving only pain relief medications. On March 6 of the same year, a request was made for consultation with the Cardiovascular Surgery Unit. Cardiologist Dr. Federico Bianchi made the decision to perform a coronary arteriogram, which was successfully performed on March 8th. Under local anesthesia and using the Judkins technique, the procedure found a 90% obstructive lesion of the left anterior descending artery and diffuse minimal lesions distally near the apex, in addition to a 40% obstructive lesion of the dominant right coronary artery, which was considered an important lesion during the surgical procedure. Left ventriculogram showed mild dysfunction of the anterior wall. Left ventricular function was preserved, while the operating time was two and a half hours and the patient left the X-ray department well. This case represents the first successful coronary

angiogram performed in the Cardiovascular Surgery Unit of Guatemala.

The patient is prepared for myocardial revascularization, which is performed on April 4th, 1982, in the operating rooms of Roosevelt Hospital. Under general anesthesia and through a median sternotomy, the heart is exposed after opening the anterior wall of the pericardial sac. At the same time, another group of surgeons performs the removal of two segments of the patient's internal saphenous vein from one of their lower limbs.

Proximal anastomosis are performed by partially clamping the ascending aorta, two small incisions are made the size of the distal ends of the venous segments (in an inverted position) to be anastomosed, and the first anastomosis is made with continuous polypropylene 50 sutures. The second anastomosis is made in the same way and with the same material. The lateral aortic clamp is removed and the tightness of the anastomoses is verified. The ascending aorta and the vena cava are cannulated, and the corresponding dose of Heparin is administered intravenously. These cannulas are connected to the extracorporeal circulation system, and perfusion is initiated with the instruction to lower the body temperature to 28 degrees Celsius (moderate hypothermia). Local hypothermia is also applied to the pericardial sac. When the appropriate temperature is reached, the ascending aorta is totally clamped, and the first dose of crystalloid cardioplegia is administered. The left ventricle is aspirated through a special cannula, which was previously placed through the left atrium, achieving cardiac arrest.

For positional reasons, when constructing the first upper anastomosis, it was necessary to transport the venous graft behind the coronary sinus to avoid bending of the venous conduit and to externalize it through the left border of the heart. The left anterior descending coronary artery is identified, and the site where the distal anastomosis will be made is located. A small longitudinal incision is made in the coronary artery, and with special dilators, distal permeability is verified, proceeding to the anastomotic suture between the left anterior descending artery and the proximal end of the saphenous vein with continuous polypropylene 60 sutures. Then, the other vein is anastomosed to the posterior descending branch of the right coronary artery with the same 60 suture material. The use of the internal mammary artery was not contemplated in this opportunity due to technical limitations and lack of sternal retractors.

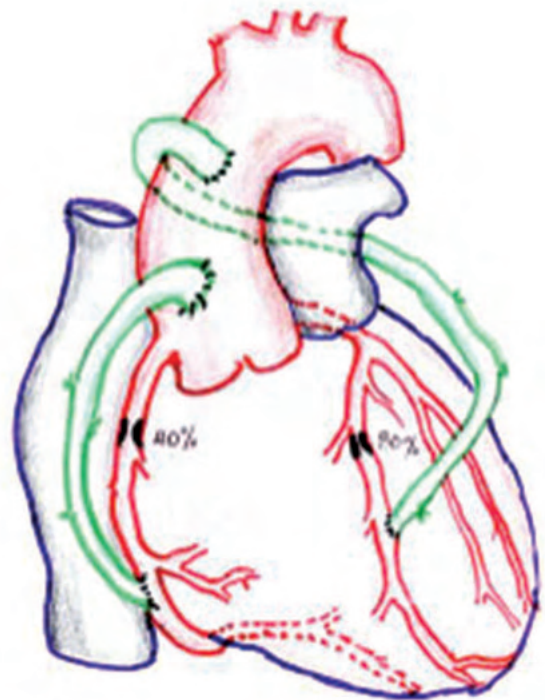
Once the anastomoses are finished and the suture lines are verified, the cold contents of the pericardial sac are aspirated, and the extracorporeal system is reheated. The cold contents of the left cavities are aspirated, the aortic occlusive clamp is removed, and

a few seconds pass for the systemic temperature to rise to appropriate levels, waiting until spontaneous cardiac contractions are obtained. As no spontaneous heartbeat was observed, it was necessary to apply an electric shock of 30 milliamperes directly to the heart, obtaining an immediate response. After stabilizing the cardiac rhythm, vital signs and temperature within normal limits, decannulation of the heart is performed. The corresponding dose of Protamine is administered to counteract the activity of Heparin. Revision of the anastomotic sutures and important sites of possible postoperative hemorrhage. Two tubes are placed in the pericardial sac and connected to a water seal. The sternum is closed with wire sutures, and soft tissues are sutured in the usual manner.

The aortic occlusion time was 57 minutes and the extracorporeal circulation time was 87 minutes.

The patient left the operating room in a stable condition.

*Patient identification number: HR778803
Male, 63 years old
Diagnosis: Effort-induced angina
Treatment: Double venous aortocoronary bypass.*



POST - OPERATIVE

The patient developed a stable postoperative course except for a small superficial wound infection at the surgical site that required local wound care and antibiotics. He was discharged from the hospital in good general condition at 15 days postoperative. Surgical staff who participated in the surgical procedure

Surgeons:

Dr. José Raúl Cruz Molina
Dr. Francis Robicsek

Assistants:

Dr. Alfonso Cabrera Escobar
Dr. Jaime Pérez Molina
Dr. Eduardo Palacios Cacacho

Anesthesiologists:

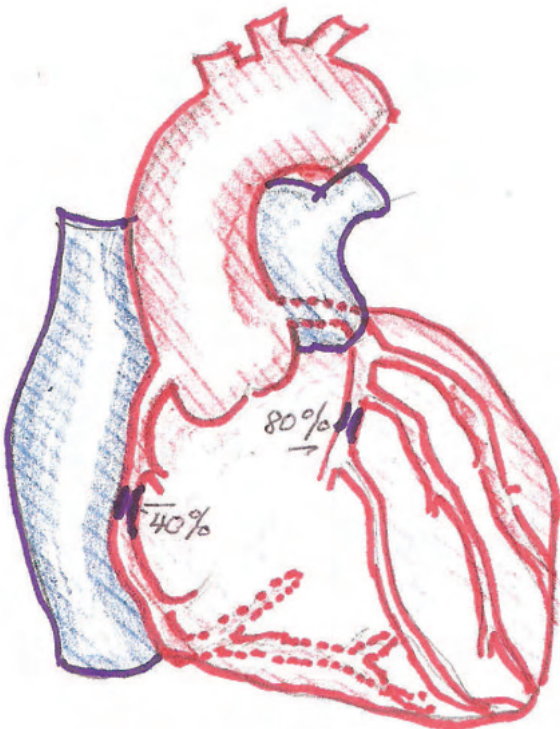
Dr. Benjamín Campos
Dr. Roberto Galindo

Perfusionists:

Dr. Marco Tulio Moreno

Postoperative evolution was satisfactory during the first few years with discomfort of a musculoskeletal nature, especially in the left arm and sterno-clavicular area.

In 1984, the patient consulted the UNIT due to the



PRE - OPERATIVE

presence of dark, protruding spots with local itching on the left heel. With suspicion of malignancy, a biopsy was performed which confirmed the diagnosis of grade D melanocarcinoma according to Clark's classification. The patient underwent surgical indication with wide resection of the lesion and radical lymph node resection of the groin. The patient recovered satisfactorily from the operation and subsequently underwent chemotherapy treatment.

As a consequence of the radical surgery of the left groin, the patient developed edema in the lower limb with pain that was controlled with rest, elevation of the leg, and common analgesics.

The subsequent clinical evolution, according to the multiple outpatient consultation notes, demonstrates the course of a patient with stable chronic angina under drug treatment based on nitrates, propranolol, moduretic, and sublingual isosorbide dinitrate if necessary. In 1992, he underwent a coronary angiography study, which showed the left aortocoronary bridge to be permeable and the right one to have 60% occlusion. Medication continuation was recommended. Thus, he continued until 1997, when he was hospitalized for an episode of acute precordial pain with a feeling of precordial oppression, diaphoresis, respiratory difficulty, arterial hypotension, elevated cardiac enzymes, arrhythmia with atrioventricular block requiring implantation of a temporary endovenous pacemaker. The patient continued with an evolving process with a poor response to medical treatment, and after 48 hours, the patient suddenly developed irreversible cardiorespiratory arrest. He was declared dead on January 27 of that same year, 16 years after his coronary surgery, becoming the first successful coronary surgery case in Guatemala.

OTHER PUBLICATIONS SHOWING THE FIRST CASES OF THE CARDIOVASCULAR SURGERY UNIT REPORTED BY DR. JOSÉ RAÚL CRUZ MOLINA AND HIS COLLABORATORS

In 1984, Dr. José Raúl Cruz Molina published in the Journal of the Medical College Vol. 35, No.1 (11) the first 100 cases of Open Heart Surgery operated in the Cardiovascular Surgery Unit. Both acquired and congenital heart diseases were operated on. There was a predominance of rheumatic valvular pathology in young adults. Some uncomplicated congenital anomalies, such as Interatrial and Interventricular Communication, and Tetralogy of Fallot in children weighing more than 15 kilograms, were corrected. At that time, there was no technological capacity or experience to approach complex congenital anomalies in younger children. On certain occasions, medical campaigns were organized,

inviting foreign surgeons, and using their professional advice, some non-complex anomalies were corrected in older children.

The Evolution of Cardiovascular Surgery in Guatemala, a paper published in the Yearbook of the Guatemalan Cardiology Association, page 271, (1987),(12).

In 1989, the work on Simple Mitral and Aortic Valve Replacement was published in the Cardiovascular Surgery Unit of Guatemala (141 Cases, and AO Yearbook of the Guatemalan Cardiology Association, page 87, 1989), (13).

The first 10 cases of operated Cardiac Myxomas in the Cardiovascular Surgery Unit of Guatemala were published in the Yearbook of the Guatemalan Cardiology Association (page 5, 1990), (14).

Percutaneous Pulmonary Valvuloplasty with Balloon. Report of the First Case in Guatemala. Published in the Yearbook of the Guatemalan Cardiology Association (page 39, 1988), (15).

Arterial Duct in the Adult, experience in the Cardiovascular Surgery Unit of Guatemala and published in the Yearbook of the Guatemalan Cardiology Association (page 32, 1988), (16).

Ascending Aortic Aneurysm with Aortic Valve Insufficiency. First successfully operated case in Guatemala, (Yearbook of the Guatemalan Cardiology Association, page 13, 1998), (17).

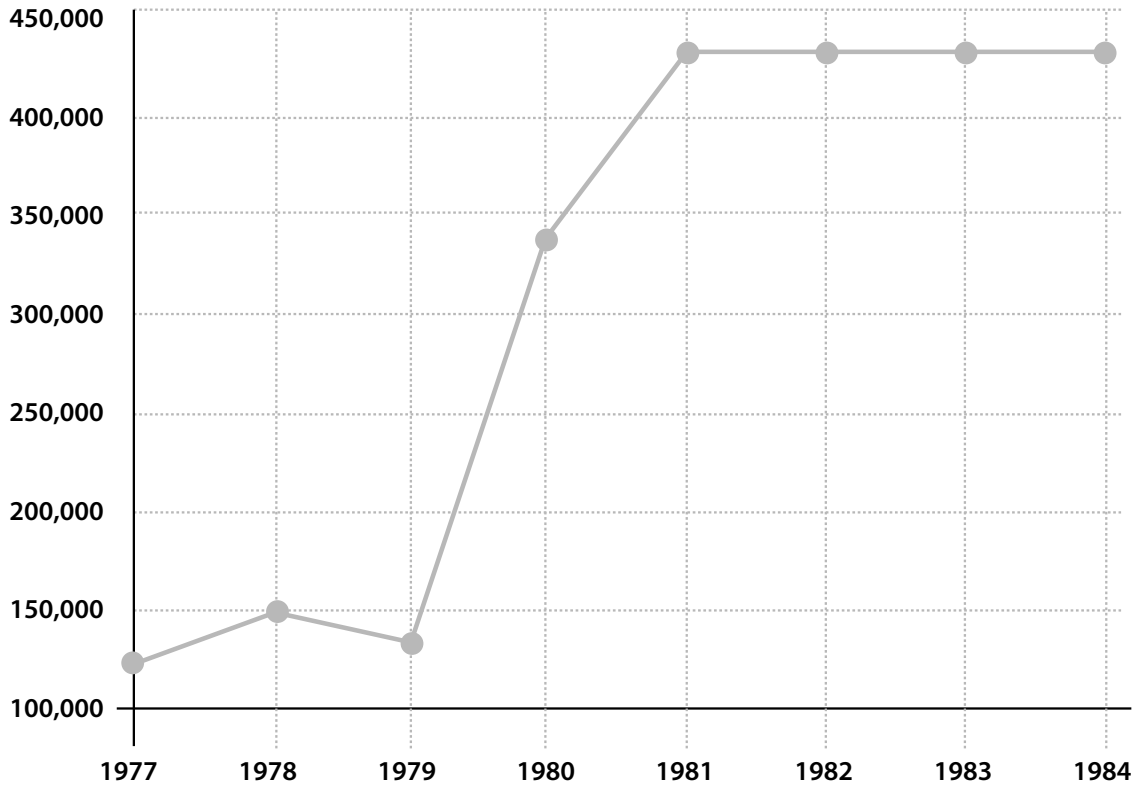
Right Coronary Artery Fistula to the Right Atrium in a 5-year-old child, first successfully operated case in Guatemala. Diagnosed by Dr. Ricardo Soto Mora Vohnan and operated by Dr. José Raúl Cruz Molina in the Cardiovascular Surgery Unit of Guatemala, presented at the XV Scientific Week of the Herrera Llerandi Hospital, from May 25 to 29, 1981, (18).

Results of the Surgical Treatment of Atrial Septal Defect in Guatemala, published by Dr. Eduardo Alberto Palacios Cacacho, in the Journal of the Medical College of Guatemala, 4, 1982, (19).

THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA DURING THE FIRST EIGHT YEARS

With the meager financing obtained from the three sponsoring entities, we could not demand much from the staff, and the desire to leave a work of social benefit for the population of scarce resources kept the flame of patriotic duty as Guatemalans burning, and the work continued.

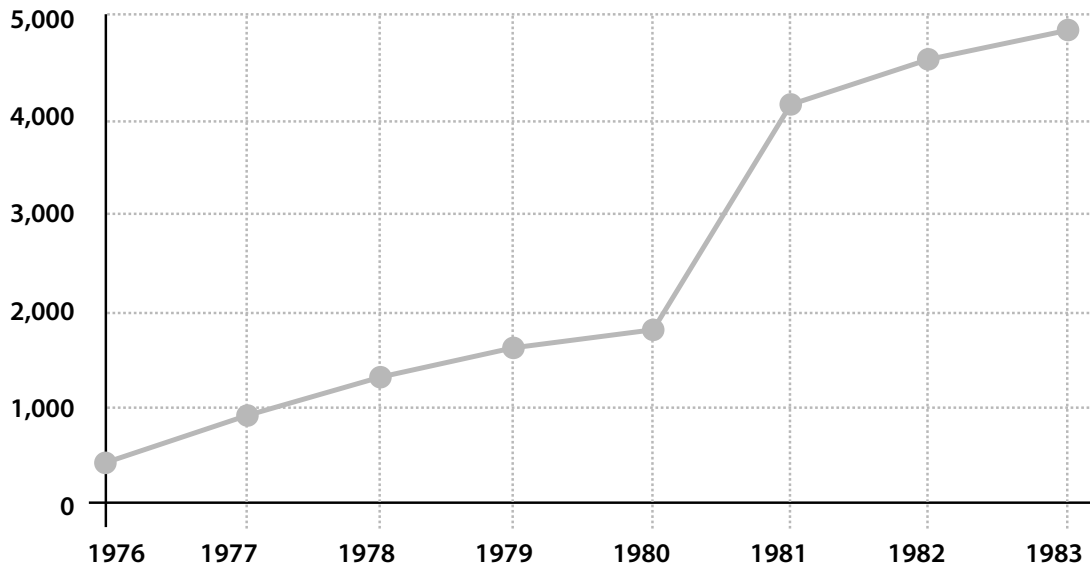
NATIONAL UNIT OF CARDIOVASCULAR SURGERY BUDGET



Increase Q305,811.00 at expenses of the Ministry of Public Health and A.S. Guat

Production of the unit in relation to the patients evaluated in the outpatient clinic.

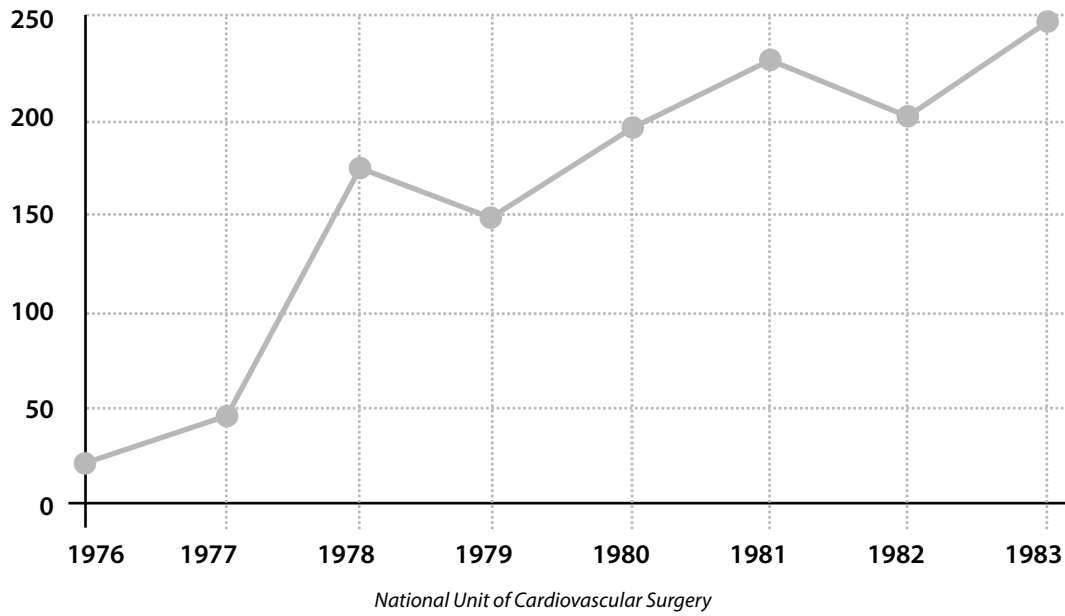
PATIENTS EVALUATED: 19,198



National Unit of Cardiovascular Surgery

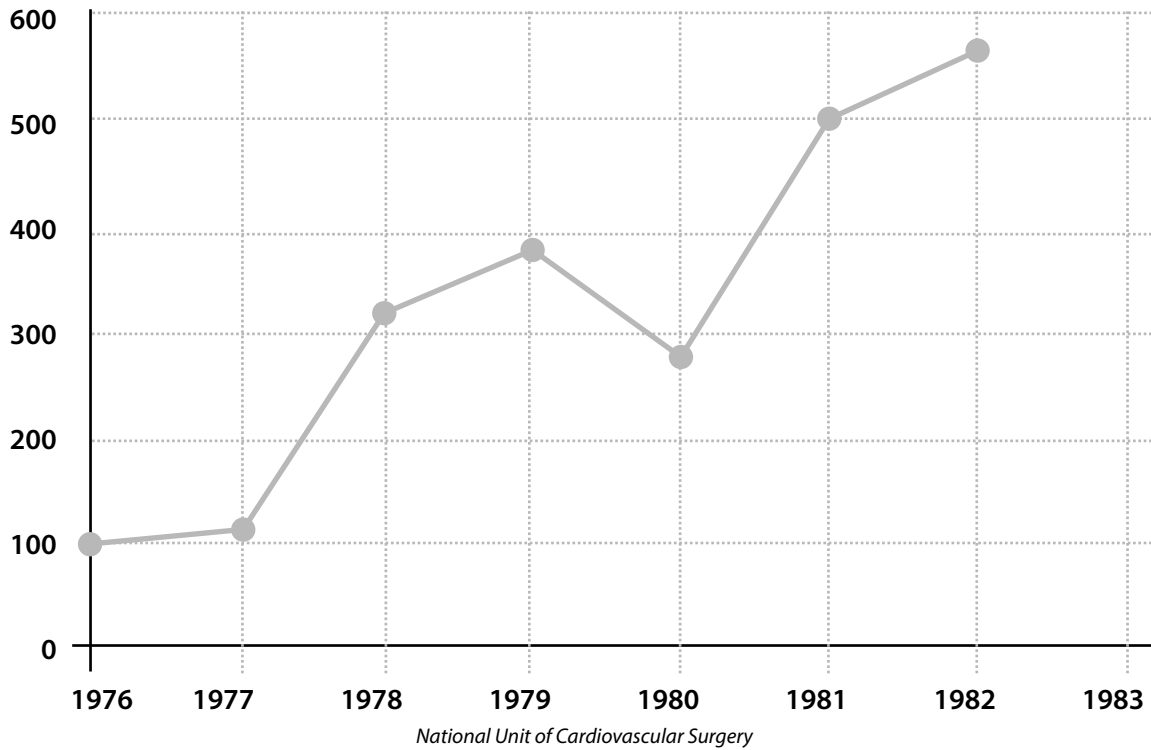
Unit production in relation to the number of cardiac catheterizations.

CARDIAC CATHETERIZATIONS: 1,298



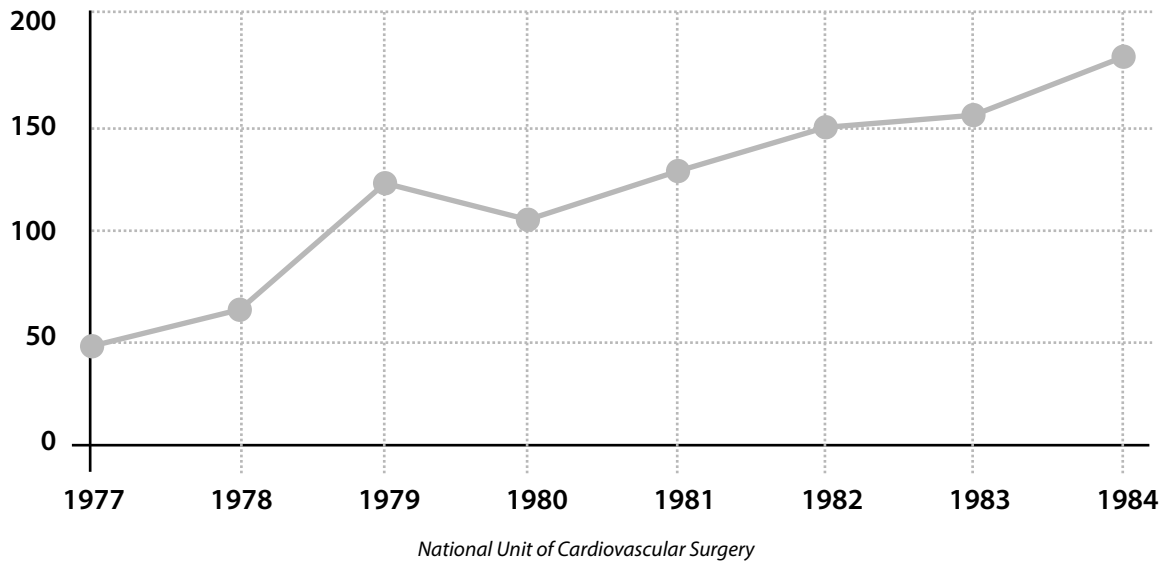
Unit production in relation to echocardiograms.

ECHOCARDIOGRAMS: 2,250



Production of the cardiovascular surgery unit in relation to the number of surgical procedures performed per year.

ECHOCARDIOGRAMS: 2,250



THE GOVERNMENT OF THE REPUBLIC PROMOTES THE CREATION OF ANOTHER CARDIOVASCULAR SURGERY UNIT IN THE CITY OF COBÁN

Alta Verapaz

In 1980, a group of doctors and surgeons led by Dr. Mario de la Cruz, who was the Guatemalan Ambassador to France during the government of General Fernando Romeo Lucas García, and with a desire to expand their knowledge and train in cardiovascular surgery in that country, took advantage of his diplomatic position, obtaining the support of the authorities of the current government, who signed a million-dollar loan with the French government for the training and education of medical and paramedical personnel, as well as the acquisition of the complete cardiovascular surgery equipment, including a French CGR brand angiography device with a thousand milliamperes, with the purpose of organizing a cardiovascular surgery unit in the city of Cobán. A group of doctors, surgeons, hematologists, perfusionists, and professional nurses from Cobán were selected to receive their training at the Brousseau Hospital in France, under the direction of the eminent French surgeon Charles Dubost.

Segment from the local newspaper "Prensa Libre" titled "Former Ambassador to France Explains Cobán Selection," narrating how Dr. Mario Enrique de la Cruz Torres worked to secure scholarships for young Guatemalan doctors to study in France, in order to assist in the training of physicians. Additionally, a special committee selected an appropriate region to establish the cardiovascular hospital, with that region being Cobán.

12 — PRENSA LIBRE — Guatemala, Junio 18 de 1982
Alta Verapaz

Ex embajador en Francia explica selección de Cobán

Para ayudar a preparar médicos otros países cedieron becas

—Algunos médicos que han tenido bajo su dominio la medicina en Guatemala, quieren dejar a Cobán sin su equipo cardiovascular. Es conveniente que comprendan que la medicina debe descentralizarse y permitir el desarrollo de los pueblos, dijo ayer a Prensa Libre el doctor Mario Enrique de la Cruz Torres, ex embajador de Guatemala en Francia.

El facultativo en mención, fue la persona que gestionó ante el gobierno francés el donativo del moderno equipo cardiovascular, que permitirá superar difíciles problemas que se afrontan hoy en Guatemala, sobre todo en pacientes que padecen del corazón.

Dijo que inicialmente él se preocupó porque médicos jóvenes guatemaltecos obtuvieran becas para estudiar en Francia. Tanto es así, que otros gobiernos en apoyo a nuestro país, cedieron las becas a favor de profesionales de la medicina de Guatemala.

—Posteriormente —prosiguió— una comisión especial estudió diferentes lugares, para seleccionar la región apropiada donde podría ubicarse el hospital cardiovascular.

—La comisión estableció que en el hospital Roosevelt no había lugar adecuado para ello; el hospital San Juan de Dios no estaba construido; el de Amatitlán no reunía los requisitos indispensables. Viajó a Cobán y comprobó que aquel departamento era el área idónea para ubicar el equipo cardiovascular.

—Ahora resulta —agregó el doctor de la Cruz—, que aquellos médicos que se creen los máximos en el desempeño de la profesión, tratan de quitar ese equipo al pueblo cobaneño.


—Esos colegas, que han tenido bajo su dominio la medicina, han influenciado a las autoridades para hacer ese traslado. Es cierto —opinó— que en la capital hay más medios, pero los médicos jóvenes comprenden que debe dejarse libre el camino para la superación de la provincia.

—Además, así como muchos pacientes del corazón van a Houston a tratamientos, muy bien pueden viajar a Cobán para ser atendidos por médicos capaces especializados en Francia.



Doctor Mario Enrique de la Cruz Torres. (AGM)

●**PARQUE.** — En la población fronteriza con México, Tecún Uman, fue inaugurado el parque central que al concluirse arrojó un costo de Q 125,000, el cual fue bautizado con el nombre del mismo municipio o sea, parque Tecún Uman. El aporte de los vecinos y la comandancia y capitanía del puerto fluvial de ese lugar, hicieron posible que en una manzana de terreno en el centro, se construyera el atractivo parque.



**BUENO PARA UNOS,
BUENO PARA TODOS**

Es un grave defecto de los países subdesarrollados, que sólo la capital vaya progresando, mientras que el interior sigue prácticamente salvaje. Por eso es que es conveniente construir obras de importancia en las provincias, mejorar las existentes e impulsar cualquier ventaja que pueda tener interés nacional. Algunos pueblos han tenido la suerte de resultar lugar de origen de uno que otro presidente. Cobán fue la cuna de la esposa de uno y del que fuera destituido violentamente por quererle pasar de listo... Sea como fuere la conducta de los mandatarios, los beneficios para una u otra región no sólo deben mantenerse, sino que aumentarse.

Pues bien, Lucas dejó en Cobán un hospital para cardiología vascular que seguiría las técnicas francesas y sería un centro preparatorio de otros médicos para toda el área centroamericana. Todo este esfuerzo **ha despertado mucha envidia** en quienes han rebuscado argumentos para destruir lo que ya estaba en marcha, aunque esto resulte otro desaire para un país que tradicionalmente fuera muy amigo de nuestra patria: Francia. Al respecto se han recibido algunas comunicaciones que vale la pena que las conozcan los pacientes lectores y/o encantadoras lectoras.

El Dr. Raúl Ponce Ramírez, actualmente en Francia, envía la siguiente misiva:

“Acabo de leer con gran satisfacción su artículo ¡NO SE DEJEN! aparecido en PRENSA LIBRE de fecha 11 de junio próximo pasado, en la leída sección “Desde la Montaña”. Mis sinceras felicitaciones y mi agradecimiento por su exhorto a mis coterráneos para que defiendan la permanencia de lo que será la Unidad de Cirugía Cardio-vascular del Hospital Regional “Helen Lossi de Laugerud” con sede en la ciudad de Cobán, la cual, como es de su conocimiento público, se encuentra en fase de finalización y tengo fe que se nos hará justicia para que en un muy corto tiempo se encuentre en funcionamiento, lo cual indiscutiblemente redundará en beneficio no solamente de los guatemaltecos, sino de todos los hermanos centroamericanos”.


“La creación de una Unidad de Cirugía Cardio - Vascular en Cobán fue idea del doctor Mario Enrique de la Cruz Torres, en ese entonces médico director del hospital de Cobán. Posteriormente, ya como embajador de Guatemala ante el gobierno francés y gracias a su tesón, logró vencer los múltiples obstáculos que se le presentaron hasta lograr que su proyecto de UNA UNIDAD DE CIRUGÍA CARDIO - VASCULAR EN COBÁN, fuera aceptado y aprobado, tanto por el gobierno guatemalteco como por el gobierno francés”.

“Entre algunos de los logros obtenidos por el doctor De la Cruz podemos mencionar: a) **Obtención de becas del gobierno francés para que médicos guatemaltecos vinieran a Francia a prepararse en las diferentes disciplinas necesarias** para el funcionamiento de una unidad de este tipo; b) Cooperación técnico - financiera del gobierno francés para la construcción y equipamiento de dicha Unidad Quirúrgica en Cobán; c) **el compromiso del eminente cirujano Cardio - vascular, profesor Charles DUBOST**, uno de los pioneros de la cirugía cardio - vascular no solamente de Francia sino a nivel mundial, **para que los guatemaltecos recibieran la preparación necesaria** en su Servicio del Hospital Broussais de París; etc., etc.”

“Ante todo esto, señor Nájera, me pregunto ¿qué es lo que pretenden algunos al querer que se desmantele lo que está casi concluido? Pienso que en lugar de adoptar estas actitudes poco edificantes, sería beneficioso que aunáramos esfuerzos todos los guatemaltecos, sin distinción de ninguna especie, para que nuestra Guatemala prospere y que cada día podamos vivir mejor. Debemos tener siempre presente que **el adelanto de no importa qué apartado rincón del territorio nacional, es indiscutiblemente adelanto de Guatemala**, y como guatemaltecos debemos sentirnos contentos”.

Tiene razón en señalar el doctor Ponce Ramírez que el adelanto o la mejoría de cualquier apartado rincón es ventaja y superación de toda la patria. Lo que sucede es que **la envidia es algo terrible** en nuestros países subdesarrollados, y según un tratado sobre esta característica social por Helmut Schoeck (que se puede adquirir en el CEES) **es factor importante en mantener el atraso de nuestros pueblos**. En el caso de Cobán, no sólo se dañaría al departamento de Alta Verapaz, a la propia Ciudad Imperial, sino que a toda la zona norte y, además, **se ofendería a los franceses y a todos los europeos** que tomarían nota y **no serían igual de generosos en el futuro**, ni con Guatemala, ni con la América Central.

Por otro lado, es de público conocimiento la forma en que los médicos locales (y otros profesionales) impiden por todos los medios que regresen los que se especializaron en el exterior. Los corroe la envidia al grado de privarse hasta de la oportunidad de aprender ellos. También sufren de egoísmo, porque piensan que los van a desplazar de los chances que “a como dé lugar”, mantienen en las dependencias estatales. No importa que continuemos estancados y que se lllore por la “fuga de cerebros”; lo que les interesa es mantener ventajas aldeanas y satisfacer su envidia dañando a los que han logrado superarse por su propio esfuerzo. Guatemala debe sacudirse todas esas tendencias envidiosas y ver hacia el futuro con confianza, sabiendo que los mejores **se preparan para hacer una patria mejor desde el más lejano y apartado lugar, si allí apareciese la oportunidad de superarnos**.



¡NO SE DEJEN!

Con pocas excepciones, cuando un gobierno cae es porque ha perdido respaldo popular. Eso le pasó a don Fernando Romeo Lucas García, que no atendió las advertencias que muchos le hicimos, de una manera u otra. Lo malo es que las venganzas y revanchas se desbocan y no se aplican las medidas legales correctas. En el caso del ex presidente hay cientos de razones para procesarlo, pero por algún pacto secreto o a saber por qué, continúa sobrosamente en una de las fincas mejor equipadas de la república. En vez de eso, pareciera que hay gente interesada en deshacer algunas cosas buenas, de lo mucho que hizo por Alta Verapaz.

Por cierto que ahora Cobán tiene un excelente aeropuerto y San Juan Chamelco está conectado por moderna vía asfaltada con el resto de la república. Siguiendo la tendencia del gobierno de Laugerud García, cuya esposa es cobanera, se terminó un magnífico hospital general que, dicho sea de paso, ojalá que ya cuente con todos los médicos, personal paramédico y equipo que requiere una instalación de esa naturaleza. Además se proyectó un hospital especialmente para enfermedades cardiovasculares, que ya está a medio construir. Para este hospital se preparan algunos médicos en Francia. El establecimiento servirá también para enseñar las técnicas cardiovasculares francesas al resto de América Central. Será también una escuela superior de cardiología.

Pues bien, es de imaginarse que en la capital se moría de envidia el resto de médicos y prepararon una serie de argumentos para que se abandonara el hospital en construcción, y se pasara la unidad al hospital Roosevelt. La disposición de este cambio ingrato para aquellos tierras está vigente pero los cobaneros no se dejan. “Protestan en Cobán, por intento de trasladar un equipo cardiovascular” al Roosevelt, se lee en PRENSA LIBRE del 6 del corriente, Pág. 4. Hacen bien los cobaneros porque en el Roosevelt han sido inconsecuentes. **Es uno de los lugares donde más se ha repelido a los guatemaltecos que han venido bien preparados del exterior**, y no hay razón para suponer que no van a tratar igual al grupo que viene especializado de Francia. La viveza de algunos consiste en “robarse” el equipo del otro hospital; no dejar trabajar a los especializados; hacer que se larguen del país y quedarse con una unidad extra en la propia capital, donde no hace tanta falta.

Guatemala, igual que muchos otros países subdesarrollados, padece de macrocefalia. Todo se concentra en la capital y los departamentos se van quedando abandonados. El hospital cardiovascular debe continuar en Cobán, donde existen magníficas comunicaciones y dentro de poco habrá energía “hasta pa'tirar pa'riba”. Esa zona está destinada a ser el núcleo de todo el norte por una serie de razones y ahí llegarán, a esos hospitales, todos los enfermos de esa área y del Petén. Si fuere necesario, fácilmente se puede ir de la capital a Cobán por un camino magnífico y encantador, con sus montañas cubiertas de pinos, liquidámbar, otra flora y hasta nuestro quetzal.

En Cobán (como en otras partes donde me ha tocado estar activo) dejé muy buenas amistades, **a quienes recomiendo que no sean babosos y no se dejen quitar nada de lo que ya está**, por la razón que sea. Al contrario, **que constantemente traten de perfeccionar lo que la suerte les dio**, aunque reventen de envidia en otros departamentos... Además, no se trata de un país separado, sino que de la entraña misma de la raza, a sólo dos o tres horas de camino. Y eso de la “entraña de la raza” es en serio. Mientras que las tribus del occidente se aliaron a los españoles para hacerse trizas unos a otros, los kekchis se mantuvieron circunspectos sin perder su dignidad. Juan Mac Tac Batz fue convencido, no derrotado, y los clanes que componían la tribu **jamás se traicionaron unos a otros**. La existencia histórica de Tecún Umán (supuestamente quiché) nunca se ha establecido indubitadamente.

Parece que algunos convencieron al coronel Francisco Gordillo (que fue el que dio las declaraciones aparecidas en la PRENSA LIBRE citada). Los argumentos no parecen contundentes. No es cierto sobre todo, eso de que a “numerosos ciudadanos... se les facilitó más (la ciudad que) tener que ir a un departamento”. A pesar de que con la construcción de la presa en el Chixoy llegó mucha gente extranjera y subió el costo de la vida, **todavía no se compara con los precios de la capital**. Además, si bien ya llegó la subversión al departamento y también se ha sabido de hechos de sangre, aún hay más tranquilidad que aquí en la capital.

Entre las cosas que hacen falta es una ley de servicio profesional. A los médicos y a los demás profesionales les encanta vivir en la gran ciudad. Sacan el título y a construir elegantemente en alguna zona de la capital, mientras que los departamentos se van quedando sin su “buena gente”. Si mucho mantienen una casa semiabandonada “poray”, vacía, buena sólo para una que otra visita en el curso del año. Pues bien, en esa ley debe establecerse que los médicos y demás profesionales, **no podrán ejercer en los feudos de don José Angel Lee Duarte sino hasta después de unos años de trabajar en algún departamento**, preferiblemente lejano. Sólo así podría irse mejorando ese medio rural, que todos señalan como primitivo y abandonado.

Segment of a local newspaper titled “Good for some, good for all,” which narrates how the development of the cardiovascular unit in Cobán has aroused much envy among those who have sought arguments to destroy what is already in progress. Therefore, Dr. Raúl Ponce Ramírez sent a letter from France, mentioning the achievements obtained so far.

The people of Cobán did not know that the government of Guatemala had already deposited the first \$100,000.00 dollars as the initial payment for the purchase of the equipment, whose total value amounted to five million dollars equivalent to twenty-three million French francs, through the Company Unión Intercontinentale D'L Industrie Et Dio Commerce, Societe Anonyme (UNICOM). At that time, Dr. Roquelino Recinos, Minister of Public Health and Social Assistance, received a letter from the Minister of Public Finances, Colonel Eduardo Figueroa Peñate, to analyze and arrange the appropriate action in relation to the request of the former Ambassador of France, Dr. Mario de la Cruz, to spend an additional amount of money equivalent to five million dollars for the purchase of disposable medical-surgical equipment such as valvular prostheses, pacemakers, catheters, metal guides, special sutures, files, furniture, monitors, electrocardiographs, surgical instruments, etc., and to cover the salaries of the doctors, nurses, and technicians of the future Cobán Unit. At that time, the Minister of Public Health and Social Assistance recognized how delicate and difficult it was for the government to accept the commitment to maintain two units of the same specialty in Guatemala.

MILITARY COUP IN 1982

In March 1982, General Romeo Lucas García, President of the Republic, was overthrown by a Military Coup, and was replaced by a Military Junta composed of Generals Efraín Ríos Montt and Horacio Egberto Maldonado Schaad, and Colonel Francisco Luis Gordillo Martínez. Shortly thereafter, General Ríos Montt proclaimed himself President of the Republic. This event had a profound impact on the development of the Cobán project.

In view of this situation, the new government of Guatemala called for an open council meeting at the Presidential Palace at the end of 1982, attended by the Representative of the Presidency of the Republic, Doctor and Captain Homero Ríos, and Medical Advisor, Doctor and Captain Enrique García Chacón, the Vice-Minister of Public Health and Social Assistance, Dr. Amilcar Acevedo, the Advisor of the Ministry of Public Health and Social Assistance, Dr. Jacobo Erdmenger La Fuente, Dr. José Raúl Cruz Molina, General Director of the National Unit of Cardiovascular Surgery, a representative of the Presidential Staff, and several representatives of social committees and civilian authorities of the city of Cobán, with the purpose of discussing and analyzing the convenience of supporting the structure and operation of a single unit and proceeding to transfer the French equipment to the Capital City in order to avoid a strong duplication of economic efforts and human resources, by authorizing another unit of the same nature in the city of Cobán, Alta Verapaz.

After a long, tense, and emotional four-hour debate, the existence and operation of the cardiovascular surgery program at Roosevelt Hospital were recognized. Considering the meticulous and brilliant analysis presented by Dr. Jacobo Erdmenger about the high rurality of the departmental heads of the Republic and that the capital city of Guatemala has the highest population concentration and greater access facilities, it was finally decided that it was preferable to strengthen the existing Cardiovascular Surgery Unit and that the French equipment acquired by the Guatemalan government was intended to serve all Guatemalans and not just the people of Cobán. Therefore, the Cobán Unit project was suspended, and the immediate transfer of the French equipment to the Army Commissariat's warehouses was ordered for security reasons.

The French equipment remained at that center until 1988 when Dr. and Colonel As. Donald González Weber, the deputy director of the Military Hospital, told me that they no longer had space in the Commissariat to keep the French medical equipment for and longer. Thus, it was transferred and stored in one of the hangars of the Guatemalan Air Force at the site occupied by the National Emergency Committee's warehouses (CONE) in zone 13 of the capital city.

FINAL TRANSFER OF FRENCH MEDICAL EQUIPMENT

During President Vinicio Cerezo's administration, the final transfer of the French CGR X-ray equipment, surgical instruments, monitors, beds, electrocardiographs, furniture, etc., to their final destination in the yet-to-be-completed Unit's own facilities (1990), was completed. The X-ray equipment remained in its corresponding wooden boxes in the new building's rooms, and the rest of the minor equipment was stored in the second level's rooms, locked and sealed by the General Comptroller's Office, under the custody of Roosevelt Hospital's Security Department.

This became a new challenge in the development of the UNIT. The facilities it occupied at that time (1983) at Roosevelt Hospital were insufficient in physical space to accommodate the new French angiography equipment, and the UNIT still did not have its own building.

ATTEMPTS TO TRANSFER THE UNIT TO OTHER HOSPITAL CENTERS

At one point, there was consideration given to the possibility of using the new facilities at the Military Medical Center in zone 16 of the capital city. However, the building was still under construction and for technical and safety reasons, it was not advisable to install a civilian unit in a military compound, so the idea was discarded. The facilities of IGSS in zone 9 were also evaluated, but they did not meet the appropriate conditions.

On March 23, 1983, the new building of San Juan de Dios General Hospital was inaugurated on first avenue and eleventh street of zone one and the transfer of the team, personnel, and their patients began. They had been cramped for seven long years in makeshift facilities at the Parque de la Industria Fairgrounds in zone 9 due to the destruction of their old building by the earthquake of February 4, 1976. Guatemalan people “chapines” gave it the nickname “HOSPIFER”.

There were good intentions on the part of the government authorities of General Efraín Ríos Montt and the Minister of Public Health, Dr. Adolfo Castañeda Felicci, to transfer the Cardiovascular Surgery Unit to that hospital complex. However, during the summit meeting held with authorities of San Juan de Dios General Hospital at the General Directorate of Health Services on ninth avenue of zone one, there was strong medical resistance and opposition to giving space in the new center to the newly formed Cardiovascular Surgery Unit.

ANOTHER MILITARY COUP

Shortly thereafter, in September 1983, another military coup took place that overthrew General Efraín Ríos Montt, and General Oscar Humberto Mejía Víctores took over as Head of State. The transfer of the UNIT to San Juan de Dios General Hospital was halted and no longer carried out.

The Radiology Department at Roosevelt Hospital also

did not meet the appropriate conditions, and the French X-ray equipment could not be installed at that time. As a result, the French equipment remained stored in the warehouses of the National Emergency Committee (CONE) in zone 13 of the capital city and later, in 1990, in an area of the new building designated for the UNIT, which was still under construction.

THE CARDIOVASCULAR SURGERY UNIT'S OWN BUILDING

In 1983, efforts began to construct a building owned by the UNIT, and in December of that year, General Oscar Mejía Víctores laid the cornerstone on a strip of land behind Roosevelt Hospital.

Following official public bidding procedures, a two-story construction contract was awarded to private company ALCONSA, owned by Architect Manuel Sandoval Cofiño. This module will house administrative and external consultation services on the first level, while two operating rooms, an X-ray room for angiography and hemodynamics, and an intensive care area with four beds will be located on the second level. The other module was assigned to the Ministry of Communications and Public Works, through the Health Projects Execution Unit (UNEPSSA) under the direction of Engineer Manuel Castillo Barajas. It will have a two-level bed area with a capacity of thirty beds, the first level for preoperative bed rest and the second level for postoperative patients.





The large 4-level building corresponds to the back part of Roosevelt Hospital. In the front part, the construction area of the UNIT can be seen.



The front view of the Cardiovascular Surgery Unit under construction.



The building facade was finished and painted.

In a relatively short period of time, walls, partitions, windows, and floors were erected. However, the construction was suddenly stopped due to a contractual imbalance caused by the devaluation of the currency in relation to the US dollar, at a rate of 2 to 1. The construction company, ALCONSA, did not have sufficient funds and declared bankruptcy. The Guatemalan government filed a lawsuit and the legal conflict entered the court system, where it remained for several years. Engineer Edgar Díaz was appointed as an interventionist of the work by the Bonding Company (Granai and Townsend). The bed module corresponding to UNEPSSA was also delayed.

As a consequence of this problem, the UNIT could not move to its new location. The new location had walls erected and painted, with doors and windows in place, but nothing inside. We were forced to remain at Roosevelt Hospital until 1994.

DRILLING AND INSTALLATION OF A WATER WELL AND HYDRAULIC PUMP PLACEMENT

The physical construction was paralyzed, but some work by the General Directorate of Roads, Transportation, and Public Works continued, developing the drilling and installation of a drinking water well for the use of the Cardiovascular Surgery Unit. The work was completed in December 1984. Documentation of the installation of

the well and the hydraulic pump from the Daho Pozos was obtained through Engineer Mario R. Pérez, General Coordinator of the project.



MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL
UNIDAD EJECUTORA DE PROYECTOS DE SERVICIOS DE SALUD
UNEPSSA
11 Calle 7-44, Zona 9 Telex: 61217 316509
Guatemala, C. A.

Núm. ...D-125-84...
Ref.:

AL CONTESTAR SIRVASE MENCIONAR EL NUMERO DE REFERENCIA DE ESTA NOTA

Por Acuerdo Gubernativo 91-83 a partir del día 1 de mayo de 1983, esta dependencia se encuentra a cargo de las Compañías de Transporte y Obras Públicas.

15 de Febrero de 1984

Ingeniero
Mario R. Salazar O.
Jefe
Departamento de Finanzas y Suministros
UNEPSSA
Ciudad Guatemala

Ingeniero Salazar:

Tengo el agrado de dirigirme a usted, para adjuntar - al presente el oficio No. 0145, enviado por el Ingeniero Mario R. Pérez R., Coordinador General, Construcción - UCTOHR de la Dirección General de Obras Públicas, solicita se le proporcionen datos relacionados con la contratación de un pozo para agua que abastezca la Unidad de Cirugía Torácica y Cardiovascular adscrita al Hospital Roosevelt, para que con carácter URGENTE de respuesta al mismo.

Sin otro particular, me suscribo atentamente,



Miguel Angel Fuentes Orellana
Director

MAFO/mcgdeb

16/2/84

Paul 10:30



MINISTERIO DE SALUD PUBLICA Y
ASISTENCIA SOCIAL
UNIDAD EJECUTORA DE PROYECTOS
DE SERVICIOS DE SALUD
UNEPSSA
11 Calle 7-44, Zona 9 Tels.: 61217 316509
Guatemala, C. A.

Núm. -----
Ref.: 00-21-84.

AL CONTESTAR SIRVASE MENCIONAR EL
NUMERO DE REFERENCIA DE ESTA NOTA

Guatemala,
6 de marzo de 1984.

Ingeniero
Mario R. Salazar Oliva
Jefe Depto. Operaciones
UNEPSSA
Edificio.

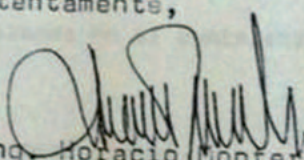
Ingeniero Salazar:

Adjunto al presente, sírvase encontrar las especificaciones de:

- Perforación de un pozo de agua potable.
- Bomba sumergible.
- Estación de Bombeo.

Todas como parte de los servicios del complejo del Hospital Roosevelt, para uso de la Unidad de Cirugía Torácica y Cardiovascular adscrita al Hospital Roosevelt y solicitada a esta Unidad Ejecutora por el Ingeniero Mario R. Pérez, Coordinador General, Construcción UCTCHR de la Dirección General de Obras Públicas.

Sin otro particular, me suscribo de usted.

Atentamente,

Ing. Horacio Monterroso
INGENIERO II

Adjunto lo indicado.
HM/bel.

DIRECCION GENERAL DE OBRAS PUBLICAS
ASESORIA JURIDICA
16a. Calle 9-37, Zona 1. - Guatemala, C. A.
Teléfonos: 512391-4 84386-9 84393

Dictamen No. 011-84
Oficio No.
Clave No. LTO/00379

X
4

16 de agosto de 1984

Señor
Director General de Obras Públicas
Ing. José Gilberto Arana de Castillo
Ciudad de Guatemala.

De conformidad con el Artículo 25 del Reglamento de la Ley de Compras y Contrataciones, Decreto No. 35-80 del Congreso de la República, esta Asesoría, examinó los requisitos para sacar a Cotización, la Perforación de un Fozo Mecánico para la Unidad de Cirugía Torácica y Cardiovascular, adscrita al Hospital Roosevelt.

Del examen relacionado, se estableció:

- a) Que los requisitos cumplen con los incisos aplicables contenidos en el Artículo 7o. de la Ley de Compras y Contrataciones, Decreto No. 35-80 del Congreso de la República.
- b) Que por tratarse de obra, es necesario que se adjunte al presente expediente, el número de la Asignación Presupuestaria, - estudios, diseños, planos y estimaciones del costo de la misma, de conformidad con el Artículo 17 del Decreto No. 35-80 del Congreso de la República.-

En virtud de lo anteriormente expuesto, es procedente elevar los requisitos, con los documentos arriba indicados, al Ministerio de Comunicaciones, Transporte y Obras Públicas, para los efectos de la aprobación correspondiente.



Ententamente,

Laura M. Ruiz

ING. LAURA MATH DE RUIZ GARCIA
ASESOR JURIDICO
DIRECCION GENERAL DE OBRAS PUBLICAS

Dirección General de Obras Públicas
GUATEMALA, C. A.

4
REGISTRADO
16 AGO 1984
HORA 12:11

4208-10-1
30-4
6222

DR. JOSÉ RAÚL CRUZ MOLINA, PRESIDENT OF THE GUATEMALAN SURGEONS ASSOCIATION, OFFICIALLY OPENS THE 10TH NATIONAL SURGERY CONGRESS IN APRIL 1981.

X Congreso nacional de cirugía será inaugurado el jueves 22

El doctor José Raúl Cruz Molina, presidente de la asociación de cirujanos de Guatemala, inaugurará el próximo jueves a las ocho de la mañana el X congreso nacional de cirugía, que tendrá como sede el hotel Camino Real y una duración de tres días: 22, 23 y 24 de abril, del presente año.

Informó el doctor Cruz Molina que este congreso es un evento de carácter científico que se desarrolla anualmente como una contribución de los cirujanos miembros y no miembros, a los interesados en actualizar sus conocimientos quirúrgicos, estimulando el estudio y la investigación para elevar la preparación científica de los cirujanos y contribuir al progreso de la cirugía en nuestro medio. Además, es una oportunidad que



Doctor José Raúl Cruz Molina.

tendrán todos los médicos para intercambiar ideas e impresiones con otros cirujanos nacionales e internacionales.

El programa científico se desarrollará durante los días antes mencionados y contará con numerosos trabajos científicos, que abordan temas de cirugía general, torácica, cardiovascular, cirugía plástica, anatomía humana, etcétera y serán de interés general.

Se contará en este congreso con la presencia de un profesor invitado, el doctor Francis Robiseck, prominente cirujano cardiovascular y profesor de la universidad de Carolina del Norte. El doctor Robiseck es jefe del departamento de cirugía torácica y cardiovascular del hospital de Charlotte, Carolina del Norte. Dictará dos conferencias magistrales relacionadas con su especialidad; una versará sobre cirugía en arterioesclerosis de los miembros inferiores y la otra traumatismo del tórax.

Durante el congreso se llevará a cabo un acto social el día viernes a las 20:00 horas, en el citado hotel, donde se hará la juramentación de la nueva junta directiva de la asociación de cirujanos de Guatemala, que fungirá durante el período 1982 - 83.

También se rendirá un homenaje a los cirujanos que cumplen bodas de plata profesionales, otorgándoles el bisturí de plata, sím-

Segment of a local newspaper titled "X National Congress of Surgery to be inaugurated on Thursday 22," which mentions how Dr. José Raúl Cruz Molina, president of the Association of Surgeons of Guatemala, will inaugurate the tenth national congress of surgery next Thursday at eight o'clock in the morning. It will take place at the Camino Real hotel and will last for three days: April 22, 23, and 24 of the current year.

TRIBUTE TO DOCTOR JOSÉ RAÚL CRUZ MOLINA IN
QUETZALTENANGO.

The Western Medical Association awards recognition to Dr. José Raúl Cruz Molina for his merits in the field of cardiovascular surgery in Guatemala and names him an Honorary Member (February 1984).

Asociación Médica de Occidente

14 Avenida 0-09, Zona 1 — Teléfonos: 24-71 al 73.

Quetzaltenango, Guatemala, C. A.

Ref.: I-SMO 21-84.

Señor Dr.:
Raúl Cruz
6ª. avenida 14-27 zona 9
Hospital Herrera Llerandi
Guatemala.

Estimado Doctor Cruz:

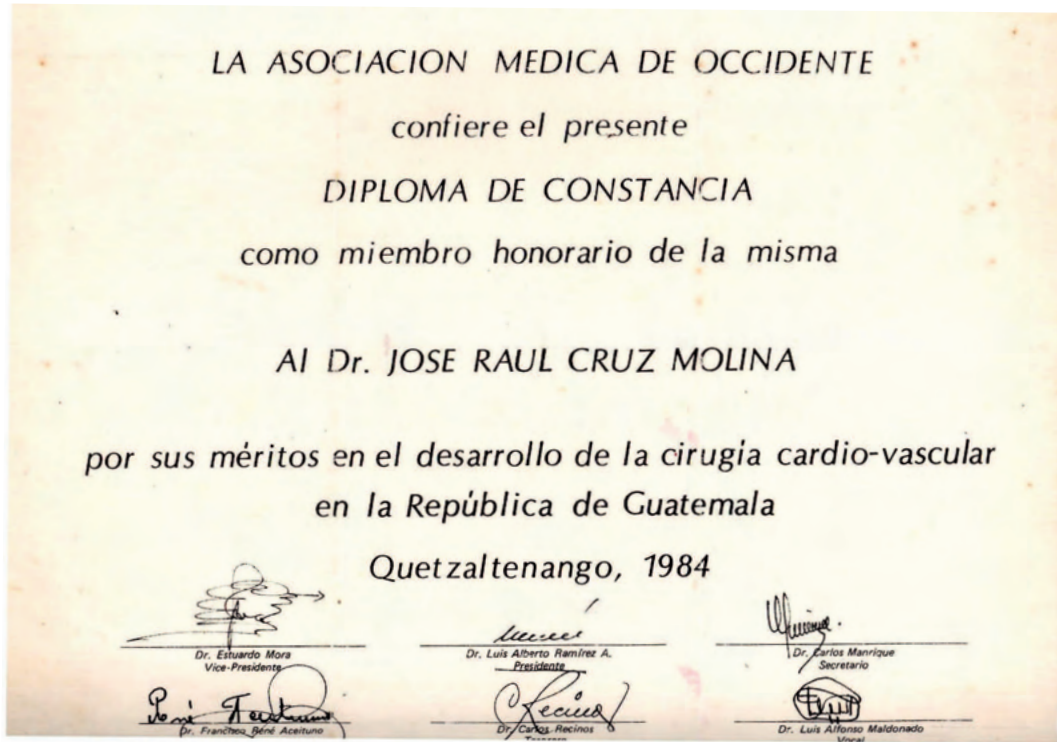
Atentamente me dirijo a usted, para comunicarle que en Sesión de Junta Directiva de la Sociedad Médica de Occidente llevada a cabo el día 1º de febrero del corriente año, - decidió por unanimidad nombrarlo Socio Honorario por sus meritos en el Campo de la Cirugía Cardiovascular en la república de Guatemala.

La fecha para entregarle la constancia de miembro honorario de la sociedad será determinada de mutuo acuerdo en fecha próxima.

Reciba un afectuoso y deferente saludo,

Luis Alberto Ramírez A.
Dr. Luis Alberto Ramírez A.
Presidente Junta Directiva
Sociedad Médica de Occidente

LARA/jg
c. c. archivo



Doctor José Raúl Cruz Molina delivering words of thanks for the tribute in recognition of his professional merits and for being appointed Honorary Member of the Western Medical Association.

*RODOLFO ROBLES ORDER AND BETHANCOURT
BROTHER ORDER AWARDED TO OUTSTANDING
PROFESSIONALS IN NOVEMBER 1985*

ORDEN "RODOLFO ROBLES"

Dr. José Raúl Cruz Molina
Dr. Francisco Bauer Paiz
Dr. Carlos Estrada Sandoval
Dr. Ricardo Bressani
Dr. Orlando Ranferi Aguilar Herrera

ORDEN NACIONAL "PEDRO DE SAN JOSÉ BETHANCOURT"

Sr. Fraterno Vila Berotet
Dr. Francisco A. Cerezo Flores
Dr. Angel María Vásquez Cuéllas
Dr. Rafael Pivaral Peralta



The government of Guatemala awards the Rodolfo Robles Medal to Dr. José Raúl Cruz Molina, who receives it from the Minister of Public Health and Social Assistance, Dr. Ramiro Rivera, in the Hall of Acts at the General Directorate of Health Services, in November 1985, together with Drs. Orlando Aguilar Herrera, Francisco Bressani, Carlos Estrada Sandoval, Francisco Bauer Pais, and José Raúl Cruz Molina (in order left to right).



Nine distinguished professionals in medicine were decorated with the "Rodolfo Robles Order" and the "Pedro de San José de Betancourt" National Order for their scientific contributions and humanitarian merits. They are, in the first row from left to right: Dr. Francisco Bressani (Rodolfo Robles Order), Dr. Carlos Estrada Sandoval (Rodolfo Robles Order), the Minister of Public Health Dr. Ramiro Rivera, the Deputy Minister of Public Health Dr. Luis E. Anderson, Dr. Francisco Bauer Paiz (Rodolfo Robles Order), and Dr. Angel María Vásquez Cuellar (Hermano Pedro Order). In the second row: Dr. Orlando Aguilar Herrera (Rodolfo Robles Order), Dr. José Raúl Cruz Molina (Rodolfo Robles Order), Mr. Fraterno Vila Betoret (Hermano Pedro Order), Dr. Francisco A. Cerezo (Hermano Pedro Order), and Dr. Rafael Pivaral Peralta (Hermano Pedro Order).

DESERVED DISTINCTION TO DOCTOR JOSÉ RAÚL CRUZ MOLINA BY THE ROTARY CLUB GUATEMALA DE LA ASUNCIÓN

In November 1993, the Rotary Club of Guatemala de la Asunción, through its President Engineer Héctor Centeno, pays tribute to the distinguished service of Dr. José Raúl Cruz Molina, in recognition of his contributions to society and as the founder and moral supporter of the National Unit of Cardiovascular Surgery, based at Roosevelt Hospital since 1976.

Merecida distinción

■ EL DOCTOR José Raúl Cruz Molina, recibió homenaje y la distinción actual que el Club Rotario Guatemala Asunción otorga a las



personas que en el ámbito nacional se han distinguido por su destacada labor social y por sus aportaciones científicas en el campo de su especialidad. El presidente de esta entidad, ingeniero Héctor A. Centeno hizo entrega del reconocimiento al doctor Cruz Molina, resaltando sus méritos como pionero en el área de Cirugía Cardíaca en Guatemala y como fundador de la Unidad Nacional de Cirugía Cardiovascular. Esta actividad se llevó a cabo el 19 de noviembre de este año en el hotel Camino Real. Nos complacemos en felici-

LA ASOCIACION GUATEMALTECA
DE MEDICINA CRITICA Y
CUIDADOS INTENSIVOS

Otorga el presente

Diploma

A Dr Raúl Cruz Molina

Que lo acredita como

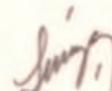
Socio Fundador

Guatemala, Agosto dz 1987.



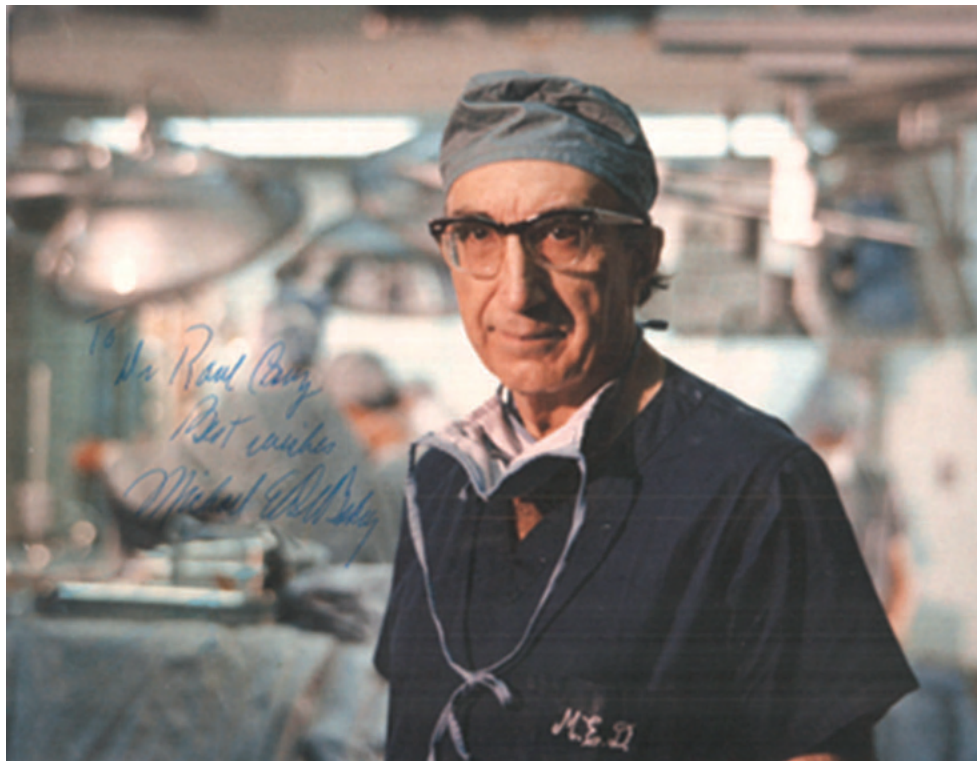
*Dr. César Keller
Presidente*

ASOCIACION DE MEDICINA CRITICA
Y CUIDADOS INTENSIVOS



*Dra. Ligia Uricari
Secretaria*

*THE EMINENT WORLD - RENOWNED
CARDIOVASCULAR SURGEON, DR. MICHAEL DEBAKEY
FROM METHODIST HOSPITAL IN HOUSTON, TEXAS,
VISITED GUATEMALA IN 1989*



Doctor Michael DeBakey





From left to right: Dr. Bianchi, Dr. DeBakey, Dr. José Raúl Cruz Molina and Dr. Rafael Espada

ANOTHER IMPORTANT VISIT WAS THAT OF THE FAMOUS CARDIOVASCULAR SURGEON VIKINC BIÖRK

Swedish Cardiovascular surgeon Vikinc Biörk, creator of the mechanical cardiac valve prosthesis with a single tilting disc known as “Biörk Shiley” which was later replaced by the mechanical bileaflet prosthesis (St. Jude) that is currently used.



INQUIRIES BEFORE THE TECHNICAL BUDGET DIRECTORATE TO IMPROVE THE WORK SITUATION OF THE CARDIOVASCULAR SURGERY UNIT STAFF

In August 1986, Dr. José Raúl Cruz Molina made inquiries before the Technical Budget Directorate to ensure that the contracted personnel of the Unit, under categories 022 and 079, are included in the budget of the Ministry of Public Health. The response from the Technical Budget Directorate was that the Unit’s contracted personnel cannot be incorporated into the permanent staff category because the Unit has been operating through contributions from the Ministry of Public Health, the Ministry of Defense, and the Guatemalan Social Security Institute since its creation. The Unit’s operation is based on a specific budget approved by the Ministry of Public Finance and is not part of the General State Income and Expenses Budget. The response was signed by Mr. Obdulio Romeo Villatoro, Director of the Technical Budget.

The medical staff and nurses of the Unit submitted letters of complaint to the General Directorate regarding their hiring process, as they did not enjoy the same benefits as the Ministry of Public Health personnel and had not received a salary increase in 11 years. They also requested that the roles of the financially involved institutions be defined and their contributions updated to resolve the deep crisis in which the Unit found itself. They requested a salary increase, as the average salary of a nurse was Q,250.00 and that of a doctor Q,1,000.00.

POSITION CLASSIFICATION AND SALARIES OF STATE EMPLOYEES 1987-1988

The National Office of Civil Service (ONSEC) carried out the classification of positions and salaries of state employees, which took effect starting January 1988. Therefore, new inquiries were made to the Minister of Public Health and Social Assistance, Dr. Carlos Gehler Mata, considering the difficult situation of the Unit due to employee dissatisfaction with job security, as well as the need to regularize financial contributions from the Guatemalan Social Security Institute and the Ministry of Defense. It was requested that the Ministry of Health advocate before the government authorities for a change in the Unit's configuration towards an autonomous entity with its own patrimony and budget through the Congress of the Republic, but that idea did not prosper.

The functionality of the Cardiovascular Surgery Unit was increasingly limited due to lack of financial resources and there was no hope for an increase in contributions from sponsoring entities. The budget of the Unit at that time was:

YEAR 1987.....Q. 496,928.00

YEAR 1988.....Q. 664,928.00

ON 06/27/1990, THE OFFICIAL HAND OVER OF THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA BUILDING TOOK PLACE, ALTHOUGH THE BUILDING WAS NOT YET FINISHED

The following people gathered at the Executive Directorate of Roosevelt Hospital: Dr. Jaime Pérez Molina, who had resigned from the Cardiovascular Surgery Unit to take the position of Executive Director of Roosevelt Hospital; Dr. José Raúl Cruz Molina, Director of the Cardiovascular Surgery Unit; Dr. Rodolfo Mac Donald Kanter, President of the Administrative Council of the Unit; Dr. Héctor Estrada Arias, Representative of the Ministry of Defense before the Administration Council of the Unit; Dr. Carlos Molina Baca, representative of the IGSS before the Administration Council of the Unit; Dr. Gustavo Adolfo Medina Cifuentes, representative of the Ministry of Public Health and Social Assistance; Arch. Danilo Ortiz, Supervisor and representative of the General Directorate of Public Works; Eng. Raúl Pais, representative of the Sectoral Planning Unit of the Ministry of Public Health and Social Assistance; Professor Cecilio Antonio Gálvez, Secretary of the Metropolitan Region of the General Directorate of Public Works; Engineers Álvaro Castillo and Carlos Hernández and Architect Fernando Burmester, representatives of the Executive Unit for Health Projects (UNEPSSA). The purpose of the meeting was to make a formal handover and reception of the work done

on the physical structure of the new building for the Cardiovascular Surgery Unit, noting that the installation of medical gas connections, electrical connections, potable water, nurse calling system, as well as the installation of the monitoring system in the intensive care and operating rooms were still pending. Those will be installed when the equipment is finally moved from the warehouses of the National Emergency Committee (CONE), where it has been stored for several years. The security keys will be held by the Executive Directorate of Roosevelt Hospital. This means the building was officially received, although it was not yet fully finished either physically or functionally.

09/28/1990 THE GOVERNMENT OF THE REPUBLIC APPOINTS A COMMISSION TO EVALUATE AND DEFINE THE STATE OF CARDIOVASCULAR SURGERY EQUIPMENT ACQUIRED BY THE GOVERNMENT OF GUATEMALA IN ACCORDANCE WITH CONTRACT NO. 4 - 81 OF SEPTEMBER 23, 1981

According to the resolution 028 - 79 of April 10, 1990, issued by the Minister of Public Health, Dr. Carlos Gehlert Mata, and the General Comptroller of Accounts, a Technical Commission is established with the following individuals: Dr. José Raúl Cruz Molina, Dr. Gustavo Adolfo Medina Cifuentes, Engineers Victor Rolando Godínez Guzmán, Director of Engineering and Maintenance of the Ministry of Public Health and Social Welfare; Ing. Idelfonso Arcaniel Velásquez Miranda, Representative of Technical Medical and Services Company -T.M.S.; Lic. Alberto Alfonso Sagastume Guerra from the General Comptroller of Accounts, whose purpose is to evaluate and define the state of the Cardiovascular Surgery Unit equipment acquired by the government of Guatemala in accordance with Contract No. 4-81 of September 23, 1981, from the French company Union Intercontinentale DE°L'Industrie Et Du Commerce, Societe Anonyme (UNICOM), whose legal representative was Lic. Oscar Comparini. The Technical Commission sent a letter 67 - 90 to Lic. Comparini requesting that he proceed based on the resolution 028-79 of April 1990 signed by the Minister of Public Health, Dr. Carlos Gehlert Mata, indicating that he was appointed as Coordinator of the Technical Commission for the Evaluation of the Cardiovascular Surgery Equipment acquired through that company according to Contract No. 4-81, requesting that he proceed with the formal delivery of the equipment, which is currently located in the warehouses of the National Emergency Committee -CONE- for its subsequent evaluation, transfer, and installation in the Cardiovascular Surgery Unit building which was built for this purpose.

On August 13, 1990, a response was received from Lic. Oscar Comparini indicating that the contract by which UNICOM sold to the Government of Guatemala is completely expired and has no validity, so UNICOM is completely released from that matter, having no pending obligations to fulfill or rights to claim. Therefore the equipment is the property of the Government of Guatemala through the Ministry of Public Health and Social Welfare, and may be disposed of at any time.

As a result of this, the Technical Evaluation Commission, in order to expedite the commission's task, requested logistical support from different state institutions consisting of cargo transportation vehicles, trucks, forklifts, and personnel for transportation units.

In response to letter 9009-09 dated August 8, 1990, signed by the Minister of Public Health and Social Assistance, the members of the Commission were present at the CONE warehouses located at 21-72 Hincapié Avenue, Zone 13, establishing that the equipment was packed in cardboard and wooden boxes, which were open due to the passage of time or external intervention. The boxes were transported to the UNIDAD building, which had been previously reinforced with iron balconies on its windows for protection and with security surveillance from Roosevelt Hospital.

The Commission currently decided that it is not possible to carry out the evaluation since the civil work has not been completed. As can be deduced, the Commission members did not receive confirmation from any public official and are not responsible for the reception of the equipment.

10/22/1990 FIRST MEETING OF THE EVALUATION COMMISSION

A meeting is held in the Cardiovascular Surgery Unit, located on the third level of Roosevelt Hospital, with members of the Commission that will be in charge of evaluating the condition of the equipment transferred from CONE to the UNIDAD in accordance with contract No. 4-81. Dr. José Raúl Cruz Molina as Coordinator, Dr. Gustavo Adolfo Medina Cifuentes, Eng. Víctor Rolando Godínez Guzmán, Eng. Idelfonso Arcaniel Velásquez Miranda, and Lic. Alberto Alfonso Sagastume Guerra, Auditor of Accounts will proceed to physically count the French surgical medical instruments packed in cardboard and wood boxes, whose details and value are recorded in minute No. 63-90 dated 10/22/1990 of the Cardiovascular Surgery Unit and delivered for immediate use, considering the urgent needs of said Unit.

The instruments were packed and stored in a warehouse for use when the cardiovascular surgery hospital facilities are completed and fully operational.

11/30/1990

The same commission met to take inventory of the surgical equipment and verify the proper functioning of various units that were lacking in the Cardiovascular Surgery Unit, attached to Roosevelt Hospital, at the request of the Director General of the hospital. With the purpose of improving care, it was decided to bring in the following equipment: arterial gas analyzer, temperature exchanger, anesthesia machines, electrocardiography machine, photocopier, automatic respirator, and defibrillator. It was noted that some equipment had some defects that were repairable or could not be evaluated, such as echocardiography machines, an aortic counterpulsation pump, ice machine, and respirators.

Due to the lack of completion of the installations of the Unit and inadequate electrical installations, the X-ray equipment, air conditioning, operating room tables and lamps, and environmental disinfection lamps were not evaluated and remain packed in wooden boxes inside the new building.

In rooms on the second level, locked and sealed by the General Accounting Office, is the smaller equipment consisting of surgical instruments, minor units, furniture, and hospital equipment not essential at that time in the Unit.

The commission notes that it assumes no responsibility for the deterioration or loss of the evaluated equipment due to inadequate surveillance and negligence in the completion of the physical works of the new cardiovascular surgery hospital, as the evaluated equipment could be permanently damaged or lost.

THEFT IN THE FACILITIES OF THE CARDIOVASCULAR SURGERY UNIT

In February 1992, Dr. José Raúl Cruz Molina reported to the Evaluation Commission that a large part of the surgical medical equipment stored and sealed by the General Accounting Office in the new facilities of the Unit had been stolen after the doors of the building were forced open. As a result, the security authorities of Roosevelt Hospital and the Ministry of Health were immediately notified. At the request of Mr. Guillermo de Jesús Joaquín Orozco, Coordinator of Security of the Ministry of Public Health and Social Welfare, the National Police with its identification department was called to the new facilities of the Unit.

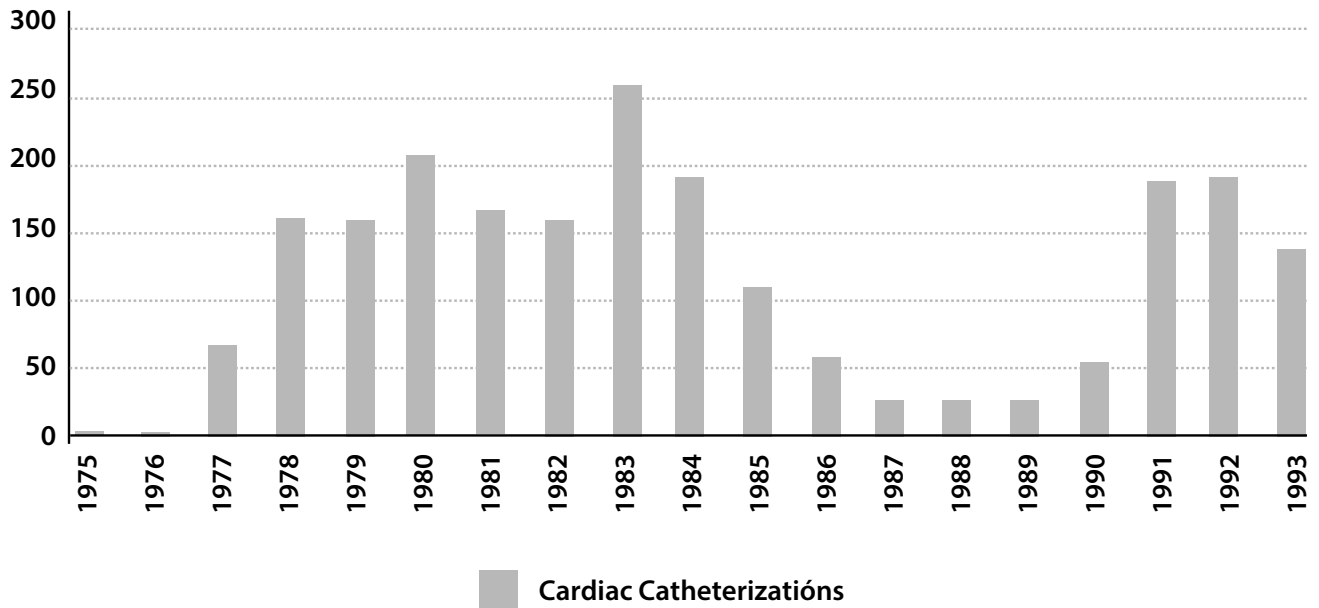
The ID department verified the break-in and theft and proceeded to take the corresponding fingerprints in order to initiate an investigation to determine the whereabouts of the person or persons responsible for the previously described events.

Once this was done, it was determined that the stolen equipment was mostly small and lightweight surgical instruments that were easy to handle, as described in record 2-92 of the Cardiovascular Surgery Unit. Of the 8 locations where surgical equipment is stored in the new hospital unit, 5 locks were completely destroyed. In order to safeguard the remaining minor and manual equipment, it was decided to transfer it to Roosevelt Hospital and include it in the general inventory, while changing the locks on all the doors that had been broken into. The transferred equipment is described in record 2-92. The results of the police investigation were negative.

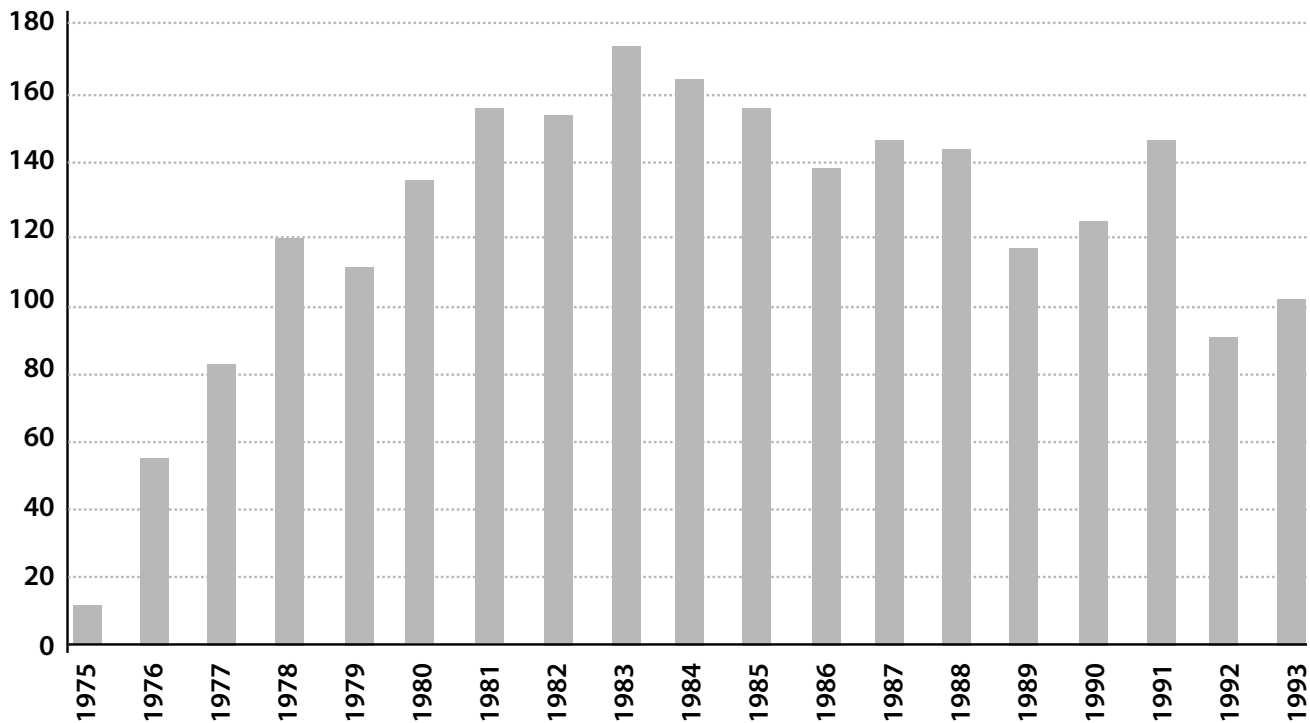
PRODUCTION TRENDS UP TO 1993

The production of cardiac catheterization and hemodynamics procedures was irregular due to the poor functioning of the Picker X-ray equipment and its poor maintenance.

HEMODYNAMICS



SURGERIES



From 1988, a decrease in the number of surgical operations is noticeable due to weak economic contributions, on behalf of the three sponsoring entities despite efforts and support obtained from foreign entities and donations of materials and equipment.

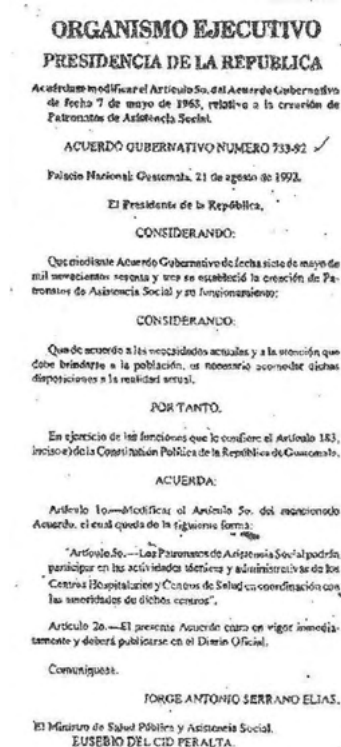
IN FEBRUARY 1992. INITIATIVE TO FORM A BOARD TO IMPROVE THE UNIT

The Board of Directors of the Unit agreed the only item on the agenda was, to analyze the current critical situation of the Unit, principally, the problems it faces for its transfer to the new building, financing and equipment, which will allow it to offer quality services. Otherwise, there is a risk of closing the UNIT.

The initiative of Dr. José Raúl Cruz Molina, Director of the Unit, was the formation of a board to improve the Unit, to achieve these goals. Considering that it is necessary to support and strengthen these new situations that allow achieving the purposes for which the Unit was created, it was unanimously agreed to request the modification of Government Agreement SP-G-12-76 creating the Unit and also, based on the new legislation, which regulates the participation of boards in the public sector, according to Government Agreement 733-92 of August 21, 1992.

According to government agreement number 733-92 dated August 21, 1992, it modifies the one dated May 7, 1963, during the administration of President Jorge Serrano Elias, and allows the participation of patrons and

associations in technical and administrative activities of national hospitals, health centers, and other medical units supported by the State.



SECOND CHAPTER

AS A RESULT OF SAID GOVERNMENT AGREEMENT, ACTIONS AND CONTACTS ARE INITIATED WITH A CIVILIAN GROUP NAMED AMEGESO, WHICH HAS COMMON INTERESTS WITH THE UNIT

Given common goals, direct communication is established between AMEGESO and DR. JOSÉ RAÚL CRUZ MOLINA, Director of the Cardiovascular Surgery Unit, in order to plan and combine efforts to achieve such objectives. On November 17, 1992, Dr. José Raúl Cruz Molina sent a letter to the Board of Directors of AMEGESO in the following terms:

UNIDAD NACIONAL DE CIRUGIA CARDIOVASCULAR
HOSPITAL ROOSEVELT

Of. 122-92

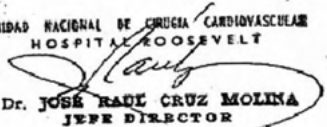
Guatemala,
17 de noviembre de 1,992

Señor
Jesús Marfa Ordoñez
Presidente de la Asociación -
Médica Guatemalteca Espada-Olivero
C i u d a d

Estimado Señor Ordoñez:

En base a los fines de la Asociación Espada-Olivero, que Usted dignamente dirige y a las pláticas que hemos sostenido recientemente en relación a la Unidad de Cirugía Cardiovascular de Guatemala y tomando en consideración la receptividad que las autoridades del Ministerio de Salud Pública han demostrado con respecto a la participación de la iniciativa privada en programas de salud del país; respetuosamente me dirijo a Usted como Director de dicha Unidad, para solicitarle su colaboración a efecto de que se considere la creación de un Patronato como parte de la Asociación Espada-Olivero y que tenga como propósito fundamental apoyar los esfuerzos y desarrollo del programa de Cirugía Cardiovascular a nivel nacional que vendría a beneficiar a un amplio sector de la población de escasos y medianos recursos económicos.

Sin otro particular y esperando contar con su apoyo e importante participación en este ansiado y loable proyecto, me suscribo con muestras de consideración y respeto.

UNIDAD NACIONAL DE CIRUGIA CARDIOVASCULAR
HOSPITAL ROOSEVELT

Dr. JOSÉ RAÚL CRUZ MOLINA
JEFE DIRECTOR

RELATIONS BECOME CLOSER BETWEEN THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA AND AMEGESO

The Board of Directors of the AMEGESO association, interested in knowing the project presented by Dr. José Raúl Cruz Molina, responded positively, inviting him to the first official meeting, which took place at one of the restaurants in the capital city in early 1983, where they learned about the existence, organization and operation of the National Cardiovascular Surgery Unit at Roosevelt Hospital as well as its objectives and goals.



From left to right standing: Dr. José Raúl Cruz Molina (guest), Engineer Otto Becker, Lic. Luis Hurtado Aguilar, Lic. Javier Castellanos, Dr. Federico Alfaro Arellano, Engineer Renato Del Core, and Journalist Pedro Julio García. Seated: Jesús María Ordoñez, Dr. Rafael Espada, and Attorney Mario Fuentes Pieruccini.

ORIGIN AND OBJECTIVES OF THE GUATEMALAN MEDICAL ASSOCIATION DOCTOR RAFAEL ESPADA (AMEGESO)

In 1992, a group of honorable Guatemalan citizens who had undergone heart surgery abroad and at the initiative of Engineer Renato Delcore, decided to form a private non - profit social action association, with the aim of supporting compatriots with limited economic resources by financing open-heart surgery operations to be performed at Methodist Hospital in Houston, Texas. Thus, the Guatemalan Medical Association Doctor Rafael Espada (AMEGESO) was born, named in honor of Dr.

Rafael Espada, a Guatemalan cardiovascular surgeon from the same hospital, with renowned national and international prestige. The founders of this organization, most of whom had undergone heart surgery, were Renato delCore, Jesús María Ordoñez, Mario Fuentes Pieruccini, Otto Becker Meyer, Roberto Stein Lieves, Javier Castellanos, Federico Alfaro Arellano, Humberto Mejía Victores, Valentina Sobalvarro de Pilling, Alfredo Kiehnly Nams, Rafael Flores and Pedro Julio García.

These respected citizens were unaware of the existence of a national cardiovascular surgery program established at Roosevelt Hospital since 1976, which performed

cardiovascular surgeries on Guatemalans with limited resources. An important contact between both entities was Dr. Federico Alfaro Arellano, who worked as a Hemodynamic Cardiologist in the Cardiovascular Surgery Unit and was a founding member of AMEGESO.

Espada (AMEGESO), at the Cardiovascular Surgery Unit of Guatemala offices.

THE EFFORTS MADE BY THE CARDIOVASCULAR SURGERY UNIT AND AMEGESO BEFORE THE CENTRAL GOVERNMENT LED TO THE FORMULATION OF A GOVERNMENTAL AGREEMENT THAT MODIFIES THE ORGANIZATION AND FUNCTIONING OF THE EXISTING UNIT

On May 19, 1994, Governmental Agreement No. 236-94 was published, creating and regulating the functioning of the Cardiovascular Surgery Unit, and indicating the need to restructure the organization and functioning of such unit, allowing for the participation of organizations linked to its function in its administration and operation.

A new hope is born for patients with cardiovascular diseases with the creation of a new center with a different model for administration and functioning, where the MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE and the GUATEMALAN MEDICAL ASSOCIATION DOCTOR RAFAEL ESPADA (AMEGESO) agree, through an agreement, to form a Board of Directors consisting of four representatives from AMEGESO and three representatives from the Ministry of Public Health and Social Welfare.

In this way, the participation of the GUATEMALAN INSTITUTE OF SOCIAL SECURITY and the MINISTRY OF NATIONAL DEFENSE was completely separated from the administration of the NATIONAL CARDIOVASCULAR SURGERY UNIT.

GOVERNMENT AGREEMENT 236 - 94 PUBLISHED IN THE OFFICIAL GAZETTE ON MAY 26, 1994, WHICH MODIFIES GOVERNMENT AGREEMENT 12 - 76 DATED FEBRUARY 24, 1976, CREATING THE NATIONAL CARDIOVASCULAR SURGERY UNIT.


In this way, the original Government Agreement No. SP-G-12-76, which officially authorized the creation and operation of the first NATIONAL CARDIOVASCULAR SURGERY UNIT at the national level, inaugurated in February 1976 at Roosevelt Hospital, is modified by the new Government Agreement No. 236-94, which was published in the Official Gazette on May 19, 1994. In light of the above, an official agreement is signed between the Ministry of Public Health and Social Welfare and the Guatemalan Medical Association, Doctor Rafael

"ARTICULO 19. Los estatutos que se ajusten a las prescripciones del presente acuerdo, serán elevadas al Ministerio de Gobernación para que, previa audiencia al Ministerio de Salud Pública y Asistencia Social les dé su aprobación y se reconozca su personalidad jurídica".

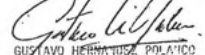
"ARTICULO 18o. Los Patronatos y Asociaciones que a la fecha se encuentren funcionando en la República con sus estatutos aprobados y personalidad jurídica reconocida por el Estado, continuarán sus labores sin interrupción, rigiéndose por sus propios estatutos y sujetándose a las disposiciones del presente acuerdo".

ARTICULO 2o. Se deroga el Acuerdo Gubernativo 733-92 del 21 de agosto de 1992; y cualquier otra disposición que se oponga al presente acuerdo.

ARTICULO 3o. El presente acuerdo entrará a regir el día de su publicación en el Diario Oficial.

COMUNIQUESE:  RAMIRO DE LEON CARPIO

EL MINISTRO DE SALUD PUBLICA Y ASISTENCIA SOCIAL


GUSTAVO HERNANDEZ PALACIOS
Dr. Gustavo Hernández Palacios
MINISTRO DE SALUD PUBLICA Y ASISTENCIA SOCIAL




MARIO RENÉ ANZUÉREZ MORALES
Ministro de la Defensa Nacional



Autorízase la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala.

ACUERDO GUBERNATIVO No. 236-94

Palacio Nacional: Guatemala, 19 de mayo de 1994.

El Presidente de la República,

CONSIDERANDO:

Que la Constitución Política de la República de Guatemala, provee que las comunidades tiene el derecho y el deber de participar activamente en la planificación, ejecución y evaluación de programas de salud; y que es política del actual gobierno que la comunidad debidamente organizada en Patronatos y Asociaciones legalmente reconocidas, participen activamente en el funcionamiento y administración de los hospitales nacionales, centros de salud y demás unidades médicas sostenidas por el Estado.

CONSIDERANDO:

Que por Acuerdo Gubernativo No.12-76 de fecha 24 de febrero de 1976 se autorizó la creación y funcionamiento de la Unidad Cirugía Cardiovascular de Guatemala, con la participación y organización que en dicho acuerdo se señala, y que es conveniente reestructurar la organización y funcionamiento de dicha Unidad, dándole participación en su administración y funcionamiento a Patronatos o Asociaciones vinculadas con la función que desarrolla tal Unidad, para cuyo efecto; debe emitirse la correspondiente disposición legal.

POR TANTO:

En el ejercicio de las funciones que le confiere el Artículo 183 incisos a) y b) de la Constitución Política de la República de Guatemala y con base en lo dispuesto en los artículos 94, 95 y 98 de dicho cuerpo constitucional.

ACUERDA:

ARTICULO 1o. Se autoriza la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, con la finalidad de brindar a la comunidad un servicio de alta calidad, acorde a la más moderna tecnología médico-quirúrgica en el campo cardiovascular. Dicha Unidad contará con sus propias instalaciones ubicadas en la 9a. calle y 5a. avenida zona 11 de ésta-ciudad, contiguo al Hospital Roosevelt, que será su domicilio y cuya duración será de carácter indefinido.

ARTICULO 2o. Para la administración y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, se integra un Consejo de Administración, dicho Consejo de Administración estará integrado por 3 representantes del Estado nombrados por el Presidente de la República y 4 representantes nombrados por la Asociación Médico Guatemalteca

"Espada-Olivero", designados por la Asamblea General de tal entidad. Entre los integrantes del Consejo de Administración deberá nombrarse a la persona que presida el Consejo de Administración; y al Director de la Unidad de Cirugía Cardiovascular.

ARTICULO 3o. Las resoluciones del Consejo de Administración se tomarán por mayoría de votos; y en caso de empate, el presidente del Consejo de Administración tendrá voto resolutorio.

ARTICULO 4o. Por decisión del Consejo de Administración, podrá invitarse a participar a otros patronatos o asociaciones a fines de la Unidad de Cirugía Cardiovascular de Guatemala, como colaboradores.

ARTICULO 5o. El financiamiento de la Unidad de Cirugía Cardiovascular de Guatemala, se hará con los fondos asignados por el Estado a dicha Unidad; y con los aportes que obtengan y que hagan la Asociación Médica Guatemalteca "Espada-Olivero".

ARTICULO 6o. La administración de los fondos tanto del Estado como de los que haga la Asociación Médica Guatemalteca Espada-Olivero, será responsabilidad exclusiva del Consejo de Administración; y el control y fiscalización de los mismos estará a cargo de la Contraloría General de Cuentas.

ARTICULO 7o. La Unidad de Cirugía Cardiovascular de Guatemala, para su funcionamiento, contará con los recursos siguientes:

- a) Las asignaciones que reciba del Estado y sus entidades;
- b) Donaciones y contribuciones que reciba de particulares y entidades, tanto nacionales como extranjeras;
- c) Las donaciones, aportaciones y contribuciones que haga la Asociación Médica Guatemalteca Espada-Olivero;
- d) Los Ingresos que obtenga por los servicios que presta;

ARTICULO 8o. La Unidad de Cirugía Cardiovascular de Guatemala, queda autorizada, en los casos en que el Consejo de Administración lo decida a cobrar a las personas atendidas, según su capacidad económica. Igualmente queda autorizada, para exonerar del cobro a las personas de extrema pobreza, lo cual deberá acreditarse a través de un estudio socio-económico.

ARTICULO 9o. Para participar en el Consejo de Administración de la Unidad de Cirugía Cardiovascular de Guatemala, los Patronatos o Asociaciones participantes en el mismo, deberán celebrar un convenio con el Ministerio de Salud Pública y Asistencia Social; para establecer los términos y condiciones de la participación.

ARTICULO 10o. El presidente del Consejo de Administración; por el hecho de su nombramiento tendrá la representación legal de la Unidad de Cirugía Cardiovascular de Guatemala; y deberá cumplir y ejecutar las disposiciones de tal Consejo de Administración en todo lo relacionado al funcionamiento administrativo y de personal de dicha Unidad.

ARTICULO 11o. La Unidad de Cirugía Cardiovascular de Guatemala, a través del Consejo de Administración deberá elaborar el o los reglamentos y demás disposiciones de funcionamiento, tanto administrativas, técnicas como contables para el funcionamiento de dicha Unidad. Dichos reglamentos y disposiciones serán aprobados por Acuerdo Ministerial, por conducto del Ministerio de Salud Pública y Asistencia Social.

ARTICULO 12o. Se deroga el Acuerdo Gubernativo No.12-76 de fecha 24 de febrero de 1976, así como cualquier otra disposición que se oponga al presente acuerdo.

ARTICULO 13o. El presente acuerdo empieza a regir el día siguiente de su publicación en el Diario Oficial.

Comuníquese y complácese.


RAMIRO DE LEON CARPIO
EL MINISTRO DE SALUD PUBLICA Y ASISTENCIA SOCIAL
Dr. Gustavo Hernández Palacios
MINISTRO DE SALUD PUBLICA Y ASISTENCIA SOCIAL
EL MINISTRO DE LA DEFENSA NACIONAL
General de División
MARIO RENÉ ANZUÉREZ MORALES
LA MINISTRA DE TRABAJO Y PREVISION SOCIAL
Lic. Gladys Annabella Morán Mánzila
Ministra de Trabajo y Previsión Social
LA MINISTRA DE FINANZAS PUBLICAS

Alliance between AMEGESO and the Department of Health. Considering that the political constitution of the Republic of Guatemala provides that communities have the right and duty to actively participate in the planning, execution, and evaluation of health programs; and that it is the policy of the current government that the recognized community actively participate in the operation and administration of national hospitals, health centers and other medical units supported by the State.



**MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL**

GUATEMALA, G. A.

NUM.
REP.

Al contestar sírvase mencionar el
Número de referencia de este No.

**CONVENIO ENTRE EL MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL Y LA ASOCIACION MEDICA GUATEMALTECA
ESPADA-OLIVERO (AHEGESO) PARA LA ADMINISTRACION DE LA UNIDAD
DE CIRUGIA CARDIOVASCULAR DE GUATEMALA.**

En la ciudad de Guatemala el día trece de junio de mil novecientos noventa y cuatro, reunidos en el Despacho del Ministerio de Salud Pública y Asistencia Social, comparecen por una parte: el Doctor Gustavo Francisco Hernández Polanco, con sesenta y dos años de edad, casado, guatemalteco, médico y Cirujano de este domicilio y vecindad, quien actúa en su carácter de Ministro de Salud Pública y Asistencia Social calidad que acredita con su nombramiento como tal, contenido en el Acuerdo Gubernativo número doscientos cinco de fecha veintitres de junio de mil novecientos noventa y tres y con el acta de Toma de Posesión del cargo número catorce guión noventa y tres de fecha veintitres de junio de mil novecientos noventa y tres, acentada en el libro de actas del Ministerio de Salud Pública y Asistencia Social, autorizado por la Contraloría General de Cuentas; y por la otra el señor Jesús María Ordóñez Barrios, de setenta y un años de edad, casado, de nacionalidad guatemalteca, de profesión industrial, de este domicilio y vecindad, quien se identifica con Cédula de Vecindad número de Orden A guión uno, ciento cinco mil doscientos sesenta y cuatro, quien comparece en su carácter de Representante Legal y Presidente de la Asociación Médica Guatemalteca Espada-Olivero, personería que acredita con su nombramiento como tal, contenido en el documento del Acta Notarial del siete de agosto de mil novecientos noventa y dos y Acuerdo Gubernativo del veintiocho de mayo de mil novecientos noventa y tres. Se tuvo a la vista los

.../





MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL

GUATEMALA, G.A.

NUM.....
REP.....
Al Generalísimo Jefe del Estado en Nombre de Interés de este País

- 2 -

documentos que acreditan las representaciones que se ejercitan, las cuales son suficientes de conformidad con la ley para obligarse; por lo que vienen a suscribir Convenio contenido en las siguientes cláusulas:-----

PRIMERA: BASE LEGAL. El presente convenio se suscribe con base en lo dispuesto en el artículo 6 y 17 del Decreto del Congreso de la República 45-71, Código de Salud y los Artículos 9 del Acuerdo Gubernativo 236-54 del 19 de mayo del presente año, y 50. del Acuerdo Gubernativo 235-54 del 19 de mayo de 1954.-----

SEGUNDA: REESTRUCTURACION DE LA UNIDAD DE CIRUGIA CARDIOVASCULAR DE GUATEMALA. Las partes comparecientes, en el carácter con que actúan, manifiestan que la Unidad de Cirugía Cardiovascular de Guatemala de acuerdo a su organización, no ha podido ser puesta en total funcionamiento, no obstante los múltiples esfuerzos llevados a cabo, por lo que fue imperativo la necesidad de su reestructuración, dando oportunidad a la Asociación Médica Guatemalteca Espada-Olivero para lograr su eficaz funcionamiento; para cuyo efecto se editó el Acuerdo Gubernativo No. 236-54 del 19 de mayo de 1954.-----

TERCERA: CREACION DE LA UNIDAD DE CIRUGIA CARDIOVASCULAR DE GUATEMALA. Por Acuerdo Gubernativo 236-54 del 19 de mayo de 1954, se autoriza la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala con la finalidad de brindar a la comunidad un servicio de alta calidad, acorde a la más moderna tecnología médica quirúrgica en el campo cardiovascular.-----

CUARTA: ORGANIZACION DE LA UNIDAD. Para la administración y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala se

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MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL

GUATEMALA, C.A.

NUM.....
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- 3 -

Integra un Consejo de Administración, dicho Consejo de Administración estará integrado por tres representantes del Estado nombrados por el Presidente de la República; y cuatro representantes nombrados por la Asociación Médica Guatemalteca Espada-Olivero (AMIGESO) designado por la Asamblea General de tal entidad. Entre los integrantes del Consejo de Administración deberá nombrarse a la persona que presida el Consejo de Administración y al Director de la Unidad de Cirugía Cardiovascular de Guatemala. Los miembros de la Asociación Guatemalteca Médica Espada-Olivero, durarán en el ejercicio de sus funciones cuatro años y podrán ser reelectos.-----

QUINTA: ADMINISTRACIÓN DE LA UNIDAD DE CIRUGIA CARDIOVASCULAR DE GUATEMALA. La administración de la Unidad estará a cargo del Consejo de Administración y su representante legal será el Presidente de dicho Consejo. El Consejo de Administración dentro de otras funciones tendrá las siguientes: 1. Proveer a la Unidad del equipo médico cardiovascular y cardio quirúrgico moderno y actualizado, (equipamiento). 2. Crear un sistema de mantenimiento operacional para que el equipo mencionado trabaje sin interrupciones, implementar una actividad profesional de servicio social para la clasificación socio-económica de los pacientes. 3. La administración de los fondos, tanto del Estado como de la Asociación Médica Guatemalteca Espada-Olivero. 4. Nombramiento del personal médico, paramédico, técnico y administrativo de conformidad con el reglamento que se edita. 5. Las atribuciones del Consejo de Administración se nombrarán de acuerdo al reglamento que al efecto elaborará el propio Consejo, el cual deberá ser aprobado por Acuerdo Ministerial por conducto del Ministerio de Salud Pública y Asistencia Social.-----





MINISTERIO DE SALUD PÚBLICA
Y ASISTENCIA SOCIAL

GUATEMALA, G. G.

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Número de referencia de este nota

- 4 -

SEXTA: PARTIDAS PRESUPUESTARIAS. El Ministerio de Salud Pública y Asistencia Social se obliga a gestionar para que se mantengan las actuales asignaciones presupuestarias; así como hacer la gestión para el incremento de las mismas en el futuro, de acuerdo a los requerimientos del Consejo de Administración de la Unidad y a las disponibilidades económicas del Estado.-----

SEPTIMA: FISCALIZACION. El control y fiscalización de los aportes económicos del Estado estará a cargo de la Contraloría General de Cuentas de la Nación.-----

OCTAVA: EQUIPO. Todo el equipo que actualmente se encuentra en la Unidad será recibido por el Consejo de Administración mediante inventario.-----

NOVENA: SEDE DE LA UNIDAD. Las oficinas administrativas, clínicas médicas, sala de operaciones y encamamiento de pacientes, funcionará en las instalaciones de la Unidad de Cirugía Cardiovascular de Guatemala, ubicadas en la 5a. Calle y 5a. Avenida de la Zona 11 de esta ciudad, contiguo al Hospital Roosevelt.-----

DECIMA: TARIFAS Y EXENCIÓN DE LAS MISMAS. La Unidad de Cirugía Cardiovascular de Guatemala por conducto del Consejo de Administración fijará las tarifas que se cobrarán a las personas atendidas, así como exonerar de tal cobro a las personas de extrema pobreza, tal como lo señala el Artículo 60. del Acuerdo Gubernativo No. 236-54 del 19 de mayo de mil novecientos noventa y cuatro.-----

DECIMA PRIMERA: RECURSOS FINANCIEROS. La Unidad de Cirugía Cardiovascular de Guatemala se financiará con los recursos económicos y aportaciones que se señalan en el Artículo 70. del Acuerdo Gubernativo 236-54 del 19 de mayo de 1954.-----

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**MINISTERIO DE SALUD PUBLICA
Y ASISTENCIA SOCIAL**

GUATEMALA, G. A.

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- 5 -

DECIMA SEGUNDA: PLAZO DEL CONVENIO. El plazo del Convenio es de carácter indefinido.-----

DECIMA TERCERA: CAUSAS DE DISOLUCION DEL CONVENIO. El presente Convenio podrá disolverse por alguna de las causas siguientes: 1. Por decisión de ambas partes; 2. Por imposibilidad de realizarse los fines perseguidos en este Convenio.-----

DECIMA CUARTA. LIQUIDACION DEL CONVENIO. En caso de liquidación, se procederá de conformidad con las bases que para el efecto acuerde el Consejo de Administración y sean aprobadas por el Ministerio de Salud Pública y Asistencia Social.-----

DECIMA QUINTA: COMPRA Y CONTRATACIONES DE BIENES, SUMINISTROS, OBRAS Y SERVICIOS. Con la finalidad de acelerar la compra y contratación de bienes, suministros, obras y servicios para el funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, el Ministerio de Salud Pública y Asistencia Social gestionará ante la autoridad competente, la emisión del Acuerdo Gubernativo que declare necesarias y urgentes para resolver situaciones de interés nacional o beneficio social para tales adquisiciones; de conformidad con lo dispuesto en el Artículo 44, numeral 1.3 de la Ley de Contrataciones del Estado, previo el trámite que señala el Artículo 10 del Reglamento de tal ley.-----

DECIMA SEXTA: DESIGNACION DE LOS INTEGRANTES DEL CONSEJO. Los comparecientes en el carácter con que actúan, dentro de los 15 días siguientes a partir de la fecha de suscripción del presente convenio, harán las gestiones pertinentes para el nombramiento de los integrantes del Consejo, tanto ante el Presidente de la República

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MINISTERIO DE SALUD PÚBLICA
Y ASISTENCIA SOCIAL

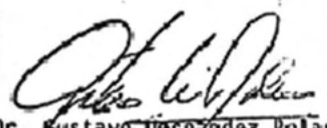
GUATEMALA, C.A.

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El 11/08/58
Ministerio de Salud Pública y Asistencia Social

- 5 -

como ante la Asociación Médica Guatemalteca Espada-Olivero. Al estar designados los miembros integrantes del Consejo, éstos deberán tomar posesión de sus cargos en forma inmediata y de conformidad con la ley.


DECIMA SEPTIMA: En fe de lo anterior y previa lectura del presente convenio por los comparecientes, lo ratifican, aceptan y firman en el mismo lugar y fecha al principio indicado, en seis hojas de papel nombrado del Ministerio de Salud Pública y Asistencia Social.


Dr. Gustavo Hernández Polanco
Ministro de Salud Pública
y A.S.

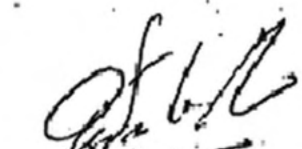

Sr. Jesús María Ardón B.
Representante Legal y
Presidente Asociación Médica
Guatemalteca Espada-Olivero




DR. RAFAEL ESPADA


Lic. Ramiro de León Carpio
Presidente de la República


José María Ordóñez B.
Presidente ANECSO.-


Dr. Gustavo Hernández Polanco
Ministro de Salud Pública y A.S.

THE FIRST OFFICIAL SESSION OF THE NEW BOARD OF DIRECTORS IN OCTOBER 1994

The first meeting of the Board of Directors of the Unit was held, composed of: Representatives of the State: Mr. Roberto Alfaro, Ms. Lucila Chang Chang, Journalist Rubén Zamora, Representatives of AMEGESO: Mr. Renato Del Core, Attorney Mario Fuentes Pieruccini, Mr. Javier Castellanos, Dr. Federico Alfaro Arellano, having appointed Engineer Renato Del Core as President and Dr. José Raúl Cruz Molina as General Director. Attorney Mario Fuentes Pieruccini was commissioned to draft internal regulations of the Board of Directors and Mr. Javier Castellanos to request from the Ministry of Public Finance the pending budget allocations to finish 1994.



From left to right: Dr. Rafael Espada, Mr. Ramiro de León Carpio, President of the Republic; Dr. Gustavo Hernandez Polanco, Minister of Public Health, Mr. Jesús María Ordóñez, President of AMEGESO, Dr. José Raúl Cruz Molina, Attorney Mario Fuentes Pieruccini and the Director of Prensa Libre Journalist, Pedro Julio García.

A committee was formed to develop the prices to charge for the services provided by the Unit. Lic. Roberto Arguedas Martínez was appointed as the first Administrative Director by opposition.

It was agreed to request a meeting with the Ministry of National Defense, with General Mario René Enríquez Morales, and with the President of the Board of Directors

of the Guatemalan Institute of Social Security, Dr. Otto Brolo Hernández, to offer them the medical services of the Unit.



Signing of the AGREEMENT BETWEEN THE GOVERNMENT OF GUATEMALA and the GUATEMALAN MEDICAL ASSOCIATION DOCTOR RAFAEL ESPADA (AMEGESO) at the headquarters of the CARDIOVASCULAR SURGERY UNIT of GUATEMALA, with the following people present (in order from left to right): Lic. Luís Hurtado Aguilar from AMEGESO, Engineer Renato Del Core from AMEGESO, Lic. Ramiro de León Carpio President of the Republic of Guatemala; Lic. Javier Castellanos from AMEGESO, Doctor Rafael Espada from AMEGESO, Doctor Gustavo Hernández Polanco Minister of Public Health and Social Assistance, Doctor Federico Alfaro Arellano from AMEGESO, Doctor José Raúl Cruz Molina General Director of the CARDIOVASCULAR SURGERY UNIT, and Attorney Mario Fuentes Pieruccini, from AMEGESO, who was the intellectual author and drafter of this historic agreement.



First public-private partnership is established. From left to right: Lic. Luís Hurtado Aguilar, Engineer Renato Del Core, Lic. Javier Castellanos, Dr. Rafael Espada, the President of the Republic of Guatemala Lic. Ramiro De León Carpio, Dr. Gustavo Quiñones Minister of Public Health and Social Assistance, Mr. José María Ordóñez President of AMEGESO, Dr. Federico Alfaro Arellano, and Dr. José Raúl Cruz Molina.

INTERNAL REGULATIONS OF THE BOARD OF DIRECTORS PRESENTED TO THE MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE IN OCTOBER 1994

The Regulations of the Board of Directors of UNICAR are presented to the Ministry of Public Health and Social Assistance, which is officially approved in January 1995.

RESIGNATION OF SOME MEMBERS OF THE FIRST BOARD OF DIRECTORS

The resignation of Lic. Javier Castellanos is announced, as he occupies a position as a Deputy in the Congress of the Republic, and is replaced by Ing. Otto Ernesto Becker. The resignation of Lic. Roberto Alfaro and Mr. Rubén Zamora is also announced.

MINISTERIO DE SALUD PUBLICA Y ASISTENCIA SOCIAL

Apruébase el Reglamento del Consejo de Administración de la Unidad de Cirugía Cardiovascular de Guatemala.

ACUERDO MINISTERIAL NUMERO

Palacio Nacional: Guatemala, 11 de enero de 1995.

El Ministro de Salud Pública y Asistencia Social,

CONSIDERANDO:

Que de conformidad con el Acuerdo Gubernativo número 236-94 de fecha 19 de mayo del año en curso se autorizó la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, reestructurándola con una nueva dinámica para brindar a la comunidad un servicio de alta calidad, acorde a la moderna tecnología médico quirúrgica en el campo cardiovascular, que para la administración y funcionamiento de la Unidad se instauró un consejo de administración el cual está obligado a elaborar el reglamento que deberá regir sus atribuciones y habiéndose cumplido con el requisito y hecho el análisis jurídico del mismo.

POR TANTO:

De conformidad con el Acuerdo antes referido y el convenio entre el Ministerio de Salud Pública y Asistencia Social y la Asociación Médica Guatemalteca Espada-Olivero, AMEGESO, en uso de las facultades que le confiere el artículo 194 incisos a y c de la Constitución Política de la República de Guatemala.

ACUERDA:

Aprobar el Reglamento del Consejo de Administración de la Unidad de Cirugía Cardiovascular de Guatemala.

ARTICULO 1o. La Unidad de Cirugía Cardiovascular de Guatemala se regirá por un Consejo de Administración que se integra por siete miembros designados en la siguiente forma: Tres representantes del Estado nombrados por el Presidente de la República y cuatro representantes nombrados por la Asociación Médica Guatemalteca Espada-Olivero, designados por la Asamblea General de tal entidad.

ARTICULO 2o. EL CONSEJO DE ADMINISTRACION: el Consejo de Administración una vez hayan sido designados por Acuerdo Gubernativo, quedará integrado e inmediatamente entrará en funciones.

ARTICULO 3o. Los miembros del Consejo durarán en el ejercicio de sus funciones cuatro años y dentro de ellos se elegirá a un presidente, a un secretario y a un tesorero que durarán al mismo tiempo del consejo en sus respectivas funciones y no podrán ser reelectos.

ARTICULO 4o. SESIONES: El Consejo de Administración se reunirá ordinariamente una vez por semana y extraordinariamente cuando sea necesario. Y haga la respectiva convocatoria el presidente. Para que dichas sesiones puedan celebrarse válidamente es necesaria la presencia de la mayoría simple de sus miembros.

ARTICULO 5o. Todas las resoluciones del Consejo de Administración deberán tomarse por mayoría simple de votos. En caso de empate, quien presida tendrá doble voto.

ARTICULO 6o. ATRIBUCIONES DEL CONSEJO ADMINISTRATIVO.

- a) Cumplir y hacer que se cumplan todas las disposiciones legales, reglamentarias y resoluciones que se dicten.
- b) velar porque se provea a la unidad Médico Cardiovascular y Cardioquirúrgico moderno y actualizado (equipamiento).
- c) Crear un sistema de mantenimiento operacional para que el equipo mencionado trabaje sin interrupciones.
- d) Crear un departamento profesional de servicio para el estudio socio-económico de los pacientes.
- e) Administrar los fondos que reciba del Estado, los de la Asociación Médica Guatemalteca Espada-Olivero que le suministre y otros ingresos que reciba por donaciones de particulares o por los honorarios que paguen los pacientes tratados en la unidad de conformidad con el sistema tarifario que oportunamente se acuerde.
- f) Nombrar a todo el personal Médico, paramédico, técnico y administrativo según propuesta que para el efecto haga el Director General de la Unidad.
- g) Vigilar estrechamente a través de la Dirección General todas las actividades que desarrolle la Unidad de Cirugía Cardiovascular especialmente en lo relativo a la consulta externa y tratamiento ambulatorio; estudios hemodinámicos de cateterismo cardíaco y cineangiografía, cirugías electivas, encamamiento y cuidado post-operatorio.
- h) Llevar a cabo todas las atribuciones inherentes al buen funcionamiento de la Unidad y a la eficacia de su personal.
- i) Velar por la difusión del funcionamiento de la Unidad, tratando de obtener el apoyo multisectorial al mismo.
- j) Todo el personal de la Unidad contratado en el renglón cero veintidos (022) de conformidad con la Ley, en caso de retiro sus prestaciones las asumirá el Estado, a través del Ministerio de Salud Pública y Asistencia Social.
- k) Administrar el patrimonio de la Unidad.
- l) Autorizar los gastos de funcionamiento de la entidad.
- m) Preparar el plan de trabajo y el presupuesto anual así como los informes sobre las actividades realizadas y los estados financieros y contables de la Unidad, para someterlo al conocimiento del Ministerio de Salud Pública y Asistencia Social.
- n) Llevar un estricto control sobre todas las actividades de la Unidad, así como de las actividades y atribuciones de los funcionarios y empleados de la misma filiales sus atribuciones.
- o) Las demás que le correspondan de conformidad con la Ley el Acuerdo Gubernativo de creación de la Unidad, los reglamentos y las disposiciones necesarias para integrar el debido, eficaz y permanente funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala.

ARTICULO 7o. ATRIBUCIONES DEL PRESIDENTE. Son atribuciones del Presidente del Consejo de Administración de la Unidad de Cirugía Cardiovascular:

- a) Representar legalmente a la Unidad de Cirugía Cardiovascular de Guatemala ejerciendo su personería jurídica en todos los actos en que la misma tenga interés;

- b) Presidir las sesiones ordinarias y extraordinarias del Consejo.
- c) Ejercer doble voto en caso de empate en las sesiones del Consejo de Administración.
- d) Autorizar con el secretario las actas de las sesiones del Consejo de Administración.
- e) Autorizar con el tesorero los pagos que se efectúan y no excedan de veinte mil Quetzales (Q20,000.00).
- f) Cumplir y hacer que se cumplan las disposiciones que acuerde el Consejo de Administración y velar por el eficaz funcionamiento de la Unidad y todas sus dependencias.

ARTICULO 8o. ATRIBUCIONES DEL SECRETARIO: Son atribuciones del Director Secretario:

- a) Llevar y conservar los libros de las actas de las asambleas ordinarias y extraordinarias.
- b) Redactar y autorizar con el presidente de las actas del Consejo de Administración de la Unidad.
- c) Notificar los acuerdos del Consejo de Administración.
- d) Preparar la documentación de los asuntos que se traten en sesiones ordinarias y extraordinarias.
- e) Elaborar y someter a la aprobación del Consejo de Administración y al Ministerio de Salud Pública Asistencia Social, la memoria de labores y
- f) Realizar otras atribuciones que se relacionen con su competencia.

ARTICULO 9o SON ATRIBUCIONES DEL DIRECTOR TESORERO:

- a) Vigilar la recaudación y custodia de los fondos de la entidad en la forma que disponga el Consejo de Administración.
- b) Autorizar con el Presidente las erogaciones autorizadas por el consejo en el ejercicio de sus atribuciones, así como los pagos que se
- c) Rendir informe mensual al consejo del movimiento de caja.
- d) Elaborar el proyecto de presupuesto anual de la entidad para conocimiento del Consejo de Administración y del Ministerio de Salud Pública y Asistencia Social.
- e) Elaborar el informe financiero anual de la entidad el cual será conocido por el Consejo y el Ministerio de Salud Pública y Asistencia Social.
- f) Elaborar y Mantener actualizado un inventario de los bienes de la Unidad y reportar cualquier sustracción, desperfecto o cualquier otra anomalía en los bienes de la Unidad.

ARTICULO 10o. ATRIBUCIONES DEL DIRECTOR DE LA UNIDAD.

- a) Es responsable ante el Consejo Administrativo, del funcionamiento y organización Técnica Administrativa y Docente de la Unidad.
- b) Someter a consideración del Consejo el nombramiento y remoción del personal Médico, Técnico, Paramédico y Administrativo.
- c) Someter a consideración del Consejo los reglamentos internos que se requieran.
- d) Elaborar el presupuesto anual y someterlo a la aprobación del Consejo.
- e) Emitir los instructivos indispensables para el buen funcionamiento de la Unidad.
- f) Mantener informado y presentar anualmente al Consejo la memoria de labores, programas y actividades dedicadas a incrementar sus fondos.
- g) Asistir a las sesiones ordinarias y extraordinarias del Consejo.
- h) Cumplir y hacer que se cumplan los reglamentos y normas internas de la Unidad.
- i) Conocer de las faltas del personal para la aplicación de las medidas disciplinarias correspondientes y si fuere necesario proceder a la remoción de los infractores informando de tales medidas al Consejo Administrativo.
- j) Establecer el Sistema de Información Gerencial.
- k) Dirigir y supervisar las labores Técnicas Asistenciales, Académicas y de Investigación.
- l) Promover el desarrollo académico e investigación en el campo de la Cardiología y Cirugía Cardiovascular, así como, intercambio académico a nivel internacional.

ARTICULO 11o. DEL PATRIMONIO Y REGIMEN ECONOMICO. El patrimonio de la unidad está constituido con los bienes, derechos y acciones que actualmente posee y que deberán ser inmediatamente inventariados y los que obtenga en el futuro a título oneroso o gratuito. El Consejo de Administración tratará por todos los medios de realizar sus fines y sostenerse financieramente en forma autónoma, con los aportes que otorgue el Estado, con las donaciones que reciba y los pagos que conforme a la tarifa correspondiente efectúen los pacientes.



ARTICULO 12o. El patrimonio de la Unidad y los bienes que adquiera en el futuro se destinarán exclusivamente a la consecución de sus objetivos tratando de ampliar los servicios de salud en el ramo de la Cardiología y Cirugía Cardiovascular, quedando prohibido distribuir en otra forma sus utilidades, dividendos, excedentes o cualquier otro tipo de ganancia, ya que como se ha consignado anteriormente su función es exclusivamente desarrollar y ampliar los servicios de la Unidad para la mejor atención de los pacientes, especialmente los de escasos recursos.

ARTICULO 13o. Disposiciones finales. En caso de ausencia temporal o momentánea del Presidente presidirá y asumirá sus funciones la persona que designe el Consejo de Administración.

ARTICULO 14o. El Consejo de Administración integrará una Comisión para elaborar el reglamento que fije las tarifas que cobrará la entidad por los servicios que preste y los demás que fueren necesarios para el mejor funcionamiento de la Unidad.

ARTICULO 15o. Los Miembros del Consejo no cobrarán ninguna retribución o compensación por su trabajo el cual es Ad-Honorem. Esta disposición es de estricto cumplimiento y de vigilancia especial por el Presidente del Consejo de Administración de la Unidad de Cirugía Cardiovascular de Guatemala.

ARTICULO 16o. El presente reglamento entra en vigor después de su publicación en el Diario Oficial.

COMITANTES:

 DR. GUSTAVO HERNANDEZ POLANCO.
 EL VICEMINISTRO DE SALUD PUBLICA Y ASISTENCIA SOCIAL

 DR. JAVIER ROBERTO KESTLER CASTELLANOS.

BUDGET FOR THE YEAR 1995

The state allocation for the fiscal year 1995 will be five million quetzales and the first bank account in the name of the UNIT, with the acronym UNICAR, is opened at Banco Granai & Townsen, for the amount of ten thousand quetzales (Q,10,000.00).

APPROACH TO THE AUTHORITIES OF THE IGSS TO ANALYZE A MEDICAL SERVICES AGREEMENT.

During 1994, a visit is made to the president of the Board of Directors of the IGSS to inform him about the new administrative structure of the Unit and that it will provide its medical services to Social Security through an agreement that will be formalized between both institutions. The charges for surgical operations will be according to prices established and approved by the Board of Administration starting in January 1995. A commission was appointed to prepare these prices, made up of Dr. Julio Catillo Sinibaldi, Licenciada Lucila Chang Chang, Dr. Federico Alfaro Arellano, and Dr. José Raúl Cruz Molina.

PROTEST BY THE MEDICAL STAFF IN DECEMBER 1994

The medical professionals of the Unit submit a letter to the General Directorate indicating that they refuse to attend to patients from the IGSS and the Ministry of Defense if their salary is not increased or their professional fees are not recognized for operations performed.

Payroll and fees of the Medical Staff in the category of Other Remunerations for Technical and Professional Services:

Dr. José Raúl Cruz Molina	Q.7,000.00
Dr. Ismael Guzmán Rodríguez	Q.6,000.00
Dr. José Alfonso Cabrera Escobar	Q.6,000.00
Dr. Jaime Pérez Molina	Q.6,000.00
Dr. Carlos Enrique Sánchez Samayoa	Q.6,000.00
Dr. Eduardo Palacios Cacacho	Q.6,000.00
Dr. José Abrahán Morales Reyna.....	Q.6,000.00
Dr. Héctor Mora Montenegro	Q.3,000.00 part-time
Dr. Rodolfo Barillas Wilken	Q.3,000.00 part-time
Dr. Marco Vinicio Contreras Pinto	Q.3,000.00 part-time

Dr. Roy de León Q.3,000.00
part-time

Dr. Anabella Lobos Q.3,000.00
part-time

FIRST OWN BUILDING OF THE CARDIOVASCULAR SURGERY UNIT FINISHED (1994)

During the administration of Lic. Ramiro de León Carpio and with funds from AMEGESO and the Ministry of Public Health, and always under the direction of Dr. José Raúl Cruz Molina, after 10 years of construction, the building and current headquarters of the Cardiovascular Surgery Unit located at 5th Avenue 6-22 in zone 11, adjacent to Roosevelt Hospital, is finally completed.



Front view of the first building of the Cardiovascular Surgery Unit in Guatemala.



Panoramic view of the first own building of the cardiovascular surgery unit in Guatemala.

THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA IS ESTABLISHED AND TO SIMPLIFY ITS NAME, IT WILL BE CALLED UNICAR

FIRST PEDIATRIC SURGICAL CAMPAIGN AT UNICAR

In October 1994, the First Pediatric Surgical Campaign was held at the Cardiovascular Surgery Unit of Guatemala through the international organization, Healing The Children, with the collaboration of the Association of Pediatric Heart, AMEGESO, and a group of specialized doctors and nurses from Columbia Presbyterian Hospital in New York. They operated on 20 children with different congenital heart pathologies, led by heart surgeon Dr. Mitchler, with the aim of promoting pediatric surgery in Guatemala.

31 de octubre de 1944

22 **PRENSA LIBRE**

Médicos norteamericanos operaron a 20 niños guatemaltecos

LA ASOCIACION Médica Guatemalteca Espada Olivero, AMEGESO, rindió un homenaje a la organización Healing the Children, que realizó durante ocho días las operación del corazón a 20 niños.

Esta organización está integrada por personal médico, paramédico y enfermeros, que utilizaron la unidad de AMEGESO, para realizar exitosamente las operaciones cardiovasculares, informó el presidente de esa asociación, Jesús María Ordóñez.

Ordóñez explicó que los médicos nor-



ORGANIZACION. Personal de enfermería y paramédicos de la Organización Healing the Children, fueron agasajados por AMEGESO, luego del éxito en las operaciones cardiovasculares realizadas a 20 niños.

teamericanos que efectuaron las operaciones ya retornaron a su país, no así el resto del personal, el cual evalúa a los menores operados. (fh)

Segment of the local newspaper "Prensa Libre" titled "American doctors operated on 20 Guatemalan children," which tells how the Guatemalan Medical Association Espada Olivero, AMEGESO, paid tribute to the organization "Healing the Children," which performed heart operations on 20 children for eight days.

FIRST SURGICAL CAMPAIGN FOR ADULTS IN THE NEW BUILDING OF THE UNIT, IN APRIL 1995

In January 1995, a letter was received from Dr. James McMillan of Valley Heart Hospital in Modesto, California, offering his services to perform coronary and valve surgeries. This help was provided through an international social benefit organization called World Vision International, whose representation in Guatemala was directed by Dr. Annette de Fortín. In addition to their professional collaboration, they offered donations of medical-surgical equipment from that institution for the purpose of organizing a surgical campaign, which was tentatively scheduled for March of the same year, where coronary and valvuloplasties will be performed, emphasizing the repair of the mitral valve with conservative techniques.

UNICAR was in the final stage of installing the famous French angiography equipment CGR, and taking advantage of this facility, it was decided to accept Dr. McMillan's offer to schedule the first surgical day for coronary and heart valves. Seventeen operations were performed, including coronary revascularizations that had not been performed for several years due to lack of angiography equipment. The first reconstructive operations on the mitral valve were performed using intraoperative transesophageal echocardiography for the first time in the region, with satisfactory results. It was also of great impact for the Unit, as it opened the doors to coronary artery surgery and mitral valvuloplasties in Guatemala.

The Medical Group and their nurses from Modesto, California, left UNICAR significant donations consisting of temporary pacemakers, surgical instruments, valve prostheses, electronic monitors, etc. World Vision International and UNICAR held a celebration for the North American group as a thank you for the services provided and their professional advice.

AMEGESO acquired several pieces of equipment such as arterial gas analyzer and ceiling lamps, also collaborating with the electrical installations on the second level of the UNICAR building.

Doctor Mcmillan with the American nurses accompanying another one of his patients operated during the campaign.



Dr. James McMillan, Dr. José Raúl Cruz Molina, Dr. Alfonso Cabrera and the American and Guatemalan medical team in the operating room.



Dr. James McMillan and Dr. José Raúl Cruz Molina accompanied by one of the recently operated patients.



BOARD OF DIRECTORS MEMBERS 1994 - 2000

Engineer Renato del Core Alvarado 1994
 Attorney Mario Fuentes Pieruccini 1994
 Doctor Julio Castillo Sinibaldi 1994
 Doctor Cesar Vargas Monterroso 1994
 Licenciada Lucila Chang Chang 1994
 Dr. Federico Alfaro Arellano 1994
 Mrs. María Valentina Sobalvarro de Pilling 1994
 Engineer Otto Ernesto Becker 1994
 Javier Castellanos 1994
 Dr. Federico Bianchi Godoy 1995
 Engineer Luis Hugo Solares 1995
 Engineer Edgar Rolando Larrave Garin 1995
 Engineer Edgar Willemsen Diaz 1995
 Dr. Juan Jacobo Erdmenger Lafuente 1995
 Dr. Carlos Cossich Marquez 1995
 Dr. Mario Rios Paredes 1996
 Dr. Donald Gonzalez Weber 1996
 Dr. Edgar Francisco Godoy Ordóñez 1996
 Dr. Carlos Alberto Garcia Salas Contreras..... 1997
 Dr. Carlos Alberto Aragon Diaz 1997
 Dr. Enrique Castillo Arenales 1998
 Francisco Jose Caceres Barrios 1998
 Dr. Jorge Gilberto Penagos 1998
 Dr. Roberto Marengo 2000
 Dr. Blanca de Ochaeta 2000
 Dr. Mario Figueroa 2000
 Dr. Marco Tulio Amado 2000

Carlos Enrique Rios Miron 2000
 Ivan Leon 2000
 Dr. Victor Lopez 2000
 Dr. Aldo Castañeda 2000
 Mrs. Irene de Grinel 2000

January 1995

Dr. Rafael Espada, based in Houston, wishes to collaborate directly with UNICAR and requests authorization from the Board of Directors of UNICAR to perform cardiovascular operations, assisting on a pro bono basis once a month.

THE MINISTRY OF NATIONAL DEFENSE ACCEPTS THE MEDICAL SERVICES OF THE UNIT THROUGH AGREEMENT

The prices package with its corresponding rates for operations and hemodynamics is approved. The Ministry of Defense informs that the services of UNICAR will be used by military personnel, family members, and retired personnel who require it, and they will send their authorities to establish a medical services agreement with the respective costs, but it was never officially established.

FIRST AGREEMENT FOR PROVISION OF MEDICAL SERVICES BETWEEN THE IGSS AND THE CARDIOVASCULAR SURGERY UNIT

The Sub-Manager of Health Benefits of IGSS, Dr. Luis Galvez Duque, receives instructions from the Board of Directors of that institution to prepare an agreement for Medical Services between IGSS and UNICAR, receiving the rates approved by the Board of Directors of UNICAR. This first agreement is signed by Engineer Renato Del Core on August 11, 1995.

OPINION OF THE TECHNICAL DIRECTION OF THE BUDGET

At that time, a visit is received from Mr. Luis Tobar, an Analyst from the Technical Direction of the Budget, who sends an opinion to the Ministry of Public Finances, stating that the Technical Direction of the Budget concludes that it is not the competence of the Ministry of Public Finances and therefore of the Technical Direction of the Budget to authorize the distribution and technical disposition of the budget of UNICAR for its implementation.

The function referred to in Article 6 of Government Agreement 236-94 falls to the Board of Directors, and it was suggested to make arrangements with the General Comptroller's Office in order for the Unit to obtain, as soon as possible, the necessary accountability for the management of funds allocated both by the government and those that can be collected through fees, donations, and other means.

OPINION OF THE NATIONAL CIVIL SERVICE OFFICE

UNICAR approached the ONSEC regarding the hiring of personnel, and the following observations were made by the office in relation to Government Agreement 236-94: Considering that people who entered after May 27, 1994, the date on which Government Agreement 236-94 came into force, cannot opt for the state pension scheme; the Unit can be considered as a patronage since, due to its form of creation, it is not a decentralized entity, since for this condition to be met, it should be through a decree of the Congress of the Republic and that by repealing Government Agreement 12-76 of February 24, 1976, the employment contracts of the Unit's personnel with line item 022 should be terminated, since a new public law institution is being created, and they can continue working if the new Board of Directors hires them again. It is determined that only ex-workers who are to complete 10 or 20 years of service can continue to pay into the pension scheme, in accordance with the corresponding law. By unanimous decision, the Board of Directors approved that new hires be informed that while they are employed by the Unit, they will enjoy all the benefits they had previously, except for the right to receive a pension upon reaching the required time for this, and if anyone disagrees with this condition, they will not be hired.

MARCH 1995, HOMAGE TO DOCTOR FRANCIS ROBICSEK

It was agreed to pay tribute to Dr. Robicsek for his multiple collaborations and services to the Unit.

DEPARTMENT OF SOCIAL WORK

The Department of Social Work was created to conduct socio-economic evaluations of patients. This department was organized by licensed social workers Elizabeth del Valle de Palala and Aminta Arévalo de Cabrera.

ADMINISTRATIVE - LABOR CONFLICT ARISES BETWEEN THE MEDICAL BODY AND THE GENERAL DIRECTOR OF THE CARDIOVASCULAR SURGERY UNIT

In July 1995, the Board of Directors received a letter from the medical staff requesting the removal of the General Director, Dr. José Raúl Cruz Molina, due to the following administrative reasons:

- The medical staff requested payment of labor benefits, which were not granted, being informed that the professionals contracted under the line of annual contracts for professional and technical services (similar to line 079), according to the opinion of the NATIONAL OFFICE OF CIVIL SERVICE (ONSEC), do not have these prerogatives and that the responsibility of UNICAR administration belongs to the Board of Directors according to the Government Agreement and not the Medical Body.

- Lack of planning.
- Lack of supplies and equipment.
- Resources are not made available to patients.
- Trips abroad.
- Poor communication.
- Poor attention to requests for salary increases for physicians.
- Recognition of 30% of the rates for all operations performed on patients affiliated with IGSS and private patients.

LETTERS OF SUPPORT FROM THE STAFF TO DOCTOR JOSÉ RAÚL CRUZ MOLINA

Likewise, a letter was received from the nursing, paramedical, and administrative staff expressing their full support for Dr. Cruz Molina's management.

After analyzing and discussing the contents of the letter, the Board of Directors responded as follows:

- There is no merit or legal reason to support the removal.
- The fact that Dr. José Raúl Cruz Molina has served as the General Director of the Unit demonstrates his capacity, professionalism, honorability, and dedication to his work and his tireless effort to reorganize the Unit, until achieving the results that, to date, are being achieved in a modest but effective way, with the collaboration of the medical staff.

For these reasons, the Board of Directors considered it necessary for Dr. Cruz Molina to remain as Director General of the Unit during this stage of reorganization and, consequently, he was unanimously appointed to the position on 10/21/1994. Therefore, and by unanimous vote, it was agreed to deny the request presented by the medical professionals on 7/12/1995.

It is surprising that the medical professionals do not see the profound difference with the new administration of the Unit and do not recognize the progress that is appreciated by many, including foreigners.

After repeated discussions with the medical staff and considering the inconveniences that are being caused to the institution, Dr. José Raúl Cruz Molina decides to submit a letter of his irrevocable resignation from the

position of Director General to definitively resolve the conflict between both parties.

The Board of Directors appoints a commission composed of Attorney Mario Fuentes Pieruccini, Dr. Julio Castillo Sinibaldi, and Mrs. Valentina Sobalvarro de Pilling, to talk with Dr. Cruz Molina about his resignation with the purpose of persuading him to retract it. However, after an extensive conversation, it is decided to accept his resignation and to express recognition of Dr. Cruz's multiple characteristics and merits, his human relations with the staff and interpersonal relations with state and foreign institutions, his efficiency and respect in dealing with others, and the way his opinions prevail over other bodies. These facts confirm the need for his presence in UNICAR and lament his decision to resign. They propose to publicly recognize Dr. Cruz Molina on the 20th anniversary of the Unit, acknowledging the magnificent work he has done to achieve what the Unit is today.

Engineer Del Core acknowledges the honor he had in knowing him and praises his qualities as a man and professional that allowed him to do the work he delivers today. He thanks Dr. Cruz for the support provided to the Board and suggests that his photograph be placed in the Main Hall of the UNIT to recognize him as the founder and first director of the Unit.

MORAL SUPPORT NOTE FROM AN OLD AND GREAT FRIEND

SÁBADO CHQUITO

Tiempo de Ingratitud



JOSE BARNOYA

CRÓNICA. 22 de septiembre de 1995

PARA esto de escribir—dice José María Pemán—no hay más que un secreto: ser fiel a unas pocas cosas, y reírse de todo lo demás. Y eso fue lo que me enseñaron los viejos, la fidelidad hacia la sangre, la honra y la amistad. Con el amigo nos conocimos hace más de tres *katunes*. Eramos pichones cuando nos encontramos en el Instituto Nacional para Varones. Jugamos canicas bajo las araucarias, sufrimos arrestos bajo la campana y le metimos a las letras en las friolentas aulas. Hacía viento esa noche de enero cuando nos entregaron el cartón de bachiller. A cambio, cada uno dejó un libro de recuerdo para la biblioteca. De un solo brinco aparecimos en la Facultad de Medicina: ocho años entre disecciones, suturas, partos, desvelos, risas y parrandas. Seguimos siendo los mismos a pesar del birrete, la toga y el título que nos autorizaba para el ejercicio de la profesión. Mientras más nos separaban el mar y la distancia, más se acrecentaba la amistad.

Cada quien —con Machado— hizo su camino, y trabajó lo mejor que pudo lo que más sabía. El escogió lo más difícil y se metió de lleno en el oleaje del torrente sanguíneo, para explorar después las inescrutables grutas del corazón.

Sin decir agua va, la intriga, tal vez los celos, o de repente la envidia, empezaron a atacarlo. El amigo —con nobleza— recibió el golpe en la nuca y la puñalada por la espalda, como si fuera un conejo silvestre. La ingratitud lo había golpeado, escarnecido y casi desollado. Desde ese día, Raúl Cruz Molina es más que mi amigo. ■

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Chronicle written on September 22, 1995, by Dr. Jose Barnoya, titled "Little Sabbath". Which translates to: "For writing," says José María Pemán, there is only one secret: to be faithful to a few things, and to laugh at everything else." And that's what the old people taught me, fidelity to blood, honor, and friendship. We met with my friend more than three decades ago.

We were little when we met at the National Institute for Men. We played marbles under the araucarias; we suffered arrests under the bell and we put the letters in the cold classrooms.

It was windy that night in January when we were given the high school card. In return, each one left a souvenir

book for the library.

In a single jump we appeared in the Faculty of Medicine: eight years between dissections, sutures, deliveries, sleepless nights, laughter and parties. We remain the same despite the cap, the gown and the title that authorized us to practice the profession. The more the sea and the distance separated us, the more the friendship increased. Everyone made their way; he worked the best he could with what he knew best. He chose the most difficult tasks and immersed himself in the waves of the bloodstream, to then explore the inscrutable caves of the heart.

Without saying, intrigue, perhaps jealousy, or sudden envy, began to attack him. My friend - with nobility - received a blow on the back of the head and a stab wound went through his back, as if he were a wild rabbit. Ingratitude had hit him, scarred him and almost flayed him. Since that day, Dr. José Raúl Cruz Molina is more than my friend.

DOCTOR JOSÉ RAÚL CRUZ MOLINA IS APPOINTED TECHNICAL ADVISOR TO THE BOARD OF DIRECTORS OF UNICAR

The Board of Directors agrees to create the position of Technical Advisor to the Board and the General Management to be filled by Dr. José Raúl Cruz Molina. Subsequently, the Board of Directors appointed Dr. Alfonso Cabrera Escobar as General Manager, effective February 1, 1996, but his tenure was brief due to similar circumstances with his colleagues, which led to his resignation ten months later, in December of the same year. Dr. Jacobo Erdmenger La Fuente was appointed as his replacement, taking office on January 1, 1997, with a monthly honorarium of fifteen thousand quetzals, and cardiovascular surgeons Rodolfo Cesáreo Bonilla Aguirre, Julio Guzman, Rodolio Cesare Porca Molina, and Eduardo Palacios Cacacho were also appointed."



Surgical team of UNICAR (1997), from left to right: Dr. Victor Fratti (cardiologist), the others in order are cardiovascular surgeons, Dr. Alfonso Cabrera Escobar, Dr. José Raúl Cruz Molina, Dr. Rodolfo Bonilla Aguirre, Dr. Julio Guzmán Ovalle and Dr. Fernando Solares Ovalle, in front of the Roosevelt Hospital.

INTERNAL AGREEMENTS BETWEEN ROOSEVELT HOSPITAL AND UNICAR

During the separation of UNICAR services from Roosevelt Hospital, the hospital requested that UNICAR send three individuals to work in clinical archives and one in admissions since the Unit did not have these services at the time. Additionally, the Roosevelt laboratory would charge UNICAR the sum of Q.300,000.00 annually for the services they provided.

Roosevelt Hospital, through Executive Director Dr. Jorge Villavicencio, sent a letter indicating that the services it provided to the Unit, such as electricity, food, laboratory, telephone, blood bank, etc., should be paid for. A dialogue was started with the authorities of the center and it was agreed that, starting August 7, 1995, these services would be paid monthly to Roosevelt Hospital upon presentation of supporting documentation.

Likewise, the Medical Sub-Director of the Roosevelt Hospital, Dr. Ernesto Ponce, requests that UNICAR personnel integrate the Nosocomial Committee of said hospital and that the cardiologists of the same center be able to use the angiography equipment to carry out cardiac catheterizations, which was approved by the Board of Directors, with the caveat that the cardiologists of Roosevelt Hospital would have to present their corresponding credentials as Hemodynamic and Interventional Cardiologists.

The Therapeutic and Nosocomial Committees are integrated at the local level.

October 1995

The resignation of Mr. Roberto Arguedas Martínez as Administrative Director is received and he is replaced by Mr. Byron Estuardo Juárez Arbizú following a vote. Dr. Espada ratified his collaboration with UNICAR, coming to operate on patients once a month for three days, and also extended an invitation for adult doctors to receive training in different areas of Methodist Hospital in Houston, Texas, with expenses paid.

VISIT OF THE FIRST LADY OF THE NATION TO UNICAR

In July 1996, efforts began with the authorities of the Secretariat of the Social Works of the President's Wife and UNICAR to receive a visit from the First Lady of the Nation, Mrs. Patricia de Arzú, by invitation of the Chairman of the Board of Directors, where the need to expand the intensive care unit to include a fourth additional bed was expressed to her. The request was positively received, although she was surprised when informed that the cost of an intensive care bed with its accessories and installation was one million quetzales.

However, she kindly offered to act as an intermediary with the Ministry of Communications and Public Works to initiate the work. Representatives of the Unit's Board of Directors, Mr. Renato Del Core, Attorney Mario Fuentes Pieruccini, Mr. Javier Castellanos, and Dr. José Raúl Cruz Molina, Director of UNICAR, were received in a previous hearing by Minister Fritz Garcia Gallont and Vice Minister Conrado Deges, who decided to support the expansion initiative of the Unit.

Derived from discussions held between the authorities of the Ministry and the Director of UNEPSSA, Engineer Manuel Castillo Barajas, it was determined to be preferable to proceed with the formal construction of a building rather than making small modifications to the intensive care area, which would soon be insufficient in size. However, there were objections from the Minister of Public Health and Social Assistance.

Before the start of this project, the government of President Álvaro Arzú intended to move the headquarters of UNICAR to the new facilities of the Military Medical Center in zone 16, recently inaugurated in the capital city, taking advantage of the fact that the hospital was underutilized and there was enough space to accommodate the Cardiovascular Surgery Unit, thus saving the expenses of constructing a new building for the expansion of the Unit.

The Commission interested in moving UNICAR to the new Military Medical Center, officially appointed (Dr. Espada and Dr. Castañeda), visited the new Military Medical Center to explore the areas offered, and found that the area was not sufficient to meet the current needs of the Unit and that additional space would be required for the administrative area, otherwise the move could not be made.

In addition, it is important to mention that Engineer Joel Marnat, in charge of the UNICAR CGR X-ray team, indicated that in order to move the X-ray equipment to the Military Medical Center, it would be necessary to change the capacitors, purchase a new high - cost generator, and remodel the physical structure of one of the X-ray rooms at the center, which meant less viability for the project.

REPORT OF THE COMMISSION APPOINTED TO EVALUATE THE PROJECT TO MOVE UNICAR TO THE NEW MILITARY MEDICAL CENTER

Contained in the letter addressed to the Minister of Public Health, Marco Tulio Sosa, on February 16, 1989, according to REF. DG-022-1602/98, a comparative analysis was made between the physical needs of UNICAR and the area proposed by the Military Medical

Center to update the viability of moving UNICAR to said center. After this analysis, it was concluded that the proposed physical area was insufficient for the needs and smaller than what the UNIT currently has, both in space and function. Therefore, we consider it physically, technically, and functionally unfeasible to install UNICAR in the area proposed by the Military Medical Center. The document was signed by the President of the UNICAR Board of Directors, Attorney Mario Fuentes Pieruccini.

After multiple meetings and conversations with the authorities of the Military Medical Center, the Ministry of National Defense, and UNICAR, a leasing agreement was developed by the Military Medical Center, in which the conditions were insurmountable for UNICAR, as they imposed a monthly rent of one million quetzales, in addition to the corresponding expenses for different services such as laundry, food, laboratory, X-rays, Blood Bank, etc. Considering our economic position, it was impossible to accept such conditions, so the agreement was not signed and the procedures were continued with the authorities of the Ministry of Communications and Public Works, in order to finalize the construction of the new building to expand UNICAR's facilities. Despite objections from the Minister of Public Health, the management and interest of the Minister of Communications and Public Works, Fritz García Gallont, obtained the first contribution of three million quetzales to initiate the physical construction of the project by the Executive Unit of Health Services (UNEPSSA).

Later, the Minister of Public Health, Engineer Marco Tulio Sosa, the Vice Minister of Public Health, Dr. Salvador López, and the President of the UNICAR Administrative Council received the official document of the leasing and service costs from the Military Medical Center for UNICAR, and after extensive review and discussion, it was decided that the contractual terms proposed were unacceptable and would not be accepted under any circumstances. They decided to speak with the President of the Republic regarding the matter, and a meeting was arranged between UNICAR and UNEPSSA to decide, ultimately, on the expansion of the Cardiovascular Surgery Unit at the previously designated site.

Finally, during the government of Alvaro Arzu and through the Ministry of Communications and Public Works and the Ministry of Public Health, financing for the expansion of UNICAR was approved and the administrative process of constructing a hospital center with a capacity for 75 beds, three modern operating rooms, extensive intensive care services, hospitalization, and outpatient consultation for adults and children was initiated.

In July 1996, Architects Fernando Burmester and Guillermo Porras from UPRISAL, along with Dr. Francisco Dubois, Advisor to the Ministry of Public Health, and A.S., developed the plan for the expansion of the UNICAR building. The construction of the project would proceed independently of whether UNICAR was relocated to the Military Medical Center or whether the construction would be used for another unit in need.

After the usual process of public bidding, the construction work was awarded to DECOGUA, owned by Engineer Fernando Galich and Architect Pablo Galich. The work began in June 1997, under the supervision of UPRISAL's Director (previously UNEPSSA), Engineer Manuel Castillo Barajas, and Sub-Director Architect Fernando Burmester. The planning was led by Engineer Guillermo Porras and supervisors: Engineers Alvaro Castillo Valdez and Vinicio Salazar. The design was overseen by Engineer Luis Figueroa.

SCHEDULING AND CONTRACTING FOR THE EXPANSION OF UNICAR

In February 1997, UNEPSSA or UPRISAL presented the schedule for study and contracting for the construction of the UNICAR expansion. An amount of three million quetzales was assigned for its execution. The project will be divided into two stages, the first, which will be for study and contracting, will be assigned Q 230,000 to be completed between January and November 1997, and the remaining two million seven hundred fifty thousand quetzales (Q2,750,000) will be for construction, to be carried out from November 1997 forward.

THIRD CHAPTER

PEDIATRIC CARDIAC SURGERY UNIT (JANUARY 1997)

The Board of Directors indicated that until the necessary resources are available, surgeries for children in the UNIT should be limited.

After learning about the conditions under which the Unit is working, with the new management system, in a meeting with the General Director, Dr. Jacobo Erdmenger, Dr. Aldo Castañeda offers his professional help and voluntarily offers to organize the Pediatric Unit of UNICAR. In that same year, pediatric surgeries were initiated with Dr. Castañeda as the (honorary) surgeon and three pediatric cardiologists. With only two beds in intensive care, they managed to perform 67 procedures during that year.

The organization of the pediatric phase begins, including personnel selection, equipment acquisition, and training. The Board of Directors, recognizing Dr. Castañeda's voluntary participation and collaboration with the institution, which is of utmost importance for its technical and scientific development and contributes to the country's development for the benefit of the child population, agrees to initiate all procedures with the Medical College of Surgeons to enable Dr. Castañeda to practice medicine freely and appoints him as Medical Advisor and Honorary Chief of the Pediatric Cardiovascular Surgery Department.

Subsequently, the Aldo Castañeda Foundation is created



Photographs of Dr. Aldo Castañeda. Chief of the department of Cardiovascular Pediatrics.

with the primary objective of helping UNICAR with the professional training of its personnel and financially supporting cardiac operations for the country's child population.

HISTORY - PEDIATRICS DEPARTMENT

In 1997, after retiring from Boston Children's Hospital, Dr. Aldo Castañeda began discussions with government officials and authorities from the Cardiovascular Surgery Unit of Guatemala to establish a pediatric section within the unit. That same year, pediatric surgeries began with Dr. Castañeda as the surgeon (ad-honorem) and the support of the three existing pediatric cardiologists in the country, with only two beds in the Intensive Care Unit; 67 procedures were performed during that year.

With the creation of the Aldo Castañeda Foundation, it assumed the commitment to equip, furnish and organize the UNICAR pediatric section. Therefore, the foundation calls on its professional alumni working in different countries worldwide, friends abroad, and private institutions in Guatemala to secure funds and equipment to fulfill this commitment.

Currently, the UNICAR pediatric section has a 18-bed ward area, a mid-care area with a capacity for 4 beds, and a 6-bed Intensive Care Unit, all fully equipped to provide the best medical-surgical care to young patients, and pleasantly decorated to facilitate their recovery. Two operating rooms were remodeled exclusively for the pediatric area, as well as the outpatient clinic and the echocardiographic diagnostic area, with an investment of around \$2.4 million dollars.

Currently, the pediatric section of UNICAR has three young surgeons trained by Dr. Castañeda, eight pediatric cardiologists, three pediatric intensivists, and an electrophysiologist, placing them at the forefront of correcting and treating congenital heart defects.

Before 1997, a child in Guatemala who suffered from heart problems was condemned to death; few families could afford the thousands of dollars that foreign hospitals demanded for surgery. Beginning that same year, a Guatemalan cardiac surgeon decided to work for them.

OUR DUTY

- Provide a new lease on life for children born with a heart defect who need corrective surgery, with access to early diagnosis and treatment.
- Raise funds to allow us to continue the work of training medical personnel, nurses, and technicians, as well as equipping medical facilities to provide proper care.

- Contribute to the achievement of a better country where our children are treated in adequately equipped facilities by highly qualified medical personnel.

OUR ACHIEVEMENTS

With donations from individuals, companies, and institutions in Guatemala and the United States, we have achieved significant successes that will allow us to provide proper care to children born with congenital heart problems, although there are still many challenges to overcome.

- A complete team of pediatric cardiologists specializing in echocardiography, including transesophageal and fetal.
- Diagnostic and interventional catheterization and diagnostic and interventional electrophysiology.
- Training of three young surgeons who are already performing highly complex surgeries and who will continue Dr. Castañeda's work.
- Training of nursing and technical personnel specialized in the care of children, including newborns and infants.
- Psychologist who provides emotional and therapeutic support to hospitalized children and their families.
- Creation of a psychoeducational program for the benefit of health and training for a group of volunteers.
- Remodeling of the pediatric operating room area and implementation of a laboratory for arterial gas analysis, an area for surgeon preparation, and environments at the exit of each operating room for pre-washing surgical instruments and dressing rooms for men and women with their respective sanitary services, including dismantling and reinstallation of the medical gas network, electrical installations with the provision of insulated panels in the operating rooms, and air conditioning installations.
- Outpatient consultation area with waiting room and games for children.
- Remodeling of the intensive care area (6 beds) and intermediate care (4 beds) which includes: waiting room for relatives of children in intensive care and operating room, nursing area, conference room with family members, and area for intensive care personnel and operating room.
- Pre- and post-operative bed rest with game room and closed circuit TV.
- Specialized equipment and instruments for performing

interventions in children and newborns.

- Clinical research.
- Publications in national and international journals.

INAUGURATION OF THE REMODELING OF PEDIATRIC OPERATING ROOMS, INTENSIVE CARE UNIT, INTERMEDIATE CARE UNIT, AND WORK ROOMS FOR PEDIATRICIANS

In July 2004, three operating rooms were opened in the adult area of the new building and the Pediatric Intensive Care Unit was separated from the Adult Intensive Care Unit.

Simultaneously, the Pediatric Intensive Care Unit was completely remodeled and equipped with six beds, an intermediate care service also equipped with four beds, and the two operating rooms in the old building were made exclusive for Pediatrics. Doctors' lounges with computer equipment, dictaphones, special furniture to complete medical records, etc. were set up on the second level of the old building. All remodeling and equipment of the services were carried out with funds from the Aldo Castañeda Foundation.

The President of the Republic Oscar Berger and the Vice President Eduardo Stein inaugurated the operating room area, intensive care unit, intermediate care unit, and medical - administrative offices of the pediatric area.



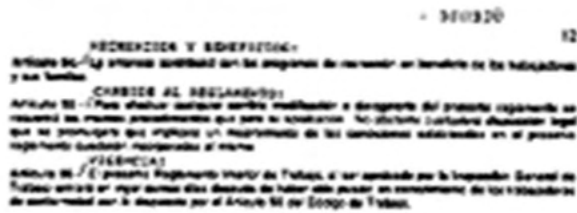
Lic. Oscar Berger, President of the Republic, visiting the Pediatric Intensive Care Unit with Dr. Aldo Castañeda.



The President of the Republic, Oscar Berger, and the Vice President, Eduardo Stein, inaugurated the operating room area, intensive care unit, intermediate care unit, and medical - administrative offices of the pediatric area. During the same event, Dr. Aldo Castañeda received the ORDER OF THE QUETZAL from President Oscar Bergen

***INTERNAL REGULATIONS OF UNICAR ARE
AUTHORIZED BY THE GENERAL LABOR INSPECTION IN
MARCH 1997***

Thanks to the active collaboration and participation in drafting the document, Engineer Edgar Larrave Garín, Secretary of the Board of Directors, submitted the Internal Regulations of UNICAR project to the General Labor Inspection, which was authorized in March 1997.



PARA USO EXCLUSIVO DE LA INSPECCION DE TRABAJO

INSPECCION DE TRABAJO: 12/10/97

CONSIDERANDO: Que el presente reglamento se encuentra ajustado a las leyes y disposiciones legales, procede darle su aprobación, por lo que con base en el artículo 28 del Código de Trabajo y lo prescrito en el Acuerdo Gubernativo No. 444-95, RESUELVE: APROBAR el presente reglamento. NOTIFIQUESE y oportunamente archívese.



Photograph of the Internal Regulations document for the Cardiovascular Surgery Unit of Guatemala (UNICAR)

DISCORDANT NOTE FROM THE GENERAL AUDIT OFFICE (APRIL 1997)

A note was received from the General Audit Office stating that UNICAR is a private entity and is not subject to any governmental institution's oversight. Dr. Erdmenger states that in that case, the agreement establishing the Unit must be modified, as it is established therein that it should be audited by the Audit Office. Lic. Fuentes states that the Unit is not, under any circumstance, a private entity, as it does not have any assets or properties that are not owned by the Ministry of Public Health and Social Assistance, and also receives a state quota that covers most of the salaries and some of the purchases it makes to operate. At the same time, he indicates that there is no agreement in which the State cedes to the Board of Directors the ownership of all the assets that belong to the State.

DEATH OF DOCTOR JULIO CASTILLO SINIBALDI, JULY 1997

Dr. Castillo Sinibaldi served as Secretary of the Board of Directors at UNICAR since its inception with great effort and dedication. The Board, in addition to expressing their

deep feelings of pain and respect to the family, agrees to unveil a plaque in his memory in the UNICAR facilities, with the presence of relatives and friends. Following the death of Dr. Castillo, Engineer Edgar Larrave Garín was appointed as Secretary of the Board of Directors.

ADVANCES IN TECHNOLOGY AT UNICAR

The first operations of closure of arterial ducts by interventional radiological means using special devices (coils) were successfully performed at UNICAR, with the involvement of Dr. Dafne Hsu from Columbia University, New York. With the collaboration of Dr. Guillermo O'Connell, the first cases were performed at UNICAR.

The First Adult Cardiology Conference, where the first Coronary Artery Angioplasty and intracoronary device implantations (stent-type) were performed, was developed with the collaboration of medical specialists from the Shaio Clinic in Colombia, led by Dr. Ignacio Calderón and coordinated by Dr. Héctor Meléndez, hemodynamic cardiologist from UNICAR.

FUNDRAISING BY AMEGESO

Mrs. Valentina de Pilling and Mr. Luis Hurtado Aguilar organized a social event, "The History of the Marimba," at the National Theater to raise funds for UNICAR.

REQUEST FOR UNICAR TO BE RENAMED AFTER DOCTOR JOSÉ RAÚL CRUZ MOLINA

In August 1997, patients of UNICAR requested through a letter addressed to the Unit's Board of Directors that, in honor of Dr. José Raúl Cruz Molina, the Unit be renamed after him. The Board of Directors responded that, although they recognized and shared Dr. Cruz Molina's merits, they did not have the authority to make such a change.

TRIBUTE TO DR. FRANCIS ROBICSEK IN OCTOBER 1997

The UNICAR Board of Directors agreed to pay tribute to Dr. Francis Robicsek and award him a Diploma of Merit as Honorary Member and Co-Founder of the National Cardiovascular Surgery Program for his humanitarian work for the people of Guatemala and his efforts as a pioneering figure in Guatemalan medicine. Likewise, during the National Surgery Congress of that same year, the Guatemalan Association of Surgeons awarded him a Diploma as Honorary Member for his academic participation and collaboration in the development of medicine in our country.



Dr. Francis Robicsek receives Diploma of Honor from the hands of Engineer Renato Del Core and Attorney Mario Fuentes Pieruccini of the UNICAR Board of Directors.



General Carlos Manuel Arana Osorio, former President of the Republic of Guatemala, Dr. José Raúl Cruz Molina, and Dr. Francis Robicsek, pioneers and founders of the first national Cardiovascular Surgery Program.

RESIGNATION OF THE FIRST PRESIDENT OF THE BOARD OF DIRECTORS OF UNICAR

Later on, Engineer Renato Del Core resigned from his position as President of the Board of Directors of UNICAR due to personal reasons.

It was agreed to send him a letter of thanks for his selfless, responsible, and diligent work during his term as President of the Board of Directors, and to place his photograph in the Board's session hall, which will be unveiled after the tribute on 08/10/1997. Engineer Renato Del Core is appointed as an advisor to the Board of Directors, ad honorem.

Attorney Mario Fuentes Pieruccini is appointed by the Board of Directors to replace Engineer Renato Del Core.

JOB AND SALARY MANUALS

October 1997

In October 1997, the Board of Directors approves the job and salary manuals with the corresponding salary scale for medical, paramedical, and administrative personnel prepared by the Private Consulting and Advisory Company (PCA), which will be subsequently sent to the MSPAS for their knowledge.

NATIONAL OFFICE OF CIVIL SERVICE OPINION REGARDING UNICAR

ONSEC states that according to the regulations currently governing the Unit, it is not a government agency, so its workers cannot be considered public servants. However, the 37 people who have been working since May 1976 under the employment relationship category (similar to category 022) are explicitly and legally recognized the right to receive payment of their labor benefits upon termination of their employment relationship, in accordance with the provisions established in the Ministerial Agreement of 11/01/1995, Regulation of the Board of Directors.

COMMISSION FOR THE FOLLOW - UP OF UNICAR EXPANSION

The Commission for the follow-up of UNICAR expansion, led by Dr. Jacobo Erdmenger, meets with representatives from UNEPSSA, including Engineer Manuel Castillo Barajas and Engineer Fernando Burmester, Director and Deputy Director, respectively. They report that the bidding process has been completed and present a copy of the letter sent to the Minister of Public Health, Mr. Marco Tulio Sosa, giving consent to carry out the topographic survey according to the final plans. Once the agreement between MSPAS and UNICAR is formalized,

the Contract for Services with the winning company will be signed, and MSPAS will be requested to issue a government agreement granting UNICAR the use of the land for 50 years (November 1997).

Q.800,000.00 INCREASE IN THE BUDGET

Thanks to the efforts of Mr. Javier Castellanos before the Congress of the Republic, an increase of Q.800,000.00 was obtained in UNICAR's budget for 1998.

PROBLEMS WITH THE FRENCH CGR X - RAY EQUIPMENT

Problems arise again with the French CGR X-ray equipment, so patients are sent to the private hospital Centro Médico in Zona 10 to have their studies done under an agreement between both institutions.

UNICAR BOULEVARD

Discussions were held with the Metropolitan Mayor, Attorney Oscar Berger, to request his collaboration in the creation of a boulevard for access to UNICAR.

The Municipality of Guatemala, represented by Mr. Alfredo Vila, obtained authorization for the construction of the boulevard in front of UNICAR on April 27, 1999, and the Guatemalan Social Security Institute, through its President of the Board of Directors, Engineer Victor Suárez, authorized the transfer of a strip of land of 15 meters at the level of Fifth Avenue in Zone 11 for the expansion of the street. The work began in July 1999.



Visit of the Metropolitan Mayor Oscar Berger to UNICAR accompanied by Licentiate Alfredo Vila, First Syndicate and Architect Carlos Solórzano from the Municipality with the purpose of jointly analyzing with members of AMEGESO and UNICAR the project of constructing an access boulevard to the Unit. Also present in the photo from left to right are Dr. José Raúl Cruz Molina, Attorney Mario Fuentes Pieruccini, Dr. Jacobo Erdmenger (General Director), Dr. Rafael Espada, Dr. Edgar Godoy, and Mr. Luis Hurtado Aguilar.



Tour with Mayor Oscar Berger through the facilities area of UNICAR accompanied by Dr. José Raúl Cruz Molina, Alfredo Vila, Attorney Mario Fuentes Pieruccini, and Dr. Rafael Espada.

Finally, the UNICAR boulevard was completed in February 2002, extending from fifth avenue to ninth avenue of zone eleven, popularly nicknamed “the street of posts” because the project was delivered properly asphalted but the existing electric power poles were not removed, which remained in place for a long period of time until February 2002, when the Electric Company finally moved them to their appropriate location. Fortunately, no traffic accidents were reported.



Street of Poles properly asphalted.



Vehicles driving carefully on the 'Street of Poles'.

HOMAGE IS PAID TO DOCTOR JOSÉ RAÚL CRUZ MOLINA

The Board of Directors of UNICAR has agreed to pay tribute to Dr. José Raúl Cruz in the Auditorium of the Medical Association for the work he has been doing for the benefit of the population of Guatemala, scheduled for October 30, 1998.



From left to right: Engineer Renato Del Core, Dr. Donald González Weber, Mr. Lesis María Ordoñez, Attorney Mario Fuentes Pieruccini speaking, Mrs. Valentina de Piling, Dr. Mario Ríos Paredes and Dr. José Raúl Cruz Molina.



Unveiling of the photograph of Dr. José Raúl Cruz Molina by Renato del Core and Jesús María Ordoñez, which will be placed in the main hall of UNICAR.



The directors of the Board of Directors of UNICAR and AMEGESO accompany Dr. José Raúl Cruz Molina in order from left to right, Mr. Luis Hurtado Aguilar, Dr. Mario Ríos Paredes, Engineer Roberto Stein Lieves, Engineer Otto Becker, Mr. José María Ordoñez, Attorney Mario Fuente Pieruccini, Engineer Renato Del Core, and Lic. Javier Castellanos.



UNICAR medical personnel who attended the tribute to Dr. José Raúl Cruz Molina, in order from left to right, Doctors Ismael Guzmán Rodríguez, Enrique Barillas Wilken, Héctor Mora Montenegro, Rodolfo Bonilla Aguirre, Julio Guzman Ovale, Anabela Lobos de González, Mauricio O'Connell Juárez, Héctor Meléndez Díaz and Dr. Jacobo Erdmenger La Fuente (General Director).



Attorney Mario Fuentes Pieruccini presents the Merit Diploma of Honor to Dr. José Raúl Cruz Molina, accompanied by Dr. Juan Jacobo Erdmenger.

THE CONSTITUTIONAL COURT DEFINES THE LEGAL NATURE OF UNICAR

Attorney Fuentes Pieruccini reads the sentence issued by the Constitutional Court where it legally defined the nature of the Unit and indicates that this is a state unit and that the only participation of the private sector lies in the intervention that its legislation confers on AMEGESO, with its own legal personality, which assists with the work that has been entrusted to it.

JANUARY 1999 EXPANSION OF THE UNIT

The foundation of the second building of UNICAR begins with the placement of several concrete pillars, a reinforced concrete structure designed for four levels, leaving tree trunks of columns on the roof to be used in the future for a fourth level, reinforced masonry walls, sanitary facilities, staircase ducts, hospital equipment installations, operating rooms, hospitalization area, offices, air conditioning, perimeter wall, parking lots, etc. Estimated cost of the work: Q28,000,000.00 quetzales.

Work contracted by the Ministry of Public Health and A.S. through the Health Projects Executive Unit (UNEPSA). Contracted construction companies: DECOGUA, S.A. and GARAVITO construction company.

Expansion plans were presented by DECOGUA to UNEPSA with the modifications requested by UNICAR in the X-ray area for the installation of equipment, ducts, and water cistern, whose budget was increased to Q8,000,000.00 quetzales.

Engineer Marco Tulio Sosa and Dr. Salvador López, Minister and Vice-Minister of Public Health and A.S., expressed disagreement, stating that they had no responsibility since they never signed documents authorizing modifications to UNICAR, and that DECOGUA, UNEPSA, and UNICAR will be the entities responsible for solving this situation.

Engineer Hugo Solares of the Board of Directors and former Minister of Communications and Public Works of the previous government requested that UNEPSSA provide UNICAR with detailed information on the progress of the project.

Representatives of UNEPSA give a brief history of the project indicating that in 1997, UNICAR had obtained Q3,000,000.00 to start the construction, but it was suspended by the Minister of Health Marco Tulio Sosa. Later, in 1998, this amount was recovered and an additional Q9,000,000.00 were added for a total of Q12,000,000.00 for the expansion of UNICAR, but the MSPAS stated that they had already authorized the Q9 million for operation, not for investment.

UNEPSA, on the other hand, requested in its own budget for the year 2000 the amount of Q8,000,000.00 destined for the expansion of UNICAR, so that there is an expectation of Q21 million quetzales for the year 2000. Additionally, the budget will increase due to additional expenses for the new power station, metal structure, special walls, parking area, elevator ducts, air conditioning, etc., for a total of Q24,303,000.00.



Large concrete piles as part of the foundations selected due to the nature of the terrain.



New construction, in front of the old building of the National Unit of Cardiovascular Surgery

FRENCH CGR X - RAY EQUIPMENT CONTINUES TO HAVE PROBLEMS

Initial tests with the new generator of the CGR X-ray equipment were successful, so work begins in hemodynamics after a long period of inactivity, which is reflected in the low production in our statistics during that time.

DONATION OF AN X - RAY EQUIPMENT FROM BOSTON (NUEVA ESPERANZA).

Dr. Aldo Castañeda will receive a valuable donation from the Children's Hospital of Boston consisting of a previously used, two-dimensional digital angiography machine from TOSHIBA. However, there is not enough space in the Unit for its installation, so it will be requested that Roosevelt Hospital provide two meters of land in the area that the Peripheral Unit of IGSS from zone 11 used to occupy, in order to build a module to install the equipment.

A letter is received from the Boston Company regarding the donated equipment indicating that a 450 KV generator is needed, which had not been previously contemplated.

Mr. Javier Castellanos reports that a contribution of Q.900,000.00 quetzales has been obtained from FONAPAZ for UNICAR, which will be used for the installation of the two-dimensional angiography equipment donated by the Children's Hospital of Boston.

The North American company XRI charges UNICAR \$58,000.00 dollars under the following conditions: 50% upon signing the contract, 30% for the removal and packaging of the equipment, and the final 20% upon arrival at the Santo Tomás de Castilla Port. The costs will be absorbed by UNICAR.

The company DIFOTO, which has the Legal Representation of the TOSHIBA brand, will be responsible for the maintenance of said equipment in Guatemala, and one of its technical engineers will travel to Boston for training and instruction, whose costs will also be borne by UNICAR.

On December 8, 1999, an annual agreement is formalized between Difoto and UNICAR for the maintenance of the Toshiba equipment, for a value of \$18,500.00, with a 50% advance payment to send the engineer to Boston for training. The equipment will arrive in Guatemala in February 2000.



Module under construction to locate the Boston X-Ray equipment. Behind is Roosevelt Hospital.



Module built in the area donated by the Roosevelt Hospital where the X-ray equipment donated by Boston will be located, which was stored in a temporary sheet metal hut for two years, to protect it from the environment.



As the doors of the building were not wide enough to admit the bulky boxes containing the equipment and accessories, it was necessary to use a forklift to lift and lower the equipment from the outside.



Packaging and installation of the X-ray equipment donated by the Boston Children's Hospital to UNICAR.



CALVARY WITH THE BOSTON EQUIPMENT

With great anxiety, we awaited the installation and functioning of the Boston equipment, because the French equipment continued to have problems despite the new generator. After several months, the first tests were conducted, demonstrating that the power source was damaged, the developing chamber needed repair, and the control cards needed to be replaced.

Engineer Jairo Barrios of DIFOTO indicated that an expert from XRI of Boston was required to calibrate the Toshiba equipment, with fees amounting to \$13,100.00 equivalent to Q.108,900.00. The Board of Directors approved the expenditure of this amount as well as the installation of air conditioning for the same.

The Toshiba equipment remained unusable, and Boston technician John Walsh came to Guatemala to check the equipment. Parts were changed and calibration adjustments were made. Tests were performed on three patients, but problems arose, so cardiologist Dr. Meléndez (Head of Hemodynamics) reported that he would not accept the equipment under those conditions. The Receiving Commission officially received the Toshiba

equipment, and a receipt was signed. However, Dr. Meléndez, a member of the commission, requested that it be added to the receipt that not all cardiologists wish to use the equipment because images cannot be recorded, and it is unsatisfactory for complicated studies such as coronary angioplasty, which can lead to postoperative complications. Dr. Gaitán, a pediatric cardiologist and also a member of the commission, added that Difoto could not be required to fix the equipment because it was not new and was not purchased from them. Mr. Ríos Mirón of the Board of Directors indicated that under those circumstances, the equipment could not be accepted due to legal issues. Dr. Castañeda insisted that the equipment was for pediatric use only, to which Dr. Meléndez stated that pediatric cardiologists also did not want to perform interventional procedures with the Toshiba equipment.

Therefore, Dr. Castañeda and the Board of Directors stated that if the device did not function 100%, it should be dispensed of.

Japanese technicians from the Toshiba company, brought by Difoto, indicated that the lateral arc did not function properly, and subsequently, the front camera also stopped working. Then the second lateral camera also stopped working, and they concluded that there was no possibility of repair since this model had been discontinued.

The Board of Directors declared that the equipment was unusable and should be removed and replaced with a new digital angiography machine.

The Aldo Castañeda Foundation stated that, in light of UNICAR's opinion on the Toshiba machine, it agreed with the proposal to dismantle the machine and allow UNICAR to dispose of it as deemed appropriate. Immediately, TRIMELSA was hired to dismantle it and the parts were used as recyclable material.

FRENCH CGR X - RAY EQUIPMENT HAVING PROBLEMS AGAIN

Once again, the CGR X-ray equipment from France is experiencing problems with the newly acquired generator. Additionally, according to Engineer Joel Marnat's assessment, the X-ray tube needs to be replaced at a cost of Q.158,000.00. Due to the multiple problems and expenses caused by the equipment, and the uncertainty of the physical conditions and warranty of the equipment from Boston, Dr. José Raúl Cruz Molina proposes that the possibility of obtaining a bank loan to purchase a modern digital angiography machine be analyzed.

MEMBERS OF THE BOARD OF DIRECTORS (1999)

Attorney Mario Fuentes Pieruccini, AMEGESO

Ing. Edgar Larrave Garin, AMEGESO

Valentina Sobalvarro de Pilling, AMEGESO

Dr. Carlos Cossich, STATE

Lic. Fernando Pellecer, AMEGESO

Dr. Mario Ríos Paredes, STATE

Dr. Augusto Rodríguez Ocaña, STATE

Dr. Donald González Weber, STATE

Dr. Jorge Gilberto Penagos, AMEGESO

Lic. Lucila Chang, STATE

Lic. Francisco Cáceres, AMEGESO

Dr. Edgar Godoy, AMEGESO"

RAFAEL AYAU AWARD TO ENGINEER RENATO DELCORE

Recognition of Engineer Renato Del Core, former President of the Board of Directors of UNICAR with the Rafael Ayau Order by Guatemala City Mayor, Oscar Berger, for his services on behalf of the people of Guatemala, in January 1999.



Guatemala City Mayor Oscar Berger and Engineer Renato del Core in the Hall of the Guatemala City Mayor's Office.

FIRST THERAPEUTIC COMMITTEE OF UNICAR

The Therapeutic Committee is composed of Drs. José Raúl Cruz Molina, Jorge Galindo, Marco Antonio Contreras, Ricardo Mack, and Julio Guzmán.

FIRST REPORT OF THE OFFICE OF ACCOUNTABILITY ON UNICAR'S ACCOUNTING DOCUMENTS

A note is received from the General Comptroller's Office informing that the review of the documents corresponding to the years 1997 and 1998 has been conducted in order and in accordance with the rules and regulations.

ADMINISTRATIVE - FINANCIAL CRISIS IN UNICAR

Despite the salary increase, there was no increase in production, and serious administrative problems arose. Therefore, Attorney Fuentes Pieruccini, in an extraordinary session of the Council, discusses the latest events that have occurred in the Unit, analyzes the responsibility of the same, and submits for consideration the convenience or inconvenience of Dr. Juan Jacobo Erdmenger and Lic. Byron Juárez respectively, continuing as the General and Administrative Directors.

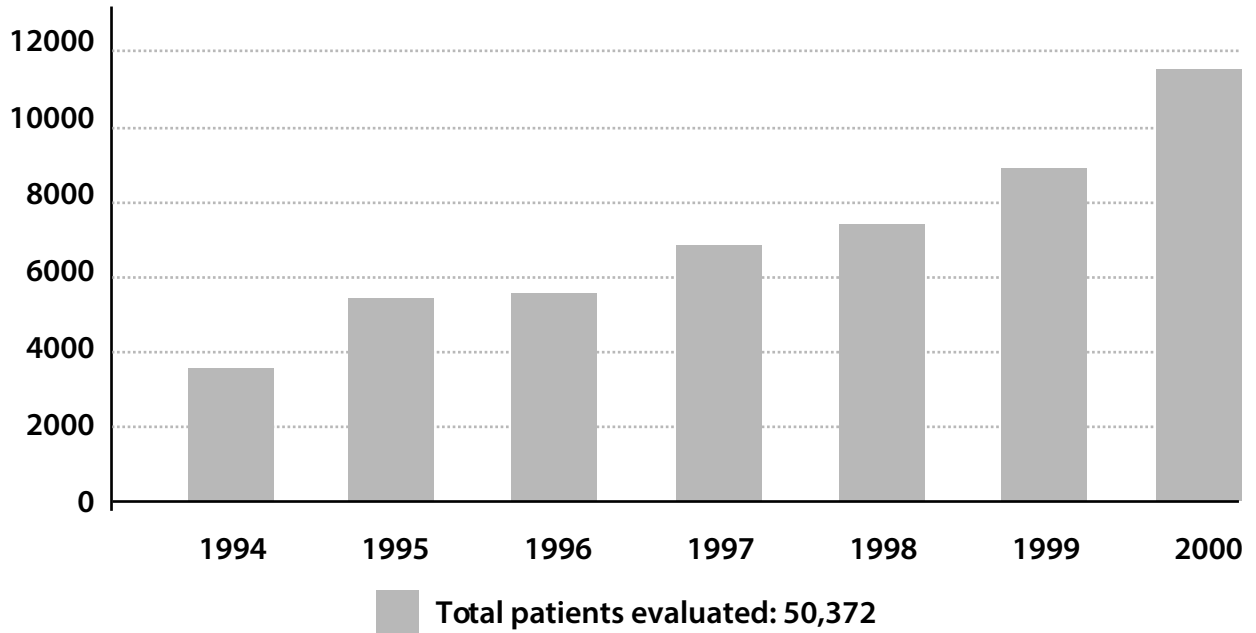
After extensive discussion, the following conclusions were reached:

On April 27th, Dr. Juan Jacobo Erdmenger and Lic. Byron Juárez presented their resignation letters as General Director and Administrative Director, respectively, starting from May 1st, 1999.

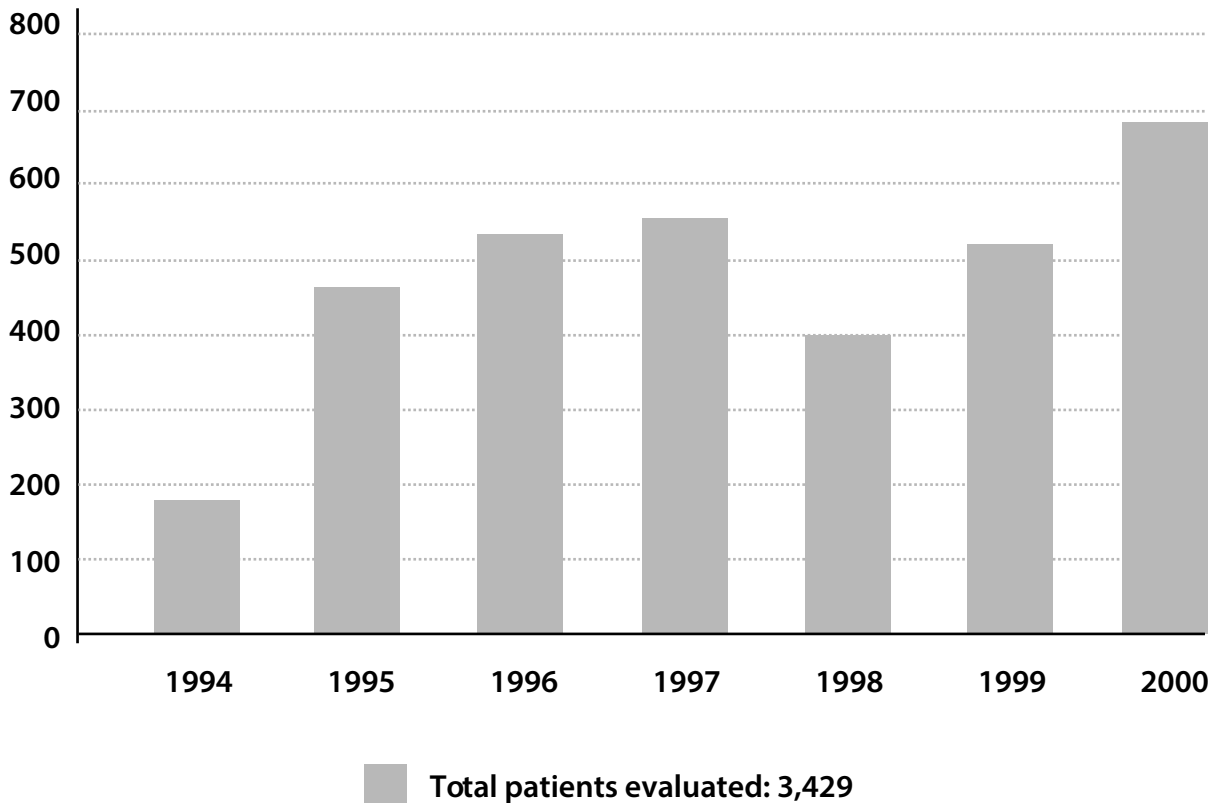
In order not to neglect the development of the Unit, Dr. José Raúl Cruz Molina is appointed as General Director and Lic. Luis Porrás Rubio, who currently serves as Internal Auditor, is appointed as interim Administrative Director, until another person is permanently appointed.

STATISTICAL FIGURES SHOWING THE PRODUCTION FROM 1994-2000

EXTERNAL CONSULT

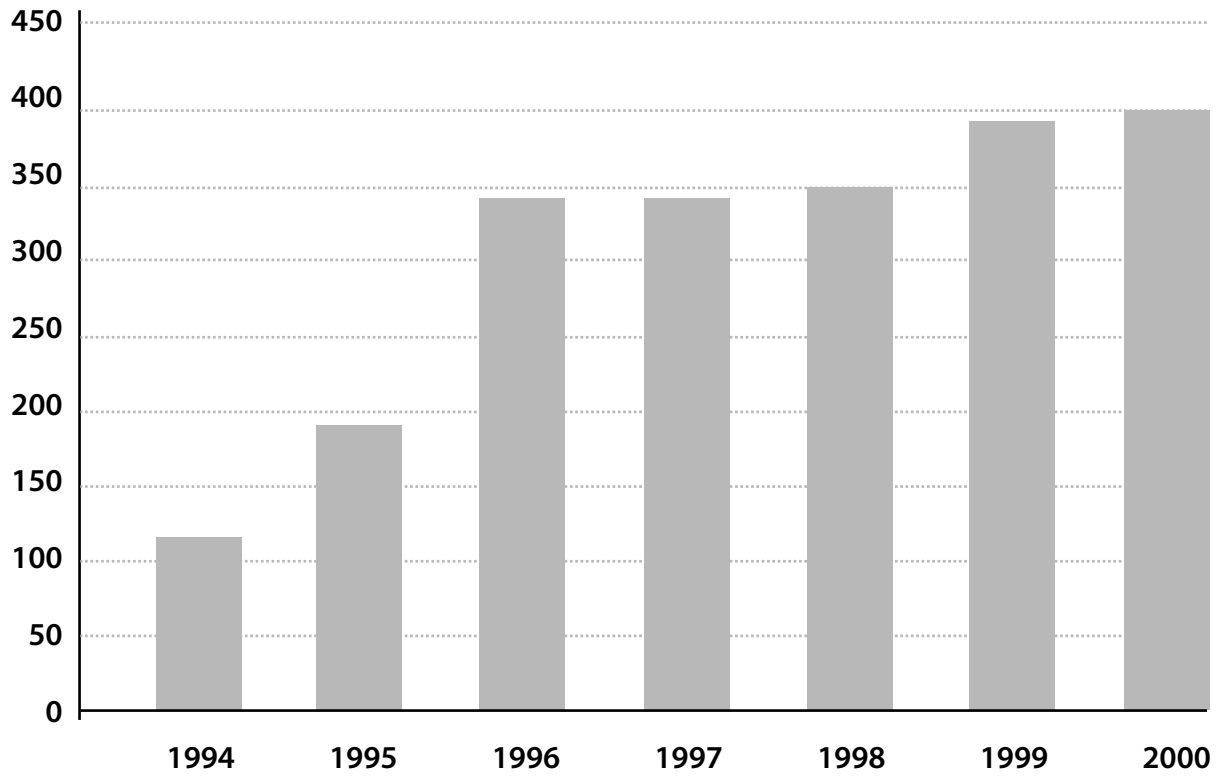


HEMODYNAMICS



In these graphs, a certain decrease in production can be observed due to frequent failures in the operation of the angiography equipment.

DEPARTMENT OF SURGERY



■ Total patients evaluated: 2,240

These figures include Dr. Aldo Castañeda’s Pediatric Section and the increase in production is observed. The demand for services has grown rapidly, as can be observed in the statistical figures of production in all the areas presented below, leaving the physical facilities and medical equipment insufficient to provide better care.

Dr. Espada’s surgical sessions continue monthly, focusing on coronary artery surgery. The first successful coronary operations were performed without using the extracorporeal circulation system (August 2000).

NEW MINISTER OF PUBLIC HEALTH AND SOCIAL ASSISTANCE

The first visit of the Board of Administration to the Minister of Public Health, Dr. Mario Bolaños, who showed great enthusiasm for the involvement of civil society in the administration of health centers and national hospitals. The work report for 1999 is presented to him.

UNICAR visits the Minister of Public Health, Dr. Mario Bolaños, to discuss the budget for 2001 and the

intervention process that took place in the Renal Unit (UNAERC), giving the impression that UNICAR had no problems and that the government’s policy was to promote projects like this.

UNEXPECTED CHANGES IN THE ADMINISTRATIVE STRUCTURE OF UNICAR

In January 2001, movements began in the Ministry of Public Health and Social Assistance to modify the Government Agreement establishing UNICAR 236-94 dated May 19,1994. Attorney Mario Fuentes Pieruccini, a licensed professional, requests an audience with the Ministry to address the matter.

On January 31, 2001, Dr. Mario Bolaños, Minister of Public Health, summons the Board of Administration to a meeting at MSPAS to provide extensive information about his ministerial management, having made modifications to the Government Agreement creating UNICAR, and that the Board would be composed of 4 representatives from the State and 3 representatives from AMEGESO with their respective substitutes.

The UNICAR Board of Administration disagreed with this, and an emergency meeting was called.

Government Agreement 20-2001 published in the Official Gazette of Central America on January 25, 2001.

A letter was received from MSPAS on February 9, requesting that UNICAR appoint the 3 titular representatives and 3 substitutes from AMEGESO in accordance with the provisions of the new Government Agreement 20-2001, which modified Agreement 236-94.

This request was forwarded to AMEGESO.

To strengthen his position, the Minister of Public Health and Social Assistance called a meeting with the doctors from the UNICAR Unit and Roosevelt Hospital, where the latter expressed dissatisfaction because patients with limited resources were not being properly attended to at UNICAR and Roosevelt Hospital was not participating in cardiac catheterization studies at the Hemodynamics Laboratory of the Unit. They expressed support for the government taking control of that entity.

3 - ACUERDO GUBERNATIVO 20-2001

<http://www.infile.com/leyes/visualizador/inc>

2 DIARIO DE CENTRO AMERICA—9 de marzo de 2001 NUMERO

Artículo 3. El presente acuerdo entra a regir el día después de su publicación en el Diario Oficial.

COMUNIQUESE:

DR. MARIO F. BOLAÑOS DURVE

EL VICEMINISTRO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL

DR. RUDY A. CASIERA MENDOZA

(119267-2) 9-marzo

Acuérdase Modificar el Acuerdo Gubernativo número 236-94 mediante el cual se creó la Unidad de Cirugía Cardiovascular de Guatemala, como se indica.

ACUERDO GUBERNATIVO No. 20-2001

Guatemala, 25 de enero de 2001

El Presidente de la República de Guatemala.

CONSIDERANDO:

Que mediante el Acuerdo Gubernativo número 236-94 de fecha 19 de mayo de 1994 publicado en el Diario Oficial el 26 de mayo de 1994 se autorizó la creación y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, precisamente con el objeto de brindar a la comunidad un servicio de alta calidad con tecnología moderna en el campo cardiovascular, con la integración de representantes del Estado y de la Asociación Médica Guatemalteca "Espada-Olivero", debiéndose modificar parcialmente su estructura.

CONSIDERANDO:

Que las resoluciones del Consejo de Administración son de suma importancia para lograr la participación de otros sectores, asociaciones así como colaboradores y teniendo como base el aporte institucional para su funcionamiento.

POR TANTO:

En ejercicio de las funciones que le confiere el artículo 163 inciso e) de la Constitución Política de la República de Guatemala

ACUERDA:

Modificar el Acuerdo Gubernativo número 236-94 mediante el cual se creó la Unidad de Cirugía Cardiovascular de Guatemala.

Artículo 1. Se modifica el artículo 2º, el cual queda así:

"Artículo 2º Para la Administración y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala, se integra un Consejo de Administración, dicho Consejo de Administración está integrado por cuatro (4) Representantes del Ministerio de Salud Pública y Asistencia Social nombrados por Acuerdo Ministerial y tres (3) Representantes por la Asociación Médica "Espada-Olivero", designados por la Asamblea General de la entidad. Entre los integrantes del Consejo de Administración deberá designarse a la persona que presida el Consejo de Administración y al Director de la Unidad de Cirugía Cardiovascular, lo que se formalizará por Acuerdo Gubernativo."

Artículo 2. Se deroga el Acuerdo Gubernativo número 902-99 de fecha 7 de diciembre de 1999.

Artículo 3. El presente acuerdo entra a regir un día después de su publicación en el Diario Oficial.

COMUNIQUESE:

ALONSO PORTILLO

MINISTRO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL

MARIO F. BOLAÑOS DURVE

MINISTERIO DE GOBERNACION

ACUERDO GUBERNATIVO No. 71-2001

Guatemala, 6 de marzo de 2001

El Presidente de la República.

CONSIDERANDO:

Que es obligación del Estado, a través del Ministerio de Gobernación, administrar el régimen penitenciario del país, circunstancia que implica proporcionar alimentos a la población reclusa; extremo que aconseja adoptar las medidas administrativas que permitan hacerlo oportunamente.

CONSIDERANDO:

Que para el cumplimiento y consecución de los fines indicados en el considerando anterior, y atendiendo a la naturaleza tan especial del servicio, se estima conveniente acogerse a uno de los procedimientos de excepción que determina la Ley de Contrataciones del Estado, a efecto de declarar necesaria y urgente para resolver una situación de interés nacional y beneficio social la contratación y adquisición del suministro de alimentos y servicios inherentes al mismo, para la población reclusa de las distintas cárceles y centros penales de toda la República y estudiantes de la Academia de la Policía Nacional Civil, exonerando dichas negociaciones de los requisitos de licitación y cotización;

CONSIDERANDO:

Que se han pronunciado favorablemente, mediante los dictámenes pertinentes, la Dirección Técnica del Presupuesto, Secretaría de Planificación y Programación de la Presidencia de la República y la Contraloría General de Cuentas, y que se obtuvo autorización del Congreso de la República, según Resolución número uno guion dos mil uno (1-2001), de fecha 28 de febrero del 2001, emitida por el honorable Pleno de dicho Organismo, es procedente emitir las presentes disposiciones legales.

POR TANTO:

En el ejercicio de las funciones que le confiere el artículo 163, literal e) de la Constitución Política de la República de Guatemala y con base en lo dispuesto en el artículo 44, numeral 1, subnumeral 1.3 de la Ley de Contrataciones del Estado, Decreto número 57-92 del Congreso de la República, y artículo 18 de su Reglamento, Acuerdo Gubernativo número 1056-92 de fecha 22 de diciembre de 1992.

EN CONSEJO DE MINISTROS

ACUERDA

ARTICULO 1. Se declara necesaria y urgente para resolver una situación de interés nacional y beneficio social, la adquisición del suministro de alimentación servida y servicios inherentes a la misma, y como consecuencia se exoneran de los requisitos de licitación y/o cotización las contrataciones que se realicen con destino a:

- a) Academia de la Policía Nacional Civil
- b) Cárceles departamentales y municipales
- c) Granja Modelo de Rehabilitación Castañal, Escuintla
- d) Granja Modelo de Rehabilitación Castañal, Quetzaltenango

Government Agreement No.20-2001 that indicates: "Considering: that by Government Agreement number 236-94 of May 19, 1994, published in the Official Gazette on May 26, 1994, the creation and operation of the Cardiovascular Surgery Unit of Guatemala is authorized, with modern technology in the cardiovascular field, with the integration of representatives of the State and the "Espada-Olivero" Guatemalan Medical College, having to partially modify its structure.



Segment of a local newspaper titled "Health aims for total control of UNICAR," which explains how through a governmental agreement, the administration of President Alfonso Portillo intends to take control of the Cardiovascular Surgery Unit, UNICAR, which operates effectively under private initiative.



Segment of the local newspaper "Prensa Libre" titled "If the Government pays for the marimba band, it can choose," which states that despite the criticism, Mario Bolaños, Minister of Health, will not backtrack on the administrative changes in the Cardiovascular Surgery Unit and three other medical units.

PUBLIC OPINION SUPPORTS UNICAR

The Board of Administration publishes in various media outlets, informing about the changes that Dr. Bolaños intends to make in UNICAR, which sparked multiple protests from the public, as can be seen in the different articles published in the country's newspapers (see articles). Along with the Medical Association, they expressed support for UNICAR. Additionally, multiple letters were received from patients that had been operated on, expressing their unwavering support for the Unit. Editorial columns in newspapers also supported UNICAR's stance and its fight to maintain service decentralization and administrative independence from the State.

COLEGIO DE MEDICOS Y CIRUJANOS DE GUATEMALA



EL COLEGIO DE MEDICOS Y CIRUJANOS DE GUATEMALA

Ante la reciente publicación en el diario oficial del Acuerdo Gubernativo No. 20-2001 el cual modifica la organización administrativa de la Unidad de Cirugía Cardiovascular de Guatemala (UNICAR), entidad de salud de alta excelencia científica que presta sus servicios al pueblo de Guatemala desde hace 7 años con la participación de distinguidos Médicos y Cirujanos Cardiovasculares del país, además contando con los Doctores Aldo Castañeda y Rafael Espada, quienes con su espíritu altruista prestan sus servicios en forma gratuita, contribuyendo de esa manera al engrandecimiento de dicha unidad.

MANIFIESTA:

Su profunda preocupación y enérgica protesta en contra de dicho Acuerdo, ya que es lesivo para el buen funcionamiento que ha demostrado la Unidad de Cirugía Cardiovascular de Guatemala a través de sus años de existencia, exponiéndola al riesgo de colapso en corto plazo; por lo que respetuosamente se solicita al Gobierno de la República derogar dicho Acuerdo y continuar con su ayuda financiera como la ha hecho hasta la fecha, para que UNICAR continúe siendo un orgullo de la Cirugía Guatemalteca para bienestar de toda nuestra población.

JUNTA DIRECTIVA

Marzo del 2001

OFICINAS CENTRALES

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Apoyo a la Unidad de Cirugía Cardiovascular - UNICAR

Guatemala, marzo de 2001

Señor
MINISTRO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL
Su Despacho
Ciudad de Guatemala

Señor Ministro:

Nosotros, los abajo firmantes, en nuestro derecho a opinar sobre los asuntos públicos, manifestados nuestra inconformidad total con el Acuerdo Gubernativo 20-2001 emitido por el Ministerio de Salud Pública y Asistencia Social, a través del cual aumentan la presencia del Sector Público en la Junta Directiva de la Unidad de Cirugía Cardiovascular — UNICAR, con el fin primordial de que dicha Unidad pase a control total del Estado.

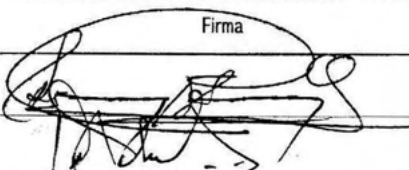
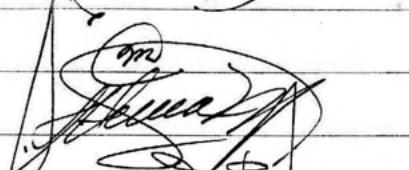
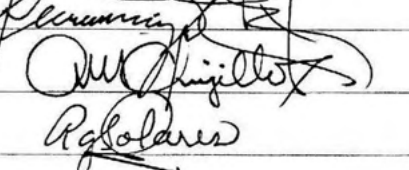
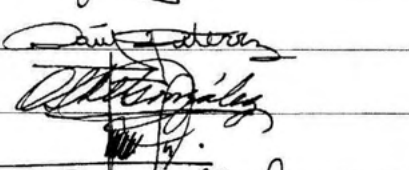
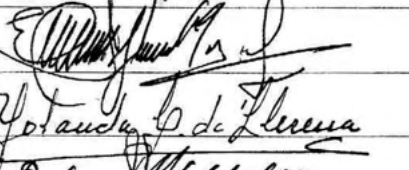
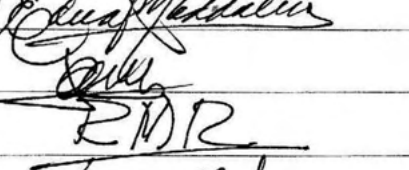
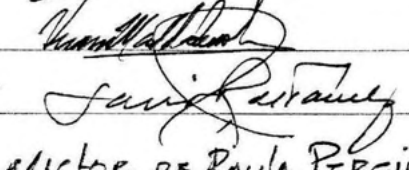
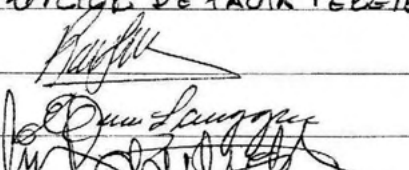
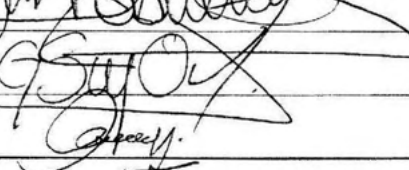


Como es sabido, en nuestro país el Estado es un pésimo administrador. La UNICAR en sus 7 años de vida logró tener una organización bien administrada en la que participan Directores ad-honorem, eminentes Médicos Guatemaltecos, y personal especializado con enfoque y criterios de gestión hospitalaria moderna, pero al mismo tiempo con gran sentido humanitario y de solidaridad con todo el pueblo de Guatemala.

Nosotros preguntamos al señor Ministro de Salud Pública y Asistencia Social:

- ¿Por qué destruye una organización beneficiosa para el país sabiendo que su Ministerio no puede satisfacer las necesidades de los hospitales, centros de salud, farmacias estatales, etc.?
- El Ministro de Salud argumenta que el acuerdo gubernativo antes mencionado, es para no cobrar ningún centavo a los enfermos que requieran de dichos servicios. Nosotros le recordamos: de los Q29 millones del Presupuesto que maneja UNICAR sólo Q13 corresponden a aportes de Gobierno, los otros Q16 millones provienen de otras fuentes. Cree, señor Ministro, que la iniciativa privada cuando el Gobierno tome posesión de UNICAR, ¿continuará haciendo tales donaciones a sabiendas de la corrupción que campea en el estado?
- Si lo que usted pretende es que los servicios médicos estén a la disposición de la gente de escasos recursos...¿Porqué en lugar de intervenir una entidad que funciona perfectamente, no se pone a trabajar para que la Red Pública Hospitalaria mejore el pésimo servicio que presta al pueblo de Guatemala? ¡Cómo pueden las autoridades de Salud del país, justificar el control de la UNICAR si ellos no pueden manejar el sistema hospitalario y de farmacias estatales en los servicios más esenciales a la población, sobre todo, a la de bajos ingresos!

Guatemala, marzo de 2001

Firmas de Apoyo UNICAR

Nombre	No. Cédula	Firma
Roberto Salguero y Salguero	U-22 92108	
Carlos Roberto Arevalo P.	A1-380861	
Henry Bujines	A-1 181420	
Dr. Julia Hanna & Bion	A1 454303	
CÉSAR R. Tenjillo S.	A1-590734	
Cida Maria de Tujello	A1-765433	
Rocio Gonzalez Solarcs	A-1 700437	
Raúl Enrique Gutiérrez G.	A-11076085	
Olga J. de González	A-1226513	
RAUL E. GUTIERREZ SAMA YOA	A-1543375	
Edna Leticia Maddaleno	E-5-57593	
Yolanda G. de Herrera	A-1 175938	
Edna Judith Celvang	A1384934	
Alto Maddaleno	E5 19879	
RODRIGO MÉRDEZ-ROIZ	A1-210210	
Vivian Maddaleno Alvarez	E-564548	
Etela Larios R. de Vaneuz	A-1 #308,614	
QUINA'	A1 77296	
Ramón González LORRADE	A-1-18870	
Estelina de Laugger	1-11-1442	
Luis Roberto Pérez Siennas	A1-614081	
Glenda Stomara Paiz Villanueva	U-22 84757	
CARMEN LUORECIA YURETJA C	A-1 414133	

Guatemala, marzo de 2001

Firmas de Apoyo UNICAR

Nombre	No. Cédula	Firma
SARA ALVAROZ CRISTINA S	A-1273912	
Neemi de Peñaranda	E-5-14769	
Lucrecia Lina de Obay	A-1563518	
Sheila María Maddalena	A-1859824	
Blanca Edelmir Maddaleno D.	A-1212829	
Carmen Rosa de Maddaleno	E-519679	
Carmen Rosa de Rodas	E-544954	
Nancy Lideth Ramirez M	E-514706	
Laila Virginia Maddaleno	A-1-290673	
Jose Domingo Maddaleno	E-5-14709	
OTTO ANTONIO MADDALENO	E-560575	
Ana Luisa Tarano Lam	E-575979	
Annelise Giron Maddaleno	A-1917447	
Luis José Pérez Samayoa	A-1865249	
ENRIQUE MADDALENO GONZALEZ	E-545117	
Leticia M. de Méndez	E-543566	
MANFEDO RODAS MEJIA	A-713,497	
Roderico Méndez M.	E-562894	
Rodrigo Méndez M.	A-291673	
Roderico Manuel Barris	E-523186	
Rolando F. Maddaleno	E-559529	
Mireya Méndez de Camillo	E-568210	
Lara Estela Saenzler	A1-246655	

Guatemala, marzo de 2001

Firmas de Apoyo UNICAR

Nombre	No. Cédula	Firma
Jessica Rivera-Cabezas Toledo	A-1 844271	Jessica Rivera-Cabezas Toledo
Eugenia Toledo	A-1 371697	Eugenia Toledo
Sara de Rivera	A-1 607760	Sara de Rivera
Adelaida Melgarejo	A-1 264441	Adelaida Melgarejo
Aura Marina Pineda	A-1 516476	Aura Marina Pineda
Juana Pineda Pérez		Juana Pineda Pérez
Karimelo Ramirez	A-1 989745	Karimelo Ramirez
Olga Rosales	A-1 1052045	Olga Rosales
RICHARDE DEL CRO	A-1 005125	RICHARDE DEL CRO
Sara R. Toledo	A-1 1094028	Sara R. Toledo
Gos Pac Asturi Gutierrez	E-5 6.0166	Gos Pac Asturi Gutierrez
Feliza R. Perez	A-1 531246	Feliza R. Perez
Silvia Juárez	A-1 31,246	Silvia Juárez
MAYRA SAMAYOA	A-1 976206	MAYRA SAMAYOA
Raquel Rivera	A-1 7061459	Raquel Rivera
Marcos Tulio Guinonez	A-1 85310	Marcos Tulio Guinonez
Jaime Membrillo Lopez	A-1 491810	Jaime Membrillo Lopez
MARIO CRISTOPHER PEREZ	A-1 717400	MARIO CRISTOPHER PEREZ
DORIS ALEXANDER FALLO	A-1 933602	DORIS ALEXANDER FALLO
KENNETH ROY ESTRELLA GONZALEZ	A-1 707222	KENNETH ROY ESTRELLA GONZALEZ
ROCKWELL SANCHEZ FRANCO	A-1 875774	ROCKWELL SANCHEZ FRANCO
ANAR AUSTINA MADRID	A-1 311072	ANAR AUSTINA MADRID
Aura Marina Marcos	A-1 133956	Aura Marina Marcos

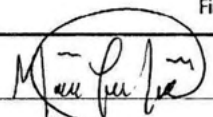
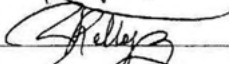
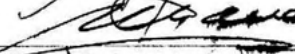


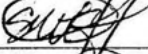
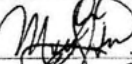
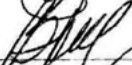





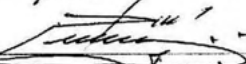
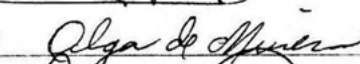
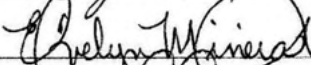


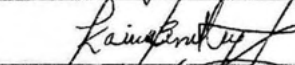


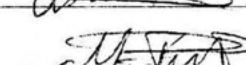
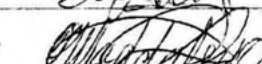
Guatemala, marzo de 2001

Firmas de Apoyo UNICAR

Nombre	No. Cédula	Firma
Carlota Salazar Bontucas	G-1.113771	Carlota Salazar
Arvizú	A-1 191152	Arvizú
Alejandra Vila de Rivera	A-1 829761	Alejandra Vila de Rivera
Verónica Blanco Estrada	A-1 887210	V. Blanco
Berlitz M. de Roffman	A-1 829164	Berlitz M. de Roffman
Tania B. Rivera	A1 1030978	Tania B. Rivera
Guillermo Alfaro	C-3 15316	Guillermo Alfaro
EDGAR ADELANO	A-1 60,307	Edgar Adelan
Evelyn Ortiz	A-1 793780	Evelyn Ortiz
Jaime Mazariegos	A-1 146,925	Jaime Mazariegos
Rolf Roffmann	A-1 843386	Rolf Roffmann
Ina Morales	A-1 875672	Ina Morales
Roberto Cermeno	A-1-9884	Roberto Cermeno
Eugenia B. de Zepeda	A-1 232-163	Eugenia B. de Zepeda
Anabella del Benitez	A-1-713167	Anabella del Benitez
Cesar Orlando Hurtado Salvatierra	A-1 739391	Cesar Orlando Hurtado Salvatierra
Monica Isabel Garcia	A-1 763630	Monica Isabel Garcia
Jana Leticia Granillo	A-1 295740	Jana Leticia Granillo
Ligia Soraya Hurtado S.	A-1 683177	Ligia Soraya Hurtado S.
José Benitez de la Cruz	A-1-1590661	José Benitez de la Cruz
Enrique Zepeda M.	A-1-201205	Enrique Zepeda M.
Eduardo Zepeda Bimura	A-1- 640657	Eduardo Zepeda Bimura
Fernando (Manuel) Manzanera	WA- 276780	Fernando Manzanera
Podolfo Benigno Torres Castillo	I-9- 14468	Podolfo Benigno Torres Castillo
Berta Migdalia C. de Barrios	I-9 19249	Berta Migdalia C. de Barrios

Guatemala, marzo de 2001

Firmas de Apoyo UNICAR

Nombre	No. Cédula	Firma
Miriam Loarca	A-1 972,469	
Baidar Rodriguez	A-1112837	
Mano de la Cerveza Gordillo	A-1907745	
Alejandro Campos	A-1 117,165	
Mariela Cano	B2-41,377	
Sonia Lezana	A-1 1090359	
Mercedes Hunac Recinos	A-1-1059052	
Claudia Ferreroza	A-1921045	
Merica Garcia Juarez	A-1938011	
Ana Lisis Arias	A-1 887186	
Jany Mendez M.	E-5 56963	
Julio Antonio Baireda	A-1379499	
Mario Esther Soto de Barrada	A-1423291	
César A. Minera Gortan	A-1 306827	
Olga de Minera	A-1 276253	
Evelyn Minera	A-1 915196	
Nelson Dávila A.	A-1 783912	
Erick Paula	A-1 841777	
Karina Benitez	A-1 849771	
MARIA ELENA DE RUBIO	A-1 504601	
Walter Kloxar der Ramirez	A-1-123,729	
Moises Pivaral Estrada	A-1 121310	
Virginia Madaleno	A-1 93241	

HUNDREDS OF PEOPLE SUPPORTING UNICAR



Segment of the local newspaper "Prensa Libre" titled "In support of UNICAR's work," which tells how after the Minister of Health decided to modify the composition of the board to gain a majority in the Cardiovascular Unit, UNICAR, there is no shortage of expressions of rejection towards this decision.



Segment of the local newspaper "Prensa Libre" titled "A blow to a noble effort," which describes how the Minister of Health's desire to take control of the Cardiovascular Unit, UNICAR, will lead to a setback, resulting in an entity plagued by ancestral bureaucratic problems and, therefore, failing to fulfill its function of helping people with cardiovascular ailments.

NATIONAL CONGRESS ALSO SUPPORTS THE CARDIOVASCULAR SURGERY UNIT

el Periódico Guatemala, jueves 1 de marzo de 2001 Página 10

elEditorial

ZARPAZO A UNICAR

El Ministerio de Salud Pública y Asistencia Social ha decidido tomar control absoluto de la Unidad de Cirugía Cardiovascular de Guatemala (Unicar), creada mediante el Acuerdo Gubernativo No. 236-94, de fecha 19 de mayo de 1994.

Unicar nace a la vida jurídica como un centro de atención médica, especializado en cardiología y cirugía cardiovascular, no lucrativo, destinado a mejorar la calidad de vida del paciente cardíaco, tanto con anomalías congénitas como adquiridas, a través de la realización de procedimientos de diagnóstico y de cirugía cardiovascular de alta especialización.

Unicar ha puesto a disposición de todos los guatemaltecos técnicas y procedimientos de alto nivel en el tratamiento de afecciones cardiovasculares, que antes sólo existían en el extranjero y, en consecuencia, solamente personas con recursos económicos significativos podían tener acceso a ellas.

Mediante un convenio solemne suscrito por el Ministro de Salud Pública y Asistencia Social y la Asociación Médica Guatemalteca Espada Olivero (Amegeso), la administración de Unicar quedó encargada a un consejo de administración integrado por cuatro representantes de Amegeso y tres del Ministerio de Salud Pública y Asistencia Social.

De suerte que Unicar, desde su fundación, ha venido trabajando bajo un estilo gerencial de iniciativa privada, de una manera eficiente y cumpliendo con los objetivos y metas trazadas.

A la fecha, los integrantes de la junta directiva de Unicar se desempeñan ad honorem, es decir sin recibir retribución económica alguna. Filántropos modernos realizando un trabajo social de alta calidad.

El éxito de Unicar fue tan importante en sus primeros cuatro años de funcionamiento, que el Ministerio de Salud Pública y Asistencia Social aprobó el desarrollo y construcción de la ampliación de sus instalaciones físicas, en función de que se convirtiera en el primer hospital de alta especialización en Guatemala.

Sin duda, Unicar vino a llenar un vacío en materia de cirugía cardiovascular, y sin duda es una iniciativa digna de ser aplaudida y apoyada. Ojalá que esfuerzos como éstos se multiplicaran, en función de la salud de nuestro pueblo.

No obstante, el actual gobierno está haciendo todo lo contrario. Pretende que Unicar deje de estar administrada por gente de iniciativa privada, y pase a formar parte de la estructura burocrática del Estado. Recientemente ha emitido un acuerdo gubernativo por medio del cual margina a Amegeso e impone la autoridad gubernamental en el seno de Unicar.

Ha trascendido que la verdadera razón que está detrás de la decisión del actual ministro de Salud Pública y Asistencia Social, doctor **Mario Bolaños**, es que los gobiernistas están interesados en tomar ventaja de los contratos con los numerosos proveedores que suministran los respectivos insumos a Unicar.

El voraz apetito de la gente de gobierno no se detiene y no les importa que con tal de satisfacer su codicia y sus ansias desmedidas de enriquecimiento ilícito, desaparezca un centro de atención médica que ha funcionado con eficiencia y eficacia en beneficio de la Guatemala pobre y olvidada.

¡Hasta cuándo pondremos límites a estos mercaderes del poder! ¡Hasta cuándo dejaremos que los **Marios Bolaños**, cuya esterpe se asimila a los devastadores mongoles del Genghis Khan, abusen y destruyan lo poco bueno que tenemos!

Segment of the local newspaper "el Periódico" titled "Blow to UNICAR," which exposes how the Minister of Public Health and Social Assistance has decided to take absolute control of the Cardiovascular Surgery Unit of Guatemala (UNICAR), created through Governmental Agreement No. 236-94. It reflects how the voracious appetite of the government's people does not stop, and they do not care if, in order to satisfy their greed and their thirst for illicit enrichment, a center of medical attention that has worked effectively for the benefit of impoverished and forgotten Guatemala disappears. Exclaiming, "Until when will we allow people like Mario Bolaños, whose lineage is akin to the devastating Mongols of Genghis Khan, to abuse and destroy the little good we have!"

— XOKOMIL —

Si el gobierno insiste en tomar Unicar, destruirá una institución que está sirviendo al público y no podrá reemplazarla con nada.

El toque de Midas

EL LEMA DEL ACTUAL GOBIERNO parece ser: "Si funciona, destrúyanlo".

A un año, un mes y catorce días de haber tomado posesión Alfonso Portillo, es bastante obvio que las nuevas autoridades carecen de capacidad para hacer y ejecutar.

Con una cucharadita que tuvieran de materia gris, podrían determinar que la solución para controlar ese toque de Midas apocalíptico de la administración eferregista (lo que tocan, lo hacen polvo, por no ser más explícitos), sería limitar el rango de acción de los funcionarios.

Pero nada de eso: quieren tomar sobre el país entero y sus instituciones.

El último ejemplo es el acuerdo gubernativo que permite al Ministerio de Salud asumir el control de la Unidad de Cirugía Cardiovascular, Unicar, fundada en 1994 y administrada desde entonces por la Asociación Espada Olivero y el gobierno.

El ministro Mario Bolaños—quien no ha incurrido en los monumentales errores de sus colegas con la misma asiduidad—debería cuidarse de seguir el nefasto ejemplo que le han dado.

Dado que las necesidades en el sector salud son casi infinitas, inversamente proporcionales a los recursos, lo mejor sería que el ministro se concentrara en atender las necesidades prioritarias, y eso, hacerlo muy bien.

Mientras tanto, lo que va caminando por sus propios medios se debe apoyar, no destruir.

Unicar forma parte de esos raros oasis en Guatemala donde hemos avanzado en los últimos tiempos. Sólo el año pasado, esa institución atendió a 11,539 pacientes en consulta externa, la mitad de ellos referidos por Salud Pública.

Una de las ventajas indiscutibles de Unicar radica en la colaboración que le han prestado cardiólogos de renombre mundial, como los doctores Rafael Espada o Aldo Castañeda, quienes usualmente están operando en los mejores hospitales del mundo, no en Guatemala.

En Unicar se practican operaciones que no se hacen en ningún hospital de Guatemala, público o privado. Ahí se atienden los casos más delicados en dolencias cardíacas: las otras opciones para estos pacientes consisten en esperar la muerte o costearse un viaje a los sanatorios de Houston.

Como está frente a una historia de éxito, que además maneja un presupuesto de Q28.9 millones (la mitad de los fondos son aportados por el Estado y el resto por

apetito por arrebatarle la junta directiva a la Asociación Espada Olivero.

"El Gobierno tiene que restar el sentido social de las unidades médicas, para que todas las personas que no tienen recursos puedan recibir los servicios sin costo alguno", ha explicado el ministro Bolaños.

La intención de brindar servicios de salud gratuitos a la población se antoja loable de verdad además de constituir un mandato constitucional. La pregunta es ¿pueden hacerlo o sólo quieren decirlo en un discurso?

El ministro Bolaños sabe muy bien que las denuncias de corrupción en su cartera tienen el número y la resistencia de un ataque de amebas. Por lo mismo, muchos médicos que colaboran con Unicar, donando sus servicios enteramente o por un precio simbólico, no estarían dispuestos a hacerlo si la entidad cambia de manos. Menos aún cuando el propio

Bolaños declaró ante el Congreso el año pasado que el partido oficial ha intentado por todos los medios infiltrar a incapaces en esa cartera, como pago de favores y amistades.

Quizá en la tele los guatemaltecos alaban la gestión eferregista, pero

en la vida real, la gente pensante de este país está alarmada por la voracidad de algunos funcionarios públicos y por la descarada alevosía e impunidad con las que actúan.

Con esos antecedentes, Bolaños debería comprender que no está en el mejor momento para pedir confianza en la gestión estatal.

Sería ideal que uno pudiera llegar a un hospital público para ser atendido rápido, con eficiencia y sin pagar un centavo. Pero quienes conocemos la realidad de Guatemala sabemos que ese mandato constitucional es un sueño legítimo, pero muy lejano.

Por ende, antes de meterse en la sala de operaciones de los doctores Espada y Castañeda, el Ministerio debería asegurarse que ni un solo guatemalteco más muera de forma absurda, aquejado de una diarrea o alguna enfermedad respiratoria, las principales y tristemente prevenibles, causas de muerte en nuestro país.

Cuando haya resuelto eso, que no es poco, aplaudiremos que se dedique a curar otros males.

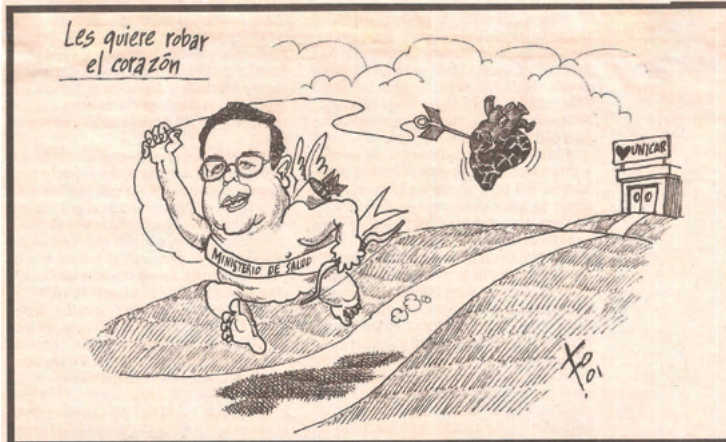
Post Data: En este clima de psicosis de golpe de Estado, traslado una sugerencia al presidente Portillo de las incontables personas que han llamado para verificar si son ciertos los rumores. Qué pida una carpa transparente y saque su despacho al parque cen-



Dina Fernández

Segment of the local newspaper "Prensa Libre" titled "The Midas Touch," which states that if the government insists on taking over UNICAR, it will destroy an institution that is serving the public and will not be able to replace it with anything.

PRENSA LIBRE : Guatemala, martes 27 de febrero de 2001



Segment of the local newspaper "Prensa Libre" illustrating the Minister of Health stealing the heart of UNICAR, titled "He Wants to Steal Their Heart."

Gracias por su apoyo a Unicar

KARINA MAYORGA MONÓN
A-1 807 919

Agradezco mucho la solidaridad con los pacientes de Unicar al dirigir la columna al actual Ministerio de Salud. Con acciones como las de Silvia Tejeda, uno se siente apoyado y con valor para luchar por lo bueno que todavía hay en Guatemala. Así como ella comentó el caso de la jovencita, yo soy familiar de alguien que sigue en tratamiento en Unicar y que gracias a esos excelentes doctores, su ima-

gen, incorruptibilidad y deseo de ayudar a las personas necesitadas y a la rectitud, nobleza y espíritu de buen servicio, esa familiar tan querida está viva.

Por favor, sigamos ayudando para que no se dé esa intromisión del Gobierno en esta institución tan noble, eficiente, de ayuda a mujeres y niños, principalmente, de escasos recursos. Dios nos permita seguir gozando de nada y en el momento justo, y seguir teniendo con vida a los pacientes de esa prestigiosa institución.



José Raúl González Merlo

ESTE GOBIERNO SE HA DEDICADO A desmontar todo lo bueno que dejaron los anteriores. La Unidad Cardiovascular UNICAR - y la Unidad del Enfermo Renal Crónico UNAERC- son un claro ejemplo. Ambas son administradas por juntas directivas formadas mayoritariamente por profesionales del sector privado que donan su tiempo y esfuerzo para ayudar a miles de pacientes con graves problemas de salud. Ambas unidades funcionan eficientemente, cosa que no ocurría cuando el gobierno ofrecía directamente dichos servicios. Ambas nacieron por un verdadero deseo de hacer las cosas bien en beneficio de aquellos graves enfermos que lo necesitan. Vaya lección de solidaridad para los que creen que el sector privado solamente está interesado en "tener utilidades".

Sin embargo, el Ministerio de Salud dice que "quiere ayudar" y, para ello, tomará el control de dichas juntas directivas encargándose de la administración de esas dependencias; según él, "con un mayor sentido social". "Mucho ayuda el que poco estorba", dice el refrán. Hasta hace poco, el gobierno aportaba la mayoría de los fondos y personas honestas y con verdadera vocación de servicio los administraban. Pero el ministro de Salud parece no conocer dicho refrán puesto que está a punto de destruir y politizar el trabajo que ha tomado años hacer y que todos los días salva miles de vidas.

El gobierno del FRG se parece a aquel molesto vecino que siempre se mete a ayudar y, a pesar de sus buenas intenciones, únicamente descompone aún más el problema. Analicen las últimas noticias y saquen sus conclusiones. In-

capaz de poder alfabetizar, manda a menores de edad a sacar la tarea. Incapaces de poder construir casas, mantienen el dinero "guardado" en los bancos. Incapaces de hacer carreteras, mandan a sus empleados a intimidar a la prensa independiente. Incapaces de poder llevar la contabilidad del Estado presentan cuentas que nunca cuadran. Incapaces de poder implementar una estrategia coherente de turismo, cierran los cielos a las líneas aéreas de otros países. Incapaces de enfrentar la ley, la modifican para su personal beneficio. ¿Es con esas credenciales que pretenden administrar algo tan delicado como las unidades médicas antes descritas? Solamente UNICAR atendió el año pasado once mil quinientas consultas, el 90% de ellas de forma gratuita. ¡Por favor, no traten de componer algo que está funcionando bien!

El gobierno no da una sola razón lógica para justificar la medida (porque la misma no tiene lógica). El ministro de Salud muy folclóricamente ha dicho a la prensa simplemente que "el que paga la marimba tiene derecho a pedir las canciones" (??). Por lo tanto, este necio gobierno se volverá a quedar con su gusto y "pedirá sus canciones". Así que, mientras ellos se van a chequear a Houston, ahora tendrán casi 30 millones de quetzales bajo su total control y serán los pacientes quienes "paguen la marimba". Algunos de ellos lo harán aún a costa de su propia vida. De ser así, que les quede en su conciencia, si es que todavía tienen algo...

el Periódico Guatemala, lunes 5 de marzo de 2001 Página 12

benévolo

Unos piden las canciones y otros las pagan... hasta con su vida.

Guatemala, martes 6 de marzo de 2001

Segment of the local newspaper "el Periódico" titled "Thank You for Your Support to UNICAR," expressing gratitude for the opinion columns in support of UNICAR.

MINISTER BOLAÑOS YIELDS AND CONVENES A PRESS CONFERENCE

Considering the massive and significant response from public opinion through various social media outlets against the changes that MSPAS wishes to make, Dr. Bolaños summons the media to a press conference.

PRENSA LIBRE : Guatemala, viernes 30 de marzo de 2001

Primer Plano

Editor General de Noticias: Miguel A. Méndez Zetina

Unidades médicas • Ministro de Salud hizo compromiso con autoridades de Unicar

Promete autonomía

Por Claudia Vásquez

"Confiamos en la palabra que empeñó el ministro de Salud, Mario Bolaños, sobre su deseo de otorgarles completa independencia a las unidades médicas", expresó ayer Mario Fuentes Peruccini, presidente de Junta Directiva de la Unidad Nacional de Cirugía Cardiovascular, Unicar.

Esto, luego de que el reconocido médico Aldo Castañeda, Raúl Cruz, director de Unicar, y Fuentes Peruccini, se reunieran con Bolaños en su despacho, de 7 a 8 de la mañana, ante la convocatoria que les hizo el funcionario la tarde anterior.

Durante la cita, acordaron que se dé absoluta autonomía, no sólo a Unicar, sino a las diferentes entidades; entre ellas, Asociación Médica Guatemalteca Espada Olivero, Amegeso; Unidad Nacional de Atención al Enfermo Renal, Unaerc, y Unidad de Oncología Pediátrica, Unopo.

"Estamos complacidos con la determinación del ministro. El anuncio es histórico en la vida nacional, ya que reconoce el buen trabajo que realiza la iniciativa privada", puntualizó Flores.

Por su parte, tras concluir la reunión, Bolaños expresó: "Nos reunimos con directivos de Unicar y llegamos a un acuerdo, que será mejor conozcan de sus propias palabras". El funcionario también espera reunirse hoy con directivos de otras unidades.

• Comisión provisional

Al respecto, Cruz explicó



Mario Fuentes Peruccini, presidente de la Junta Directiva de Unicar, y Raúl Cruz, director de esa entidad, expresaron complacencia por el acuerdo logrado con el ministro de Salud, Mario Bolaños.

En detalle...

Puntos acordados

Representantes de Unicar llegaron a un acuerdo con el Gobierno sobre el control de las unidades médicas.

El acuerdo contempla la formación de una comisión provisional integrada por 1 representante de la Fundación Aldo Castañeda, 3 de Amegeso y 3 del Gobierno.

También la modificación del Acuerdo Gubernativo 21-2001,

que establecía la integración de un representante más de Gobierno en la junta.

Establece la elaboración de un proyecto de ley que norme la autonomía absoluta de Unicar y las demás unidades médicas, el cual será elevado al Congreso de la República.

que, "provisionalmente, se terminó la integración de una comisión que estará conformada por 3 representantes del Go-

bierno, 1 de la Fundación Aldo Castañeda y 3 de Amegeso. La misma deberá elaborar un proyecto de ley, que será elevado al

Congreso, para que norme el trabajo autónomo de las unidades médicas.

Mientras tanto, el acuerdo Acuerdo Gubernativo 21-2001, mediante el cual se cambió la integración del consejo de la Unidad, en la que el Gobierno tiene un representante más que el sector privado, tendrá las modificaciones respectivas.

"El acuerdo tendrá vigencia en tanto sea elaborado el proyecto de ley que norme la existencia de Unicar", añadió Cruz, quien aseguró que el tema económico también está pendiente de ser discutido.

Peruccini agregó que, durante la reunión, el ministro de Salud aseguró que "se destetará a las unidades por completo del Gobierno".

On March 21, after multiple meetings with MSPAS and news articles supporting UNICAR's position to maintain 4 representatives from the private sector and 3 from the state, Dr. Bolaños finally publicly accepts that the Board will consist of 3 members from the state and 4 from the private sector. As a result, it became necessary to modify Government Agreement 20-2001-

UNICAR GANA

El Estado no tendrá mayoría en su junta directiva



Exagerados. Según Bolaños, la preocupación mostrada por los administradores y pacientes de Unicar por el futuro que podría correr ésta al estar bajo el control de la cartera de Salud, fue una sobredimensión de los hechos.

El ministro de Salud, Mario Bolaños, anunció ayer que reformará el acuerdo gubernativo por medio del cual esa cartera lograba tener el control de Unicar.

PAOLA HURTADO
el Periódico

El acuerdo gubernativo que modificó la junta directiva de la Unidad de Cirugía Cardiovascular (Unicar) será derogado. Así lo anunció ayer el titular de Salud, **Mario Bolaños**, luego de transcurrir casi un mes entre rechazos y críticas.

La norma le habría dado mayoría al Estado en un consejo de cinco titulares, pero, según lo anunciado por el ministro, el acuerdo que lo sustituirá trae el equilibrio bajo el brazo. Ahora serán tres titulares representantes del Gobierno, tres de Unicar y uno independiente.

Había un problema, pero ya fue resuelto, comentó **Mario Fuentes Pieruccini**, presidente de la Asociación Espada Olivero, fundadora de Unicar.

Los antecedentes

A los directivos de Unicar, que atiende cada año a más de 11 mil pacientes con deficiencias coronarias, nunca les pareció la idea de que el Ministerio de Salud tuviera más votos en su consejo. Por

cial, hablaron con **Bolaños** para plantear sus objeciones.

El funcionario les prometió que no se publicaría hasta que la cartera a su cargo evaluara las propuestas, y les concedió una cita el 19 de marzo para retomar el tema (cuando regresara de un viaje). Sin embargo, el acuerdo entró en vigencia el 10 de ese mismo mes.

Desde esa fecha, los administradores y pacientes de Unicar manifestaron su preocupación por el futuro del hospital. Esto fue calificado ayer por **Bolaños** como una *sobredimensión de los hechos*.

Quiere darle autonomía

El funcionario explicó que los cambios se debieron a un proceso *eminente técnico*, que responde a compromisos nacionales en cuanto a mejoramiento de los servicios de salud. Éstos también se aplicarán a la Unidad de Oncología Pediátrica (Unop), de Oftalmología y del Enfermo Renal Crónico (Unaerc).

Destacó que, contrario a lo

médicas y garantizar a los referidos de Salud Pública los servicios que prestan.

Además ofreció que el nuevo acuerdo será transitorio, mientras se eleva al Legislativo una ley que garantice la independencia de las unidades. La normativa, que podría requerir de un mínimo de seis meses, les dará un carácter privado, no lucrativo, por lo cual el Estado, el Seguro Social y el sector privado les comprarán los servicios.

Pieruccini manifestó que la propuesta le pone fin a la incertidumbre. *Trabajaremos con la condición de que se nos respeten la autonomía, la independencia y la apoliticidad que han permitido el éxito de Unicar.*

April 2001

A press conference is held at the National Palace with Dr. Bolaños, Lic. Fuentes, and Dr. Cruz, where the decision to modify Government Agreement 20 - 2001 once again is

announced through Ministerial Agreement SP-M-820-2001 dated May 4, 2001, regarding the formation of the UNICAR Board of Administration, which is as follows:

NUM.	1
REF.	

Al contestar sírvase mencionar el
Número de referencia de esta nota.

Ministerio de Salud Pública y
Asistencia Social
Guatemala, C. A.

ACUERDO MINISTERIAL SP-M-820-2001.

Guatemala, 4 MAYO 2001

EL MINISTRO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL

CONSIDERANDO:

Que mediante el Acuerdo Gubernativo número 141-2001 de fecha 17 de abril del 2001, se modifica el Acuerdo Gubernativo número 236-94 específicamente en lo que se refiere a la integración del Consejo de Administración de la Unidad de Cirugía Cardiovascular de Guatemala, con el objeto de realizar cambios estructurales en su gestión administrativa y que a su vez continúe prestando los servicios especialmente a aquella población que los demande.

POR TANTO:

En el ejercicio de las funciones que le confiere el artículo 194 incisos a) y f) de la Constitución Política de la República de Guatemala y con fundamento en el artículo 2º. del Acuerdo Gubernativo número 141-2001.

ACUERDA:

Artículo 1. Integrar el Consejo de Administración y funcionamiento de la Unidad de Cirugía Cardiovascular de Guatemala de la siguiente manera:

REPRESENTANTES TITULARES por el Ministerio de Salud Pública y Asistencia Social:

1. Doctora Blanca Estela González de Ochaeta
2. Doctor Roberto Marengo Castillo
3. Doctor Marco Tulio Amado Aragón

SUPLENTE

1. Licenciada María Celestina Portillo de Palma
2. Doctora Consuelo Nicté Pérez de Rojas
3. Licenciado Carlos Enrique Ríos Mirón

REPRESENTANTES TITULARES por la Asociación Médico Guatemalteca Espada-Olivero "AMEGESO"

1. Licenciado Mario Fuentes Pieruccini
2. Licenciado Francisco Cáceres Barrios
3. Doctor Mario Rios Paredes

SUPLENTE

1. Doctor Carlos Cossich Márquez
2. Ingeniero Edgar Rolando Larrave Garín
3. Licenciado Carlos Fernando Pellecer Arellano



NUM.	2
REF.	

Al contestar sírvase mencionar el Número de referencia de esta nota.

Hoja #2 Integración Consejo Administración de UNICAR

Ministerio de Salud Pública y Asistencia Social
Guatemala, C. A.

REPRESENTANTE TITULAR por la Fundación "Aldo Castañeda"

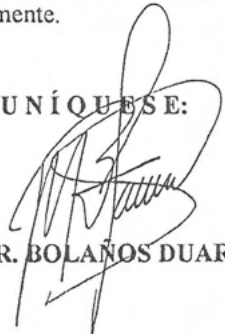
1. Doctor Aldo Ricardo Castañeda Heuberger

SUPLENTE

1. Ingeniero Antonio Minondo Ayau

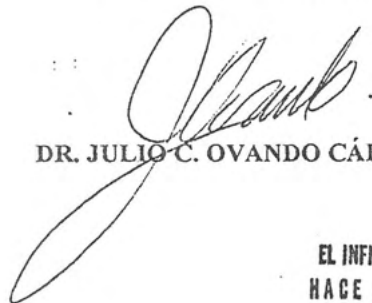
Artículo 2. El presente acuerdo empieza a regir inmediatamente, debiendo comunicarse a los integrantes respectivamente.

COMUNÍQUESE:



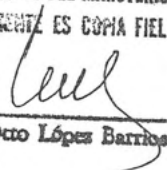
DR. MARIO R. BOLAÑOS DUARTE

EL VICEMINISTRO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL

DR. JULIO C. OVANDO CÁRDENAS

EL INFRASCRITO SECRETARIO EJECUTIVO DEL MINISTERIO DE SALUD PÚBLICA Y A. S. HACE CONSTAR, QUE LA PRESENTE ES COPIA FIEL AL ORIGINAL.



Prof. Otto López Barrios



The Board of Administration appoints Attorney Mario Fuentes Pieruccini as President, Dr. Mario Ríos Paredes as Secretary, and Lic. Francisco Cáceres as Treasurer in an interim capacity, and confirms the appointment of Dr. José Raúl Cruz Molina as General Director.

The Board of Administration sends letters to the media and the people of Guatemala to express their gratitude for the moral support given to UNICAR during difficult times when attempts were made to hinder its administrative independence. The President of the Board, Attorney Mario Fuentes Pieruccini, thanked all the members of the Board and AMEGESO for their seven years of service and the dedication they have shown to the people of Guatemala. He also thanked the doctors for all their efforts in providing quality cardiovascular services to the people of Guatemala.

CONGRATULATIONS AND TRIBUTE LETTERS TO UNICAR CONTINUE.

A letter is received from the Western Medical Association informing that the XVI South Cardiology Congress will bear the name of UNICAR based on the merits obtained in the field of medicine and for being a non-governmental entity that has demonstrated its spirit of service and hope to cardiac patients in the country.

IN MAY 2001, GOVERNMENT AUTHORITIES VISIT UNICAR.

The Minister of Public Health, authorities from UNEPSA, DECOGUA, and the Secretariat of Social Works of the Presidency visit, as UNEPSSA (Executive Unit for Health Projects) became a dependency of the Ministry of Public Health. The need to increase state allocation to cover various items such as a water pump, well motor, air conditioning, advisors, civil works, third-level medical gasses, electrical expansion, lightning protection system, cistern, and temporary booth for the Boston X-ray machine was discussed. A metal structure for the power plant was also discussed, all of which were necessary to complete the new building of the Cardiovascular Surgery Unit, whose construction began in January 1999.

CHANGES IN UPRISAL (FORMERLY UNEPSSA)

Engineer Carlos Molina Cruz replaces Engineer Manuel Castillo Barajas as the director of UPRISAL. Engineer Molina encountered problems with the contracts as initially the building was planned for 3 levels with a basement, but later the plans were modified through agreements and minutes that are not complete, which will delay the project.

Architect Burmester is currently working on designs

that will be implemented with some deficiencies in the contracts. The remodeling of the old UNICAR building was not included in any of the contracts.

Architect Cohön, together with Architect Burmester, will work on the design of that area. Another important aspect, which is not included in the contract, is the installation of a dry transformer, and without this component, the other electrical installations cannot be carried out.

June 2001

A receiving and liquidating committee is formed for the new building, composed of:

Dr. José Raúl Cruz Molina, UNICAR

Eng. María del Rosario Colmenares de Guzmán, State

Arch. Enrique Cohön, State

Eng. Edgar Larrave Garín, AMEGESO

The reception will be carried out according to the following program:

Programming of physical work

Programming of functional tests, installations, etc.

Programming of financing source management

The receiving committee requests UPRISAL to provide the plans, contracts, change orders, complementary works, electrical connection, and the cost of the work. Engineer Cohön from the Ministry of Public Health provides the plans for the remodeling of the old building. Dr. Cruz insists on requesting DECOGUA to hand over the physical work in order for the second contracted company, Garavito construction company, to start the corresponding work.

There is pressure from MSPAS to deliver the building in 3 months, but Cía. Garavito, S.A. indicates that it is not possible due to lack of payment (August 2001).

PARTIAL RECEPTION OF THE NEW UNICAR BUILDING

In October 2001, a partial reception document of the building is signed by DECOGUA.

Ing. Carlos Molina Cruz, Director of UPRISAL, sends a letter to Dr. Cruz specifically stating the pending work to complete the expansion project and its costs. To proceed, two payment orders totaling Q.1,120,749.93 must be paid to Garavito construction company, which has caused delays in the project. He stated that without

electrical power, the building cannot be received as the equipment cannot be tested. Additionally, the entrance door of the south elevator does not allow the passage of stretchers due to the presence of a building column.

PRESIDENT OF THE CONGRESS OF THE REPUBLIC TREATED AT UNICAR

On September 13, 2001, General Efraín Ríos Montt, President of the Congress of the Republic, was admitted to UNICAR as a patient; transferred from the Military Medical Center; and underwent emergency cardiac catheterization without finding any significant pathology. The General promised to assist UNICAR in acquiring a new X-ray machine after observing the age (25 years) and poor condition of the French CGR equipment. General Efraín Ríos Montt will request support from the Congress of the Republic to increase UNICAR’s budget for 2002.

With the specific contribution of Q.10,500,000.00 from the Congress of the Republic for the acquisition of a modern Digital Angiography machine for UNICAR, the corresponding procedures for the Public Tender are initiated.

Authorized budget for UNICAR: 2002.

AUTHORIZED BUDGET FOR UNICAR: 2002

Operation.....	Q.14,000,000.00
Purchase of X-ray Equipment.....	Q.10,500,000.00

BIDDING COMMITTEE FOR THE PURCHASE OF ANGIOGRAPHY EQUIPMENT

The Bidding Committee for the Public Tender for Digital Angiography Equipment was composed of Mr. Julio Echeverría as the supervisor, Eng. Miriam Okagua as a Japanese volunteer from JICA, and Dr. Ismael Guzmán representing UNICAR. The general terms were approved by the commission, and the technical specifications were prepared by technicians under the coordination of Dr. José Raúl Cruz Molina.

The Board of Directors requested assistance from Eng. Gonzalo Vizcaino (a member of AMEGESO) to supervise the installation of the electrical system in the new building on an ad honorem basis, and he accepted the request.

The equipment purchase became possible through the efforts of General Ríos Montt, as promised.

In June 2002, bids were opened for the UNICAR 2002-L-001 Public Tender for the acquisition of a modern digital angiography equipment, but was revoked

because none of the three bidding companies met the essential requirements, according to an internal audit. Consequently, a new public tender was conducted.

Deputy Jorge Rosales from the PAN party immediately publicly denounced, in the press, an alleged overvaluation in the purchase of the X-ray equipment during the public tender. He was unaware that Attorney Fuentes Pieruccini had sent letters to the three bidding companies informing them that the tender had been annulled because none of the three companies (TAG, S.A., Difoto, S.A., and Siemens) had met the essential requirements mandated by law. It was clarified to Deputy Rosales that there was no evidence of overvaluation in the equipment, and the annulment was due to administrative and legal matters of the bidding process. Deputy Rosales was satisfied when the issue was personally explained to him.

ADJUDICATION PROCESS

In October 2002, the Bidding Committee presented the awarded document to company TAG, S.A. However, clarification and expansion requests were filed by Siemens and Difoto S.A., arguing that Cia. T.A.G., S.A. does not correspond to the identification of the company that was awarded. It was revealed that they are two distinct entities according to their registration in the General Mercantile Registry of the Republic. This, in their view, constitutes a lack of veracity for presenting themselves with two different names within the public bidding process, thus failing to comply with Article 26 of the Commercial Code.

Considering that the initial qualification documents of the Bidding Committee do not contain the delegation of the document as the Legal Representative of Philips Mexicana S.A. de C.V., the manufacturing entity, and it was not duly accredited in the background information, resulting in legal, administrative, and notarial infringements, which were enumerated by the Bidding Committee when resolving the clarification and expansion resources in due course. Additionally, it is noted that the initial qualification by the Bidding Committee stated the lack of legalization of several documents, and it also failed to provide evidence of the delegation of the document as the legal representative of Philips Mexicana, S.A. de C.V.

Furthermore, considering that the examination table of the equipment offered by Difoto S.A. in the public bidding process does not have the requested longitudinal displacement as per the bidding terms, the Administrative Council resolved the following, according to Article 36 of the State Procurement Law:

1. Disapprove the actions of the Bidding Committee as stated in point eight of the minutes 29-2000 dated 24-09-

2002. Consequently, the adjudication in favor of TAG, S.A. is nullified, as it was disqualified for the aforementioned reasons.

2. Adjudicate the bidding process to Siemens Electrotécnica, S.A., as based on the actions of the Bidding Committee, it is the entity that obtained the second position and complied with the requested requirements and conditions, aligning with the interests of the State.

Based on Government Agreement 22 - 2003, the Administrative Council agrees to carry out the relevant procedures with the representatives of Siemens. In accordance with Clause 15, Subsection B of Contract 19-2002 dated 20-12-2002, the Council mutually agrees to rescind said contract. Once this is agreed upon, the Council proceeds to exercise the right to forego Bidding 2002-L-002 in accordance with Article 37 of the State Procurement Law. The Council authorizes Dr. José Raúl Cruz Molina to sign the corresponding contract with the company that was eventually awarded in the mentioned bidding process.

The contract, which must be signed in accordance with the same conditions established in the bidding terms, delivery deadline, quality, and price offered by said entity, amounts to Q.7,760,000.00. This agreement, along with the previous one, takes immediate effect.

The Judicial Branch requests the Complete Bidding File for Public Bidding 2002 - L - 002, and the Administrative Litigation Court rejects the appeal presented by TAG, S.A. regarding the Digital Angiography equipment, thus definitively concluding the judicial process.

Difoto S.A. also filed a motion for reconsideration, which was dismissed as frivolous and unfounded according to the Administrative Litigation Law.

TAG, S.A. files a motion for reconsideration, for which a hearing is scheduled with the other bidders and the Attorney General's Office for their assessment.

November 2002

The Administrative and Financial Directorate is instructed by the Administrative Council to freeze the sum of Q.7,700,000.00 in the purchase of the X-ray equipment, at the Council's request, as it will be allocated to the entity that emerges as the winner in the public bidding process after resolving the different appeals.

DIRECT PURCHASE OF THE X - RAY EQUIPMENT (RESOLUTION 09-2000)

In December 2002, Resolution 09-2002 was received, issued by the Presidency of the Republic on November 21, 2002. It authorizes UNICAR, with the consent of said

government body, to proceed with the procurement of the digital angiography equipment using resources allocated in the General State Income and Expenditure Budget Law for the fiscal year 2002, up to a total amount of Q.7,700,000.00, through the legal mechanism established in Article 44, numeral 1, subsection 1.3 of the State Procurement Law, to make a direct purchase. Copies are sent to the Ministry of Finance, General Comptroller of the Nation, and the Secretariat of Economic Planning (SEGEPLAN).

GOVERNMENTAL AGREEMENT 22 - 2003 DECLARES THE SOCIAL BENEFIT OF ACQUIRING THE DIGITAL ANGIOGRAPHY EQUIPMENT FOR THE CARDIOVASCULAR SURGERY UNIT OF GUATEMALA UNICAR

DE : MIN. DE SALUD PUBLICA Y A.S. NO. DE TEL : 29 ENE. 2003 01:39PM 1



Organismo Oficial de la Republica de Guatemala Decano de la Prensa Centroamericana Director: Alejandro José Pérez Martínez

Summary page from 'Diario de Centro America' containing a table of contents and a detailed article titled 'PRESIDENCIA DE LA REPUBLICA' regarding the acquisition of digital angiography equipment for UNICAR.

Official government document from the Ministry of Environment and Natural Resources, including signatures, stamps, and the text of 'ACUERDO GUBERNATIVO No. 22-2003'.

TRANSFER OF THE CGR X - RAY EQUIPMENT TO THE GENERAL HOSPITAL SAN JUAN DE DIOS

Considering the imminent purchase of the new Digital Angiography equipment, the old CGR French equipment from UNICAR, which will soon be dismantled, was offered to Roosevelt Hospital. However, due to technical issues, they declined to accept it. Therefore, it was transferred to the San Juan de Dios Hospital with the authorization of the Ministry of Public Health.

CONTINUATION OF MEDICAL SUPPORT CAMPAIGNS (2002)

A Pediatric Interventional Radiology Campaigns was conducted with Dr. Kurt Amplatz from the United States as a guest, during which the first 5 Amplatz devices were successfully implanted in Atrial Septal Defects and a Patent Ductus Arteriosus, in Guatemala.

UNICAR WILL ATTEND TO PRIVATE PATIENTS

The Board of Directors authorizes the medical care of private patients, and Dr. José Raúl Cruz Molina presents the corresponding fee schedule, which is approved.

In relation to this matter, it is determined that they will be attended in the afternoon to avoid interfering with the care of Public Health patients, except in cases of

The board of directors, based on Government Agreement 22 - 2003, agreed to carry out the relevant procedures with the representatives of Siemens in order to mutually terminate the contract based on Clause 15, Section B of Contract 19 - 2002 dated December 20, 2002. Once this is agreed upon, the Board proceeds to exercise the right to forego the Public Tender 2002-L-002 in accordance with Article 37 of the State Procurement Law. The Board authorizes Dr. José Raúl Cruz Molina to sign the corresponding contract with the company that was awarded the tender.

The contract must be signed in accordance with the same conditions established in the bidding terms, including delivery time, quality, and price offered by the entity, which amounts to Q.7,760,000.00. This agreement and the previous one take effect immediately.

The Judiciary requests the Complete File of Public Tender 2002-L-002, and the Administrative Contentious Court rejected the appeal submitted by TAG, A.S. related to the Digital Angiography equipment, thereby definitively concluding the judicial process.

emergencies. Physicians are allowed to charge fees up to 30% of the surgical fee established by UNICAR.

SUPPORTING THOSE WHO SUPPORT (GUTIÉRREZ FOUNDATION) MARCH 2002

The Juan Bautista Gutiérrez Foundation supports the work of AMEGESO by contributing to the equipment of the new UNICAR building. They sign an agreement for a donation of Q. 2,500,000.00 (two million five hundred thousand quetzales), distributed over three years. Mr. Alfredo Vila, an AMEGESO partner, is designated to oversee the donated funds.

Other donations from the Juan Bautista Gutiérrez Foundation to UNICAR consist of ceiling lamps, radiolucent surgical tables, electronic monitors, anesthesia machines, two - dimensional echocardiographs, cell savers, gas autoclaves, and activated coagulation analyzers. They also receive a Sonos echocardiography equipment donation valued at Q. 500,000.

ALDO CASTAÑEDA FOUNDATION SUPPORTS UNICAR

The Aldo Castañeda Foundation provides a list of equipment delivered to UNICAR for use, valued at \$1,883,000.00, specifically for the pediatric area.

UNICAR receives a donation from Dr. Rafael Espada consisting of medical supplies and valve prostheses valued at Q. 1,663,000.00.

AMEGESO donates a 1993 Mitsubishi panel van, owned by partner Dr. Enrique Castillo Arenales, for use by the Social Work unit during home visits.

Dr. James Street's AGAPE Foundation donates 5 anesthesia machines to UNICAR.



Publication by the Juan Bautista Gutierrez Foundation titled "Supporting the Health of Guatemalans," which recounts the delivery of surgical medical equipment to the Cardiovascular Surgery Unit by the foundation. Additionally, the Juan Bautista Gutierrez Foundation and AMEGESOS signed an agreement for a donation of Q2,500,000.00, with the first part being used to purchase medical equipment.

THE MINISTRY OF PUBLIC HEALTH AND UNICAR MEDICAL SERVICES AGREEMENT INITIATIVE

Similar to the agreement with IGSS, a process initiated with the previous Minister of Public Health, a study will be conducted in this regard. The Ministry of Public Health has appointed Dr. Blanca de Ochaeta to develop a management autonomy plan and achieve independence from the Ministry of Public Health and A.S.

Dr. Ochaeta's proposal upset the members of the Council as she stated that UNICAR lacked administrative procedure manuals, etc. This took place in August 2001. Subsequently, Dr. Blanca de Ochaeta, accompanied by members of MSPAS and Dr. Enrique Rodríguez (advisor), met to discuss the strategic action plan. She requires the formation of several working teams to develop work manuals, human resources, etc. Attorney Mario Fuentes looks at the proposed plan with much doubt and emphasizes the importance of ensuring that UNICAR has sufficient financial means to operate. Dr. Ochaeta left the session in an upset manner.

ACCEPTANCE REPORT OF THE NEW BUILDING (2002)

Dr. Cruz is requested to sign the acceptance report of the building, to which he refused due to unfinished work, such as the modification of the elevator cabin in the new building, which cannot be finalized with DECOGUA. Engineer Miguel Angel Molina from the Garavito company and Engineer Hugo Castellanos, an elevator technician, state that changing the position of the door requires modifying the position of the elevator motor located on the bottom floor of the building.

To rectify the elevator issue, the Garavito Company indicates that it will require Q.105,430.00, but there are no funds available for this, and the work will take 20 weeks to complete. Conflicts and accusations arise among council members regarding who should be held responsible for these errors, whether it be DECOGUA or UPRISAL. Ultimately, UNICAR had to bear the cost of the repairs.

Garavito Company has a major problem because they have not been paid, and they request UNICAR to make transfers for payment in the name of ENERGICA Company rather than Garavito, S.A. in order to proceed with the electrical connection. Engineer Garavito commits to returning the funds to UNICAR once it has been settled by MSPAS. The Council does not approve this transfer.

The payment to ENERGICA company was discussed again to expedite the electrical connection, and there were strong objections from Mr. Cáceres, expressing his position that there was no guarantee of recovering this money and no legal basis for it. He argued that it

is an obligation of the State, not UNICAR. Finally, the Council approves making the transfer through legal documentation, in which Garavito Company commits to returning the Q.105,430.00 to UNICAR upon receiving the corresponding payment from UPRISAL.

In August 2002, Garavito Company, S.A., reimbursed UNICAR the full amount of Q.105,430.00, which was the loan provided by the Unit to initiate the electrical connection in the building.

SIGNING OF THE ACCEPTANCE CERTIFICATE FOR THE NEW BUILDING

Signing of the acceptance certificate for the new building was finally completed, with the observation that multiple pending tasks remain. Since UNICAR lacks funds, these tasks will be included in the budget for the year 2003.

Engineer Vizcaíno suggests installing two parallel-operating power plants, each with a capacity of 625 KVA. In August 2002, Engineer Carlos Molina Cruz, Director of UPRISAL, requests authorization to make modifications in the new UNICAR building, including changing the location of the elevator entrance and the windows in the intensive care unit and operating rooms. The expenses will be covered by UNICAR as UPRISAL does not have the necessary funds.

The Ministry of Public Health made a budget cut of Q.800,000.00 from the state allocation of Q.9,808,000.00, despite UNICAR contributing an additional Q.1,600,000.00 to cover operations for public health patients.

Two emergency power generators were purchased and will be installed in October according to the schedule presented by UPRISAL.

The electrical equipment from SEMELEC was not received because the reception committee found that a series of tasks had not been completed, so the company was given 30 days to finish them.

Two certifications were issued from the fixed-term bank account at Granai & Townsen Bank: one for the purchase of Digital Angiography equipment for Q. 7,760,000.00 and another for medical equipment for Q. 2,040,000.00.

The company Caribbean Group installed an ultraviolet system in the UNICAR water cistern for a value of Q.183,624.75. The water analysis for UNICAR's consumption yielded sterile results.

A digital telephone system was acquired for Q.1,686,411.64.

MINISTER OF PUBLIC HEALTH INVITES THE UNICAR BOARD OF DIRECTORS

In January 2003, Dr. Mario Bolaños invited the UNICAR Board of Directors to his office to express his gratitude and recognition for the cardiovascular program.

The authorized state allocation for the year 2003 was Q.25,000,000.00.

VISIT OF THE PRESIDENT OF THE REPUBLIC AND HIS CABINET TO UNICAR

The President of the Republic, Licenciado Alfonso Portillo, Ing. Vinicio Salam, Executive Secretary of the Presidency's Administration, Minister of Public Health, Dr. Mario Bolaños, and Vice Minister of Health, Dr. Julio Molina Avilés, visited UNICAR. After a tour of all the building's facilities, the President publicly offered a sum of five million quetzales, which will be allocated for the purchase of necessary surgical medical equipment for the new UNICAR building. The funds will be managed by the Executive Secretariat of the Presidency's Administration.

PURCHASE OF MEDICAL - SURGICAL EQUIPMENT FOR THE NEW BUILDING

In September of the same year, Government Agreement No. 49-2003 was published, authorizing the purchase of medical-surgical equipment for the new UNICAR building, exempting the payment of taxes.

The corresponding bidding event and fund management were carried out by the Executive Coordination Secretariat of the Presidency of the Republic.

Asimismo, se faculta al Ministerio de Finanzas Públicas para transferir los saldos de asignaciones presupuestarias que los Consejos Departamentales de Desarrollo Urbano y Rural no utilicen en el ejercicio fiscal 2003, hacia programas y proyectos prioritarios para el Gobierno de la República.

ARTICULO 5. Se reforma el segundo párrafo del artículo 20 del Decreto Número 75-2002, del Congreso de la República, el cual queda así:

"Las obras contenidas en el documento "Programa de Inversión Física y Financiera para el Ejercicio Fiscal 2003", sólo podrán ser reprogramadas en casos plenamente justificados, que conocerá y resolverá el Ministerio de Finanzas Públicas, a través de la Dirección Técnica del Presupuesto. En el caso de los proyectos u obras correspondientes a los Consejos Departamentales de Desarrollo Urbano y Rural, podrán reprogramarse dentro del mismo departamento para hacer más eficiente la inversión social."

ARTICULO 6. Se reforma el cuarto párrafo del artículo 20 del Decreto Número 75-2002 del Congreso de la República, el cual queda así:

"Los Ministerios, Secretarías de la Presidencia y otras instituciones, con el objeto de dar cumplimiento a los compromisos contraídos por el Gobierno con la sociedad guatemalteca; deberán abstenerse de solicitar y aprobar la disminución de asignaciones que se encuentren programadas en el presupuesto de inversión para las funciones "Salud y Asistencia Social", "Educación" y "Agua y Saneamiento"; por lo que, de presentarse, el Ministerio de Finanzas Públicas denegará sin más trámite las solicitudes de transferencia que disminuyan los créditos asignados a estas funciones. Sin embargo, si la transferencia se solicita dentro de la misma finalidad y función, y se justifica plenamente, podrá ser autorizada por el Ministerio de Finanzas Públicas. Se exceptúan de esta disposición, las asignaciones presupuestarias de los proyectos u obras correspondientes a los Consejos Departamentales de Desarrollo Urbano y Rural."

ARTICULO 7. El presente Decreto entrará en vigencia el día siguiente de su publicación en el diario oficial.

REMITASE AL ORGANISMO EJECUTIVO PARA SU SANCION, PROMULGACION Y PUBLICACION.

EMITIDO EN EL PALACIO DEL ORGANISMO LEGISLATIVO, EN LA CIUDAD DE GUATEMALA, EL DIA VEINTICUATRO DEL MES DE SEPTIEMBRE DEL AÑO DOS MIL TRES.

Handwritten signatures and official stamps of Carlos Humberto Hernández Rubio (Presidente en Funciones), Haroldo Eric Quej Chen (Secretario), and Luis Fernando Pérez Martínez (Secretario).

SANCION AL DECRETO DEL CONGRESO NUMERO 48-2003
PALACIO NACIONAL: Guatemala, tres de octubre del año dos mil tres

PUBLIQUESE Y CUMPLASE

Official stamps and signatures of José Adolfo Reyes Calderón (Ministro de Gobernación), Eduardo Weyman (Ministro de Finanzas Públicas), and Lic. J. Luis Sotomayor C. (Secretario General, Presidencia de la República).



CONGRESO DE LA REPUBLICA DE GUATEMALA

DECRETO NUMERO 49-2003

EL CONGRESO DE LA REPUBLICA DE GUATEMALA

CONSIDERANDO:

De conformidad con los artículos 93 y 94 de la Constitución Política de la República, el goce de la salud es derecho fundamental del ser humano, sin discriminación alguna, y el Estado debe velar por la salud y la asistencia social de todos los habitantes.

CONSIDERANDO:

Que dentro de los objetivos prioritarios y estratégicos del Gobierno, se encuentra el atender de manera urgente, ágil y eficaz, las necesidades de la población, por medio de modalidades especiales que permiten acelerar la realización de los programas y proyectos públicos que se orientan a la atención de las necesidades básicas de la población.

CONSIDERANDO:

Que de conformidad con el artículo 239 de la Constitución Política de la República corresponde con exclusividad al Congreso de la República decretar impuestos ordinarios y extraordinarios, arbitrios y contribuciones especiales, conforme a las necesidades del Estado y de acuerdo a la equidad y justicia tributaria, así como determinar las bases de recaudación y las exenciones.

POR TANTO:

En ejercicio de las atribuciones que le confieren los artículos 171 literal a), y 239 literal b) de la Constitución Política de la República de Guatemala.

DECRETA:

ARTICULO 1. Exonerar por esta única vez del Impuesto al Valor Agregado -IVA-, a toda compra que se haga en el mercado nacional de equipo médico quirúrgico hasta por un valor de CUATRO MILLONES OCHOCIENTOS CUARENTA Y SEIS MIL TRESCIENTOS DIECISÉIS QUETZALES CON VEINTIOCHO CENTAVOS (Q.4,846,316.28), para la Unidad de Cirugía Cardiovascular -UNICAR-, así como equipo médico quirúrgico hasta por un valor de SEIS MILLONES NOVECIENTOS CINCUENTA Y DOS MIL QUINIENTOS OCHENTA Y CUATRO QUETZALES CON CUARENTA Y SEIS CENTAVOS (Q.6,952,584.46), para el Hospital Roosevelt. Dichas compras se harán a través de la Secretaría de Coordinación Ejecutiva de la Presidencia de la República, la que deberá cumplir con el procedimiento de licitación o cotización según el caso que establece la Ley de Contrataciones del Estado, Decreto Número 57-92 del Congreso de la República y su reglamento.

ARTICULO 2. Exonerar por esta única vez del pago de toda clase de impuestos y demás derechos arancelarios de importación a un lote de repuestos para la Unidad de Convoyes de la Secretaría de Coordinación Ejecutiva de la Presidencia de la República, que serán desembarcados en el Puerto Santo Tomás de Castilla, de conformidad con los conocimientos de embarque respectivos.

ARTICULO 3. Exonerar a la Secretaría de Obras Sociales de la Presidencia de la República, del Impuesto al Valor Agregado -IVA-, que grava específicamente las importaciones de mercancías recibidas por concepto de donaciones destinadas a atender necesidades de la población en situación de pobreza y extrema pobreza.

ARTICULO 4. La Superintendencia de Administración Tributaria -SAT-, en lo que corresponda, deberá emitir las franquicias aduaneras correspondientes, respecto a las importaciones a que se refiere esta Ley.

ARTICULO 5. La Contraloría General de Cuentas cumpliendo con su función fiscalizadora, deberá velar por el estricto cumplimiento de las disposiciones contenidas en el presente Decreto.

ARTICULO 6. El presente Decreto entrará en vigencia el día de su publicación en el Diario de Centroamérica.

REMITASE AL ORGANISMO EJECUTIVO PARA SU SANCION, PROMULGACION Y PUBLICACION.

EMITIDO EN EL PALACIO DEL ORGANISMO LEGISLATIVO, EN LA CIUDAD DE GUATEMALA, EL DIA VEINTICUATRO DEL MES DE SEPTIEMBRE DEL AÑO DOS MIL TRES.

Handwritten signatures and official stamps of Carlos Humberto Hernández Rubio (Presidente en Funciones), Haroldo Eric Quej Chen (Secretario), and Luis Fernando Pérez Martínez (Secretario).

Below is a detailed description of the medical-surgical equipment selected by the medical staff of UNICAR and acquired through commercial company ICADA, awarded by the Executive Coordination Secretariat of the Presidency of the Republic.

EQUIPO EN RECEPCIÓN DEFINITIVA

Cant	Descripción	Marca y Serie	Costo de c/u	Precio total
5	Cascadas de Adulto Reutilizables	Fisher & Paykel MR370	Q. 2,100.00	Q. 10,500.00
5	Cascadas Permanente de Ventilador Pediatrico	Fisher & Paykel MR340	Q. 2,100.00	Q. 10,500.00
1	Gabinete de Secado	Steri Vac Modelo 45 AA	Q. 32,000.00	Q. 32,000.00
1	Servidor Poweredge 600 SC Procesador de 2.4 GHZ	DELL	Q. 17,192.00	Q. 17,192.00
1	Mango de Laringoscopio con sus hojas	Penlon	Q. 4,500.00	Q. 4,500.00
10	Pulsa Oximetros	BCI Modelo 34204	Q. 2,150.00	Q. 21,500.00
1	Lavadora Ultrasonica	Brandsonic Modelo 8510	Q. 95,518.00	Q. 95,518.00
1	Lampara Ultravioleta	Multirey	Q. 9,875.00	Q. 9,875.00
2	Dopler Periférico	Datascope Modelo Versadopp	Q. 10,280.00	Q. 20,560.00
1	Balón Aórtico	Datascope modelo s98 xt Ser	Q. 448,000.00	Q. 448,000.00
5	Marcapasos	Marca medtronic modelo 5310	Q. 21,056.00	Q. 105,280.00
4	Carros de unidosis	CM-UNID	Q. 6,000.00	Q. 24,000.00
20	Camas Mecanicas	C&M modelo CM-311	Q. 2,950.00	Q. 59,000.00
8	Camas Intensivo	Los Pinos modelo 800 de lujo	Q. 25,000.00	Q. 200,000.00
5	Monitores para Adulto	Marca Datex Ohmeda modelo S/5 compac serie 4916115, 4916121, 4916135	Q. 95,000.00	Q. 475,000.00
2	Oximetros Portátiles	Dates Ohmeda Tuff Sat serie	Q. 8,500.00	Q. 17,000.00
1	Negatoscopio	C&M modelo CM-2-70	Q. 690.00	Q. 690.00
2	Aspiradores	Thomas modelo 1130	Q. 2,850.00	Q. 5,700.00
1	Sistema de Voceo	Sin marca	Q. 93,475.00	Q. 93,475.00
1	Equipo para prueba pulmonar	Marca Schiller, Serie No. 540.04097	Q. 20,000.00	Q. 20,000.00
1	Fibrosocpio de Intubación	Marca Pentax Serie No. A01096	Q. 71,300.00	Q. 71,300.00
3	Desfibrilador, equipo para desfibrilación cardiaca	Marca Medtronic Phusio Contr	Q. 34,000.00	Q. 102,000.00
5	Circuitos Reutilizables de Ventilador	Marca Bird modelo 101134	Q. 2,478.32	Q. 12,391.60
5	Circuitos permanente para ventilador 8400	Marca Bird products	Q. 2,754.48	Q. 13,772.40
2	Nebulizador Portatil de piston	Marca Condor Modelo CO86PC	Q. 400.00	Q. 800.00
2	Humificador termico para calefacción de Oxigeno	Marca Hudson modelo therma	Q. 5,768.50	Q. 11,537.00
2	Manometro fin dedidor de Fuerza inspiratoria negativa	Marca Rusch modelo 395946	Q. 573.31	Q. 1,146.62
5	Sensor de Flujo para ventilador Adulto	Marca Bird Modelo 100Bir	Q. 1,000.00	Q. 5,000.00
1	Vibrador Percutor Adulto	General Physiotherapy	Q. 3,040.74	Q. 3,040.74
2	Vibrador Percutor Neonatal	General Physiotherapy modelo	Q. 607.14	Q. 3,040.74
1	Vibrador Percutor Pediátrico	General Physiotherapy modelo	Q. 2,606.35	Q. 2,606.35
2	Set Instrumental quirúrgico de Cirugía Abdominal	Aesculop Pilling	Q. 133,472.00	Q. 266,944.00
2	Set Instrumental Quirúrgico de Cirugía Toraxica	Aesculop Pilling	Q. 180,153.00	Q.360,306.00.
3	Set Instrumental quirúrgico de Cirugía Cardiovascular	Aesculop Pilling	Q. 149,259.00	Q. 447,777.00
5	Sierra de Esternón	Aesculop	Q. 66,150.00	Q. 330,750.00
3	Electrocauterios (Equipos de electrocirugía)	Marca Valleylab, modelo force	Q. 39,500.00	Q. 118,500.00
1	Intercambiadorde Color P/circulación extracorporea	Teruno Sarns	Q. 290,000.00	Q. 290,000.00
1	Holter	Sin marca	Q. 143,000.00	Q. 143,000.00
1	Mango de Laringoscopio Delgado Pediatrica, con hojas	Rusch	Q. 1,432.35	Q. 1,432.35
3	Ventiladores para adulto	Marca Bird, Modelo T-Bird	Q. 141,066.48	Q. 423,199.44
1	Humificador para oxigeno nebulizador con regulador tér	Marca Hudson, Modelo Therm	Q. 5,768.50	Q. 5,768.50
1	Maquina de Autotransfusión	Marca Haemanetics, Modelo	Q. 204,000.00	Q. 204,000.00
1	Llamado de Enfermeras	Austca	Q. 165,200.00	Q. 165,200.00
2	Electrocardiografos	SCHILLER modelo AT-1 Serie 190.33562, Serie 190.33585	Q. 17,920.00	Q. 35,840.00
1	Equipo de rayos X movil	Siemens modelo polymobil plus No. 1818231 Serie No. 12260	Q. 180,000.00	Q. 180,000.00

Total

Q. 4,867,816.28

DEPARTMENT OF STERILIZATION

The Sterilization Department or Central Equipment Sterilization Unit is established with Steam, Propane Gas, and Hydrogen Peroxide (STERRA) autoclaves, donated by President Alfonso Portillo.

Under the successful leadership of Nurse Blanca Figueroa, a well-organized and teamwork-oriented approach has been achieved, which has been recognized at both local and international levels.

POSTHUMOUS NOTE

Dr. Juan Jacobo Erdmenger La Fuente, General Director of UNICAR during the period 1997-1999, has passed away.

RESIGNATION OF THE MINISTER OF PUBLIC HEALTH

Dr. Julio Molina Avilés takes over the position of Minister of Health, replacing Dr. Mario Bolaños.

PROJECT FOR A CARDIAC SURGERY AND HEART TRANSPLANT UNIT

The Guatemalan College of Physicians and Surgeons, at the request of the Private Sanatorium Nuestra Señora del Pilar, circulated a survey among different authorized medical associations to gather their opinions regarding the project to develop a Cardiac Transplant Unit in the said hospital, under the direction of a team of Argentine doctors. The survey result was positive, except for the opposition of cardiovascular surgeons Dr. Aldo Castañeda and Dr. José Raúl Cruz Molina from UNICAR, who expressed that the project was highly delicate and required further evaluation before implementing it in the country.

The Cardiac Transplant was not the main objective of the project in the sanatorium; rather, it aimed to establish a private cardiovascular surgery unit with the collaboration of Argentine surgeons who would operate on a group of adult patients with valve or coronary problems. The postoperative follow-up and care would be the responsibility of the Guatemalan medical team. Periodic sessions would be scheduled.

DE TODO CORAZÓN

SANATORIO NUESTRA SEÑORA DEL PILAR

INAUGURA SU CENTRO DE HEMODINAMIA Y CIRUGÍA CARDIOVASCULAR

Las enfermedades cardiovasculares encabezan la lista de problemas de salud entre la población del mundo. Año con año, millones de personas se someten a intervenciones quirúrgicas con la esperanza de revertir sus devastadoras consecuencias, recuperar la salud y gozar una vida plena.

En nuestro país, hasta hace poco, las instituciones médicas no contaban con la infraestructura necesaria para ofrecer soluciones y servicios, desarrollar prácticas y realizar estudios que permitieran enfrentar los retos de la Cirugía Cardiovascular.



El Dr. Coma dando la bienvenida al público asistente.

Hoy eso es cosa del pasado, Sanatorio Nuestra Señora del Pilar se une a las pocas instituciones privadas y semi-privadas que ya cuentan con esta avanzada tecnología, prestando servicios de hemodinamia y Cirugía Cardiovascular.

Sanatorio Nuestra Señora del Pilar, Hospital futurista y líder en tecnología de punta, orgullosamente dio a conocer el martes 12 de abril en el Hotel Real Intercontinental, ante la presencia de destacados miembros de la Sociedad de Cardiología Guatemalteca, personalidades de la comunidad médica, público en general y medios de comunicación, la inauguración de su Centro de Hemodinamia y Cirugía Cardiovascular.

“El Centro de Cirugía Cardiovascular es un proyecto que El Pilar ha venido desarrollando durante los últimos 3 años. Hoy esta iniciativa es una alentadora realidad. En unas pocas semanas estaremos operando al 100% de nuestra capacidad instalada, causando un impacto positivamente dramático en el trabajo de cardiólogos e internistas del Sanatorio. Este esfuerzo es resultado de nuestro interés en hacer las cosas bien” dijo el **Dr. Francisco Coma, Director General Del Sanatorio**. “No se trata de competir, sino de entregar al paciente un servicio excelente y una atención del más alto nivel”.

El evento contó con la presencia de los doctores **Claudio Burgos y Oscar Ortiz**, especialistas argentinos de reconocida trayectoria en Latinoamérica, verdaderos pioneros de la especialidad que aportaron su experiencia al desarrollo del proyecto; su asesoría seguirá jugando un papel fundamental en el desempeño de este Centro.

Al dirigirse al público el Dr. Burgos, manifestó su satisfacción por este logro y tras una presentación magistral sobre las últimas técnicas y procedimientos en la especialidad, concluyó: “este es un momento trascendental en la historia de la medicina guatemalteca. Paso a paso, meta a meta, estaremos cada vez más cerca de practicar intervenciones de alta complejidad como en los países desarrollados”.

Decididamente, paso a paso y latido a latido, el Sanatorio Nuestra Señora del Pilar continúa consolidándose como el pilar de la salud en Guatemala.

¡Enhorabuena amigos, ustedes son puro corazón!



El Dr. Burgos durante su disertación.

The project began at Sanatorio El Pilar with a surgical session in July 2003. Together with Guatemalan doctors, they performed five cardiac operations, consisting of valve replacements and coronary revascularization in adults. These operations have been routinely performed at UNICAR for many years.

The original Cardiac Transplant project, as well as the development of the Cardiovascular Surgery Center at Sanatorio Nuestra Señora del Pilar, failed.

OFFICIAL INAUGURATION OF THE SECOND BUILDING OF THE CARDIOVASCULAR SURGERY UNIT IN GUATEMALA



Doctor José Raúl Cruz Molina delivering words of welcome and gratitude, as well as a brief history and progress achieved by the national cardiovascular surgery program. On the board of directors, from left to right, Engineer Vinicio Salam, Architect Ronaldo Herrarte, Lic. Alfonso Portillo, President of the Republic, and Doctor Julio Molina Aviles, Minister of Public Health and Social Assistance.

On September 5th, 2003, the President of the Republic, Lic. Alfonso Portillo, officially inaugurated the new building of UNICAR, as well as the delivery of medical equipment to Roosevelt Hospital and UNICAR.

The ceremony was attended by the Minister of Public Health, Dr. Julio Edmundo Molina Avilés, who handed over the building, and the Secretary of Executive Coordination of the Presidency, Architect Ronaldo Herrarte, who delivered the medical equipment.

Words of gratitude were expressed by Dr. José Raúl Cruz Molina, the General Director of UNICAR, and by Dr. Oscar Humberto García Santizo, the Executive Director of Roosevelt Hospital. The President of the Republic, Lic. Alfonso Portillo, also delivered a speech. A symbolic ribbon-cutting ceremony took place, followed by a tour to look at the UNICAR facilities and the inauguration of the newly acquired Digital Angiography equipment. The event was attended by other government

officials, representatives from various media outlets, representatives from the AMEGESO and Aldo Castañeda Foundations, as well as authorities and staff members from UNICAR.



The Constitutional President of the Republic, Lic. Alfonso Portillo, delivering the inaugural speech, is accompanied by the Executive Secretary of Presidential Administration, Engineer Vinicio Salam, the Executive Coordination Secretary of the Presidency, Architect Ronaldo Herrarte, and the Minister of Public Health, Julio Molina Avilez.



Lic. Alfonso Portillo, President of the Republic, cutting the symbolic inaugural ribbon, is accompanied by Dr. José Raúl Cruz Molina, General Director of UNICAR, Dr. Oscar Humberto García Santizo, Executive Director of Roosevelt Hospital, Dr. Julio Molina Aviles, Minister of Public Health, and Architect Ronaldo Herrarte, Executive Coordination Secretary of the Presidency.

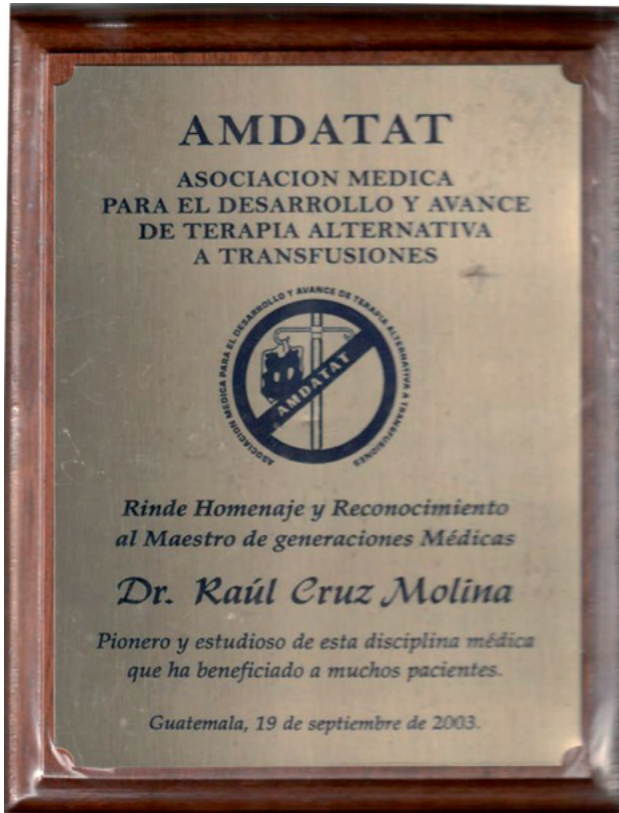


Lic. Alfonso Portillo, President of the Republic, inaugurating the Digital Angiography Equipment, accompanied by the medical and paramedical staff of UNICAR.

OTHER TRIBUTES AND RECOGNITIONS

THE MEDICAL ASSOCIATION FOR THE DEVELOPMENT AND ADVANCEMENT OF ALTERNATIVE THERAPY TO TRANSFUSIONS (AMDATAT) (2003)

Pays tribute and recognition to the teacher of new generations, Doctor JOSÉ RAÚL CRUZ MOLINA, pioneer and scholar of this Medical Discipline.



THE ASSOCIATION OF REMARKABLE ELDERLY ADULTS (AMANO) PAYS TRIBUTE TO THE CARDIOVASCULAR SURGERY UNIT (UNICAR), DR. ALDO CASTAÑEDA, DR. RAFAEL ESPADA, AND OTHER INDIVIDUALS AND INSTITUTIONS THAT HAVE EXCELLED AT THE NATIONAL LEVEL IN THE SOCIAL SPHERE (2006)

Doctor José Raúl Cruz Molina receives a recognition diploma on behalf of the Cardiovascular Surgery Unit of Guatemala.



The AMANO Association pays tribute and recognition to representatives of other prominent national social service entities.



Doctor José Raúl Cruz Molina and the paramedical and administrative staff of UNICAR, from left to right: Lic. Alejandra Gándara, Lic. Lorena González, Lic. Roberto Ramírez, Dr. José Raúl Cruz Molina EP. Ana Edith Arana, Lic. Elizabeth de Palala, EP. Yolanda Mendizábal, EP. Ana María Chiroy, and Lic. Carlos Vielman.

NEW AUTHORITIES OF THE MINISTRY OF PUBLIC HEALTH

Minister of Public Health: Engineer Marco Tulio Sosa
 Vice Minister of Public Health: Doctor Salvador López

June 2004

Dr. Salvador López, the new Vice Minister of Public Health, reads Ministerial Agreement No. SPM-1889- 2004 appointing the new representatives to the Board of Administration on behalf of the State, as follows:

Titleholders:

- Dr. Rolando Augusto Beber Díaz
- Dr. Julio César Valdez
- Iván Ricardo Leon Archila

Alternates:

- Dr. Mario Alberto Figueroa
- Dr. Víctor Roberto López
- Carlos Eduardo Mérida

The new Board of Directors of the Board of Administration is appointed as follows:

- President: Attorney Mario Fuentes Pieruccini
- Secretary: Dr. Rolando Beber
- Treasurer: Dr. Aldo Castañeda

The Board of Administration of UNICAR renews the appointment of Dr. José Raúl Cruz Molina as the General Director.

January 2004

Lic. Carlos Vielman is appointed as the Administrative

Director, replacing Lic. María Eugenia Morales, who submitted her resignation, and Lic. Lorena González is appointed as the Internal Auditor.

March 2004

The Board of Administration renews the appointment of Dr. Cruz as the General Director of UNICAR.

Lic. Roberto Ramírez is appointed as the Financial Director of the Unit.

Licenciada Gloria Leticia Pérez Puerto is appointed as Legal Advisor.

Engineer Gonzalo Vizcaíno from AMEGESO offers his professional services ad honorem for the maintenance of UNICAR's electrical system and supervision of Electrical Technician Sergio Chitay.

PRIVATE FUNDS IN BANCO INDUSTRIAL

The 12 million quetzals of private funds in Banco Industrial will be used as follows:

For the new digital angiography equipment	Q.7,760,000.00
Remodeling of pharmacy warehouse and chapel	Q.700,000.00
Elevator repair	Q.29,000.00
Remodeling of Hemodynamics	Q.800,000.00
Hydraulic elevator	Q.200,000.00
Labor liabilities reserve	Q.2,000,000.00
Retirement fund	Q.500,000.00
Unexpected expenses	Q.184,000.00
Medical expenses insurance	Q.500,000.00

PUBLIC BIDDING FOR THE SECOND DIGITAL ANGIOGRAPHY EQUIPMENT

January 2005

The bidding terms and conditions for the digital angiography equipment, approved by the Board of Administration and published in Guatecompras, are established.

March 2005

UNICAR 2005-L-001 Public Tender for the acquisition of digital angiography equipment, including pre-installation, transportation, installation, and commissioning was awarded to Siemens Electrotécnica, S.A. for a total of Q.7,350,000.00. The Board approves the actions taken by the Bidding Committee.

March 17, 2005

Reconsideration appeal filed by TAG, S.A. in the bidding process UNICAR 2005-L-001 is processed, and corresponding hearings are scheduled. TAG, S.A. also files a complaint with the Congress of the Republic regarding irregularities in the 2005-L- 001 Bidding for the acquisition of the Digital Angiography equipment.

A commission is formed to appear before the Congress of the Republic, consisting of Attorney Mario Fuentes Pieruccini, Dr. José Raúl Cruz Molina, Dr. Héctor Meléndez, Lic. Iván León, Lic. Carlos Mérida, and Lic. Gloria Pérez Puerto. The Health Commission of the Congress, led by Dr. Roberto Gutiérrez Longo, after extensive discussion, resolves that everything is in order with the 2005-L-001 Public Bidding.

In May 2005, the reconsideration appeal process for the 2005-L-001 bidding is returned by the Office of the Attorney General, and the corresponding hearings must be held. Meanwhile, the Unit continues to face patient care problems in Hemodynamics.

In July 2005, the Office of the Attorney General issues a favorable resolution for UNICAR regarding the 2005 - L - 001 Bidding for the acquisition of the Digital Angiography equipment, and declares the appeal filed by TAG, S.A. as unfounded.

Attorney Fuentes Pieruccini expresses concern about the time it would take to acquire the equipment if TAG, S.A., upon learning that their appeal was dismissed, proceeds with an administrative litigation, which would take around two years to resolve. In that case, UNICAR would be left with only one piece of equipment, and if it failed, serious problems would arise. Therefore, he proposes submitting a request to expedite the purchase as an emergency.

July 20, 2005

TAG, S.A. files a writ of amparo in the Second Chamber of the Court of Appeals, which is rejected due to lack of finality.

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ANEXO ORGANISMO JUDICIAL Y TRIBUNALES DE LO CONTENCIOSO ADMINISTRATIVO



OFICIO No _____
REFERENCIA No _____

Handwritten initials/signature



PROCESO No. 263-2005, OFICIAL 2°. SALA PRIMERA DEL TRIBUNAL DE LO CONTENCIOSO ADMINISTRATIVO: GUATEMALA, CATORCE DE MAYO DEL AÑO DOS MIL OCHO.-----

Se tiene a la vista para resolver el incidente de excepción previa de FALTA DE PERSONALIDAD, planteada por la Abogada Ana Luz de Fátima Gálvez Palomo, en su calidad de personera de la Nación y de la Procuraduría General de la Nación, dentro del proceso Contencioso Administrativo identificado con el número doscientos sesenta y tres guión dos mil cinco (263-2005); y:-----

CONSIDERANDO: Que la excepcionante manifiesta que el actor planteó proceso contencioso administrativo en contra Consejo de Administración de la Unidad de Cirugía Cardiovascular de Guatemala (UNICAR), lo cual es improcedente ya que dicho consejo por si solo carece de personalidad jurídica y de conformidad con la ley el mismo solo constituye el órgano colegiado superior de administración y funcionamiento, deliberación y decisión, pero no ostenta la categoría de persona jurídica por ende carece de ella, de manera que la carencia de dicha personalidad, significa la ausencia de un presupuesto procesal, como lo es la capacidad de una de las partes para comparecer a juicio y legitimadas para ello, siendo procedente declarar con lugar la excepción previa de Falta de Personalidad en el demandado. Este Tribunal estima que ante tal planteamiento, efectivamente la demanda se enderezó en contra del Consejo de Administración de dicha entidad administrativa y de conformidad con el numeral romano IV del artículo 28 de la Ley de lo Contencioso Administrativo la demanda debe contener la indicación precisa del órgano administrativo, a quien se demanda, lo que es congruente con el artículo 22 del mismo cuerpo legal en cuanto a la personalidad de las partes, en el que se especifica que podrán ser parte, entre otros, el órgano centralizado o la institución descentralizada de la administración que haya conocido en el asunto, de manera que en el presente caso se refiere a la Unidad de Cirugía Cardiovascular de Guatemala (UNICAR) y no a su órgano superior de administración, quien naturalmente no ostenta la personalidad jurídica de la entidad, solo es el cuerpo colegiado superior del mismo, pero no es la entidad a quien se pueda o deba emplazar dentro del proceso respectivo, como esta previsto en el artículo 35 del cuerpo legal citado, en el que se indica que se emplazará al órgano administrativo o institución descentralizada demandado, estimando que es a quien se emplaza, que será parte dentro del proceso y a quien

MAYESTRÍA PARA USO OFICIAL Y EXCLUSIVO DEL ORGANISMO JUDICIAL

eventualmente afectará el fallo que se emita. En el presente caso, el Tribunal se ve imposibilitado de emplazar a quien no puede ser sujeto pasivo del proceso y que incorrectamente se le emplazo, al ser evidente que el mismo adolece de defecto, al no ser el Consejo de Administración persona jurídica que pudiera comparecer a defender sus intereses, por ser un cuerpo colegiado que es parte de la institución UNICAR, que si tiene la personalidad jurídica para comparecer a juicio, de tal suerte, por lo argumentado y considerado debe prosperar la excepción previa interpuesta por la Procuraduría General de la Nación, siendo procedente declararla con lugar en la parte resolutive del presente auto. No se emite condena al reembolso de las costas causadas en este incidente, por estimarse que la parte vencida litigó de buena fe.-----

FUNDAMENTO DE DERECHO: Artículos citados y 12, 203, 221 de la Constitución Política de la República; 18, 19, 20, 22, 23, 26, 28, 29, 35, 36, 38, 50 de la Ley de lo Contencioso Administrativo; 25, 26, 27, 28, 29, 31, 61, 66, 67, 69, 79, 118, 121, 126, 127, 128, 129, 177, 178, 573 y 574 del Código Procesal Civil y Mercantil; 1, 10, 23, 57, 58, 62, 68, 88, 108, 135, 136, 138, 139, 140, 141, 142, 143 de la Ley del Organismo Judicial.-----

PARTE RESOLUTIVA: Esta Sala, con base en lo considerado y leyes citadas, al resolver **DECLARA:** I) **CON LUGAR** las Excepción Previa de **FALTA DE PERSONALIDAD** planteada por la Abogada Ana Luz de Fátima Gálvez Palomo, en su calidad de Agente Auxiliar de la Procuraduría General de la Nación, dentro del presente proceso contencioso administrativo; II) Por la razón considerada, no hay especial condena en costas del incidente; III) Al estar firme ésta resolución, devuélvase el expediente administrativo con certificación de lo resuelto a la oficina de origen. **NOTIFIQUESE.**

REMODELING OF THE OLD UNICAR BUILDING (OCTOBER 29, 2005)

The 2005-L-002 Bidding event was awarded to the STM (Technical Maintenance Services) firm, led by Architect Edgar Romero and Engineer Jorge Mario Alvarado, for the remodeling of the first floor and the X-ray module, at a value of Q.688,412.50. The project is supervised by Engineer Rony Sarmiento and Architect Enrique Cohon.

HOSPIGEN AND UNICAR'S EXTERNAL PHARMACY

Discussions are initiated with HOSPIGEN (Foundation for the Development of San Juan de Dios Hospital) at the initiative of Dr. Carlos Cossich, for the development of UNICAR's External Pharmacy under the name CARDIOFARMACY.

The project for the installation and operation of an external pharmacy was approved by the Board of Directors after a long period of discussion. The project will be developed by HOSPIGEN (Foundation for General Hospital Support), which will cover all operational and maintenance expenses.



The Cardiopharmacy, under the supervision of HOSPIGEN, has been open one year in March 2006 and has not yet recovered its initial investment of Q.91,333.00. Therefore, the Board of Directors authorizes extending the contract for one more year.

After properly managing the CARDIOFARMACY for a period of three years, HOSPIGEN believes that UNICAR is now capable of continuing its administration. The Board of Directors, after analyzing the situation, approves the establishment of an annual contract with AMEGESO (Guatemalan Medical Association Dr. Rafael Espada) for this purpose, starting in May 2009. The Association has appointed a Commission responsible for the supervision and administrative-accounting management of the pharmacy, consisting of Dr. Sergio Leal Cruz, Dr. Carlos Aragón Diaz, and Mr. Omar Quintanilla.

LABORATORY FOR GENETIC RESEARCH (2005)

Inauguration of the Genetic Research Laboratory for the diagnosis of chromosomal, genetic, and metabolic diseases in humans is established, thanks to the efforts of the Aldo Castañeda Foundation. The maintenance of the laboratory will be donated by FAITH IN PRACTICE, which also donated the equipment. Scientific support will be provided by Baylor University in Houston, Texas.

An introduction and words of gratitude were given by Dr. Gabriel Silva, the laboratory director. Engineer Marco Tulio Sosal, Minister of Public Health, cuts the symbolic ribbon at the inauguration ceremony held at UNICAR's facilities. Five years later, the laboratory was relocated to its own building.

ACKNOWLEDGMENT PLAQUE TO MRS. ISABEL GUTIÉRREZ DE BOSH

The Guatemalan Medical Association Dr. Rafael Espada (AMEGESO) held a ceremonial event in the main hall of UNICAR to recognize and present an acknowledgment plaque to Mrs. Isabel Gutiérrez de Bosh, President of the Juan Bautista Gutiérrez Foundation, for her beautiful altruism and extensive collaboration with the Cardiovascular Surgery Unit of Guatemala. The event took place in August 2007.

CARDIOLOGY UNIT, HEMODYNAMICS, AND CARDIOVASCULAR SURGERY UNIT AT THE HOSPITAL SAN JUAN DE DIOS

The San Juan de Dios General Hospital, with the authorization and sponsorship of the Ministry of Public Health, establishes a Cardiology and Cardiovascular Surgery Unit.

Despite the support and sponsorship of the Ministry

of Public Health, the Cardiology, Hemodynamics, and Cardiovascular Surgery Unit established in December 2005 at the San Juan de Dios General Hospital did not function properly from the beginning, both in terms of hemodynamic diagnostics and surgical procedures. As a result, this program failed, and cardiovascular patients continue to be transferred to UNICAR for treatment.

This indicates that, for the time being, we must recognize that it is not feasible to develop a second cardiovascular surgery unit in our country due to predominantly economic reasons.

MARTES 13 de diciembre 2005 **5**

Fruto del altruismo

La Unidad de Cardiología del Hospital General San Juan de Dios surge como resultado de un proyecto emprendido por un grupo de guatemaltecos de diferentes sectores, entre ellos la iniciativa privada y el Ministerio de Salud Pública y Asistencia Social, expresó el doctor Ludwin Ovalle, director del centro hospitalario.

Precisó que en sus instalaciones han sido acondicionadas dos unidades privadas y una semiprivada, y aseguró que la población más necesitada puede estar tranquila pues sea de madrugada o día inhábil siempre encontrará alivio a sus enfermedades del corazón.

La atención al paciente no depende de si tiene o no dinero, porque hay un lugar a donde ir, donde hay personal con mística que lo va a recibir con los brazos abiertos y con todo el deseo de poderle brindar una mejor esperanza de vida y tener una mejor atención, recalcó el doctor Ovalle.

Segment of a local newspaper titled "Fruit of Altruism" explaining, by Doctor Ludwin Ovalle, the emergence of the unit and the services offered at its facilities. Dr. Ovalle said, "Patient care does not depend on whether they have money or not because there is a place to go, where there is personnel who will receive them with open arms and with the desire to provide them with a better hope of life and better care."

El Hospital General San Juan de Dios

*Requiere el honor de su presencia el día viernes 9 de diciembre
del año en curso, a las 10:30 horas en el séptimo nivel
torre sur de nuestro hospital
para participar en el acto de inauguración de la*

*Sección de Enfermedades Cardiovasculares
Unidad 17*

*Unidad de Cardiología Clínica
Unidad de Hemodinámica y Cardiología Intervencionista
Unidad de Cirugía Cardiovascular*

*Su asistencia dará realce a este acto
Guatemala diciembre de 2005*

Vino de honor



Invitation from the San Juan de Dios General Hospital, which says: "The San Juan de Dios General Hospital requires your presence on Friday, December 9 of the current year, at 10:30 a.m. on the seventh level of the south tower of our hospital to participate in the opening ceremony of the Cardiovascular Diseases Section Unit 17".

The experience of four decades of work in this field has shown us that all projects, both at the national and private level, have failed, as was the case with Cobán, San Juan de Dios General Hospital, the Military Medical Center, and private projects at the former Bella Aurora Hospital, Nuestra Señora del Pilar Sanatorium, Centro Médico Hospital, and Liga Guatemalteca del Corazón.

A unit or medical center dedicated exclusively to cardiology and cardiovascular surgery is economically costly, not only in terms of physical facilities and equipment but also in terms of human resources, which must be well - trained, committed to the institution, and adequately compensated.

We must focus our attention on the maintenance and promote the development and strengthening of what we already have, which has been a great effort by the governments as well as the dedication of many Guatemalan and foreign individuals.

SURVEY BY THE IGSS REGARDING THE LEVEL OF SATISFACTION

A survey conducted by the IGSS regarding the level of satisfaction of affiliated patients with the care provided by UNICAR resulted in a 94% satisfaction rate.

EXTERNAL EVACUATION RAMP

In February 2004, within the framework of the Board of Directors, at the initiative of Engineer Edgar Larrave, the need for the recently constructed building to have an emergency evacuation system in the event of a disaster was discussed because it was not included in the contract. Necessary consultations were initiated, and authorization was obtained from the Ministry of Public Health, especially after a recent news report in the local press that a fire had occurred in a general hospital in neighboring Costa Rica, resulting in several fatalities among patients and nursing staff due to the lack of evacuation ramps.

The design and plans for the external emergency ramp, presented by Architect Raúl Arango, were approved, and the architect was hired to develop the structural plans for a metal external ramp for emergency evacuation from the second and third levels. The structural calculations were carried out by Structural Engineer Rony Sarmiento. The planning and structural calculation costs were covered by UNICAR.

April 13, 2005

Letter addressed by the Board to the Congress of the Republic requesting that priority be given to the construction of an external ramp.

Quotation bases are developed for the external emergency ramp and for the remodeling of the first and second levels of the old building.

PLANS FOR THE EXTERNAL EVACUATION RAMP (JANUARY 2006)

The Project and structural plans for the Emergency Evacuation Ramp were received at the Secretariat of Executive Coordination of the Presidency, which is directly responsible for the project. In that meeting, Lic. Carlos Fion, Director of the Urban and Rural Community Support Program (PACUR), and two deputies, including Dr. Eduardo Meyer Maldonado, were present. The response was negative due to the lack of funds at that time. It was stated that the funds allocated for the project had to be transferred to the Ministry of Public Health and Social Assistance to address the hospital crisis. Dr. Eduardo Meyer Maldonado continued the efforts for a long time, and thanks to his interest in UNICAR and his personal commitment, he finally managed to obtain the necessary funds to start the project.

December 2006

The external ramp is completed according to the contract; however, it is not functional as there are areas where it lacks handrails and safety barriers. The PACUR program indicates that it should be accepted because it is stated in the contract clauses, and there are no additional funds available.

April 2007

Receipt of the external emergency ramp. The Secretariat of Executive Coordination of the Presidency, the International Organization for Migration (IOM), and construction company Loma de los Vados state that the ramp is completed but in an incomplete form due to the lack of internal railings, which represents a risk for users. It was concluded that while it is true that it was completed according to the contract, it is not functional, and the official acceptance is still pending. The government representative, Lic. Ponce, agreed to receive it once it is physically and functionally satisfactory.

May 2007

UNICAR requests the collaboration of MSPAS (Ministry of Public Health and Social Assistance) to intervene and achieve the completion of the emergency ramp, as there are still pending items such as handrails, internal protective railings, and wall coverings. Otherwise, it cannot be used.

July 2007

Due to the lack of interest from the government in completing the ramp, Dr. Cruz proposes that UNICAR consider the possibility of covering the remaining costs to finalize it.

August 2007

Formal reception of the Emergency Ramp, with representatives from the Secretariat of Executive Coordination of the Presidency, the International Organization for Migration (OIM), construction company Loma de los Vados, the Director General of UNICAR, and the project supervisor present. After reviewing the state of the ramp, it was determined that it was completed according to the signed contract, even though it was not functional. Dr. Cruz signed the acceptance certificate, reasoning that the work was not received to satisfaction due to the essential safety measures not being met, such as the lack of protective railings, internal wall coverings, and handrails, which represent a high risk for its use. The UNICAR Board of Directors acknowledges this and requests a letter to be sent informing the status of the ramp to the Secretariat of Executive Coordination of the Presidency.

In September of the same year, authorities from PACUR and the construction company Loma de los Vados visit and express their commitment to complete the work at no cost to UNICAR, including the construction of an access door on the second floor of the building. The Unit suspends the quotation process.

May 2008

The official inauguration of the Emergency Ramp takes place. Present at the event were Dr. Rafael Espada, Vice President of the Republic; Dr. Eduardo Meyer, President of the Congress of the Republic; Dr. Eusebio Del Cid, Minister of Health; Engineer. Otto Blanco from OIM; representatives from the Secretariat of Executive Coordination of the Presidency; construction company Loma de los Vados; and representatives from the UNICAR Board of Directors. The Director General of UNICAR, Dr. José Raúl Cruz Molina, delivers a welcoming speech, followed by words of gratitude from Dr. Eduardo Meyer, thanking those who participated in the development of the project. Dr. Eusebio Del Cid, Minister of Public Health, officially hands over the ramp. The symbolic inaugural ribbon is cut by Vice President of the Republic, Dr. Rafael Espada, and Dr. Eduardo Meyer Maldonado. Government authorities, representatives from different organizations such as PACUR, OIM, the Secretariat of Executive Coordination of the Presidency, construction company Loma de los Vados, UNICAR staff, and the general public, take a tour of the facilities.



From left to right, seated: Dr. José Raúl Cruz Molina, Engineer Otto Blanco, Dr. Eduardo Meyer Maldonado, Dr. Eusebio del Cid Peralta, and Dr. Mario Ríos Paredes. Standing: Dr. Rafael Espada delivering the inaugural speech for the UNICAR Emergency Ramp.



Cutting the symbolic ribbon, in order from left to right, Dr. Eusebio del Cid Peralta, Dr. José Raúl Cruz Molina, Dr. Rafael Espada, Engineer Otto Blanco, and Dr. Eduardo Meyer Maldonado.



Tour of the Emergency Ramp, from left to right, Engineer Otto Blanco, Dr. Rafael Espada, and Dr. Eduardo Meyer Maldonado.



Interior of the external ramp.



Exterior of the external ramp.

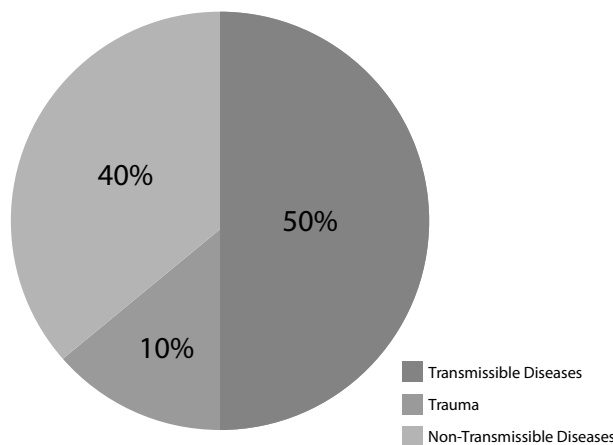
CORONARY UNIT PROJECT (AUGUST 2006)

Dr. José Raúl Cruz Molina expresses the need for UNICAR to have a Coronary Unit for the treatment of acute myocardial ischemic disease and initiates the necessary procedures with authorities to justify the project.

Acute Coronary Unit

A unit dedicated to the diagnosis and treatment of ischemic heart disease in its acute stage (which starts with chest pain) and can lead to death a few hours after the onset of the event.

Currently, these types of patients are treated in various hospitals in the country that do not have all the necessary technical facilities to perform the causal diagnosis of chest pain and the definitive treatment of ischemic heart disease, if applicable.



Coronary Unit Project

Project Profile

1. PROJECT NAME

Coronary Unit

2. SPECIFIC LOCATION:

The construction of the “Coronary Intensive Care Unit”

project aims to expand the current physical area of UNICAR, intended to serve the population in need of emergency services in cases of acute coronary disease. It is located at 5th Avenue 6-22, Zone 11, or 9th Avenue 8-00, Zone 11.

3. PROJECT DESCRIPTION:

The project involves the construction of a Coronary Intensive Care Unit above the parking lot in front of the current building. It will consist of 2 levels with 24 beds each, a walkway connecting the Unit to the existing UNICAR building, an area for 5 beds for intensive coronary care, and another area to install a third digital angiography unit. The construction of the project will be carried out according to the technical specifications for civil works.

4. PROJECT NAME:

For the development of the infrastructure construction phase, an estimated amount of ten million quetzales (Q.10,000,000.00) is required. This amount is included in the request for an extension of the contribution from the Ministry of Public Health for the year 2009.

5. JUSTIFICATION:

The Guatemala Cardiovascular Surgery Unit (UNICAR) has experienced a significant increase in patients treated in the Outpatient Clinic, which in turn increases the demand for invasive diagnostic procedures, intensive care, major surgeries, etc., both in the adult and pediatric areas. The accompanying graphical information on the main procedures performed by UNICAR over the past six years clearly demonstrates the sustained growth in patient care (see attached graphs, pages 228 - 29).

UNICAR is highly interested and committed to providing coverage for the population suffering from acute coronary disease (Acute Myocardial Infarction, Unstable Angina, etc.) through therapeutic procedures using radiological intervention or surgical means. This requires a fully equipped emergency service and appropriate physical facilities.

6. BACKGROUND:

In the city of Guatemala, there are approximately 30 patients with acute cardiac events per month in large hospitals.

UNICAR, in order to cover this population, has presented a building expansion project and already has specialized medical and paramedical personnel for it; what is lacking is equipment and physical structure.

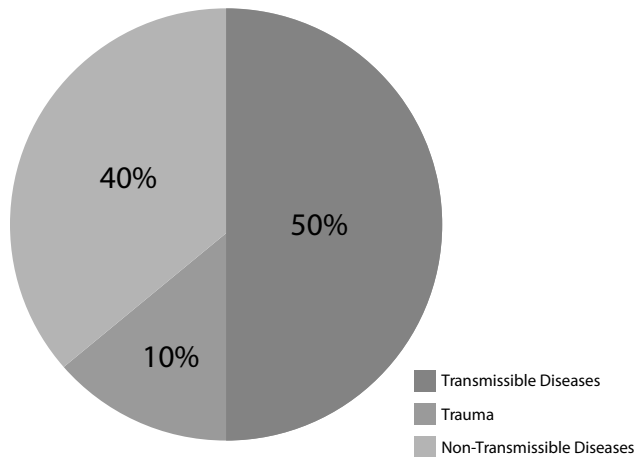
It is important to note that the main causes of morbidity in our region are respiratory problems and intestinal infections. However, it is necessary to take seriously the figures presented by the National

Epidemiology Center of the Ministry of Public Health and Social Assistance, where proportional mortality by cause between 1986 and 2005 shows an increase from 40% to 60% for cardiovascular diseases (see graphs, pages 230 - 231). On the other hand, there is a downward trend in infectious diseases, thanks to the success of preventive measures developed by the Ministry of Public Health.

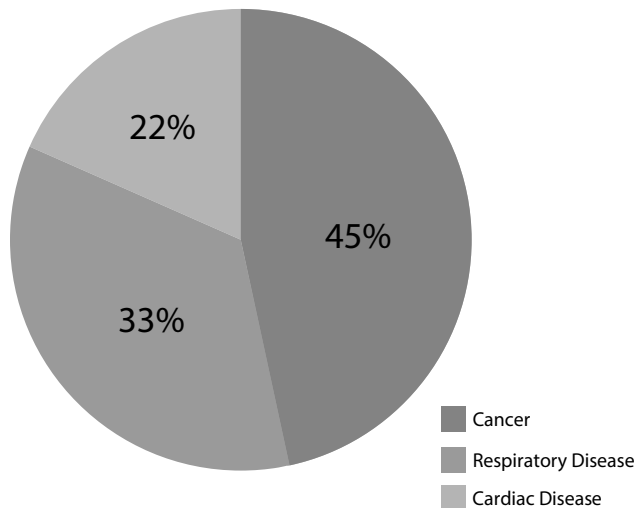
It is also necessary to consider the population growth and the increase in life expectancy, which is currently 66 years for both sexes.

It is estimated that cardiovascular disease is the leading cause of death and disability worldwide.

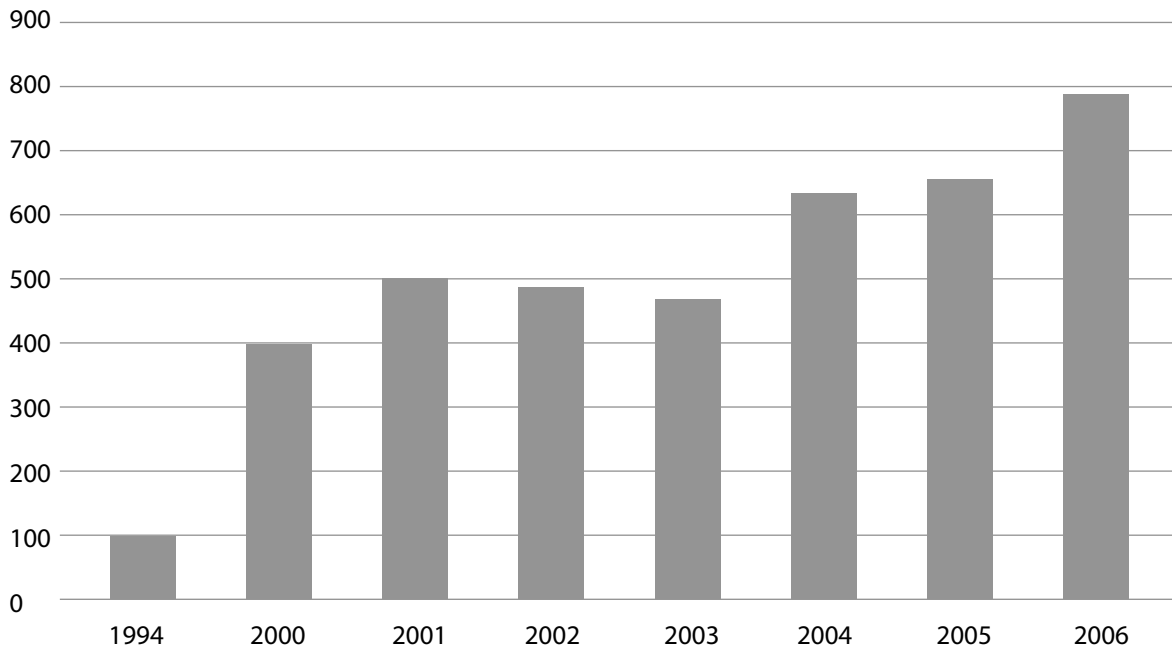
After a study of 262 centers in 252 countries, the World Health Organization estimates that (50%) of annual deaths are due to communicable diseases, (40%) to non-communicable diseases, and the remaining (10%) are due to injuries.



Of non-transmissible diseases, the leading cause of death is heart disease (45%), followed by chronic respiratory disease (33%) and malignant neoplasms (22%).

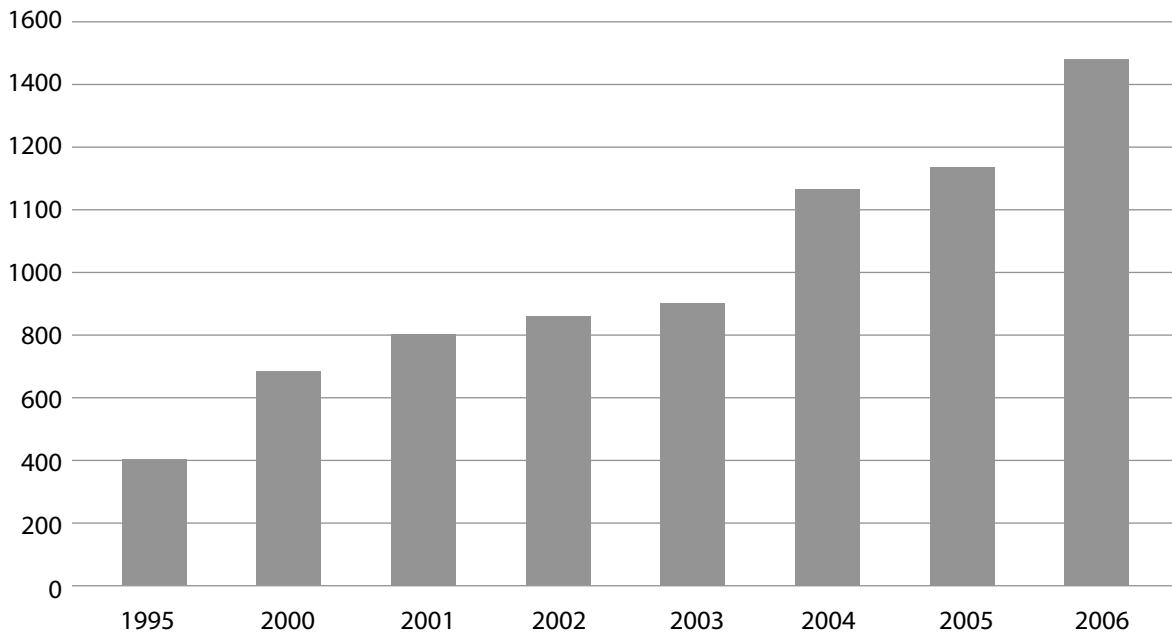


SURGERIES



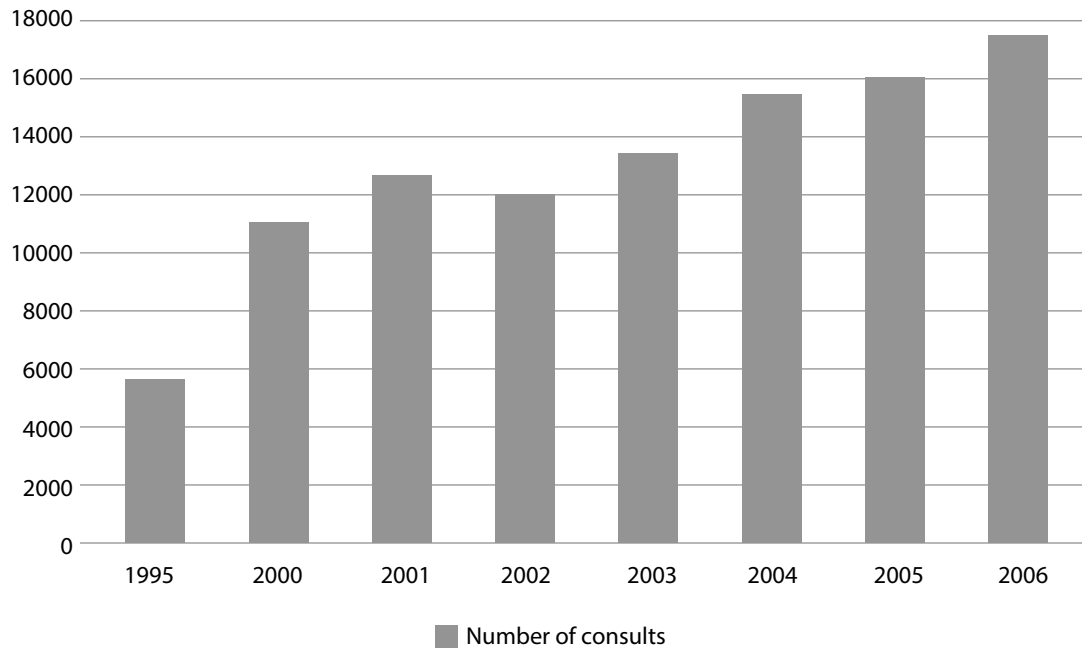
Adults 50% Children 50%

HEMODYNAMICS



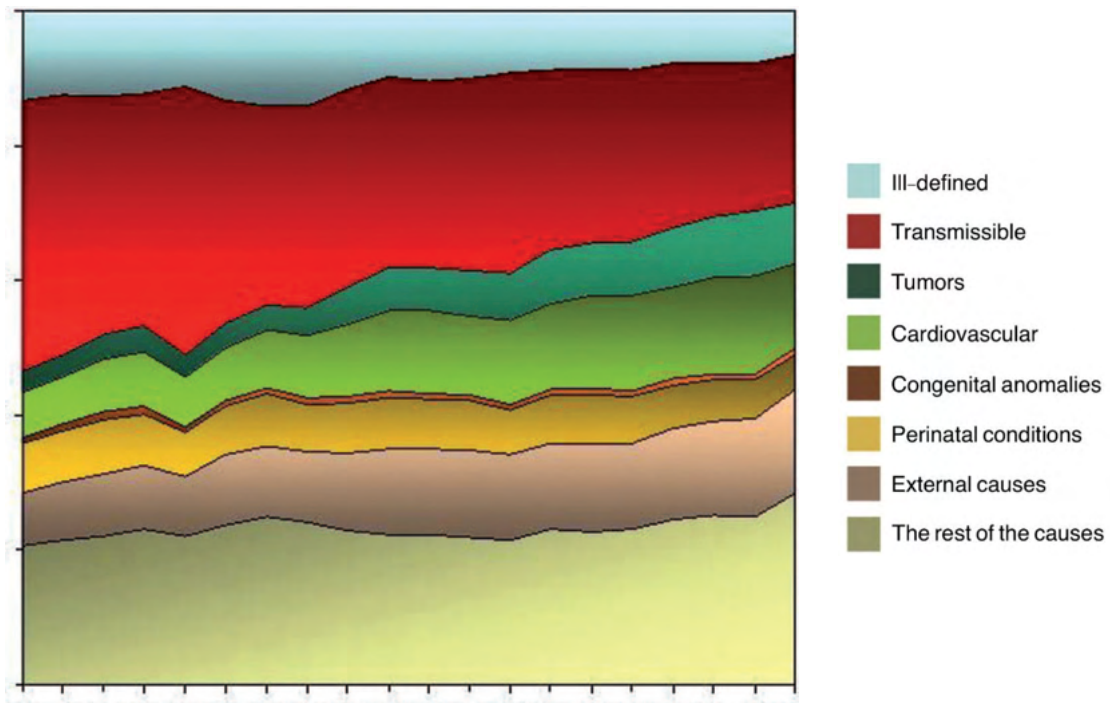
■ Number of Procedures

EXTERNAL CONSULT



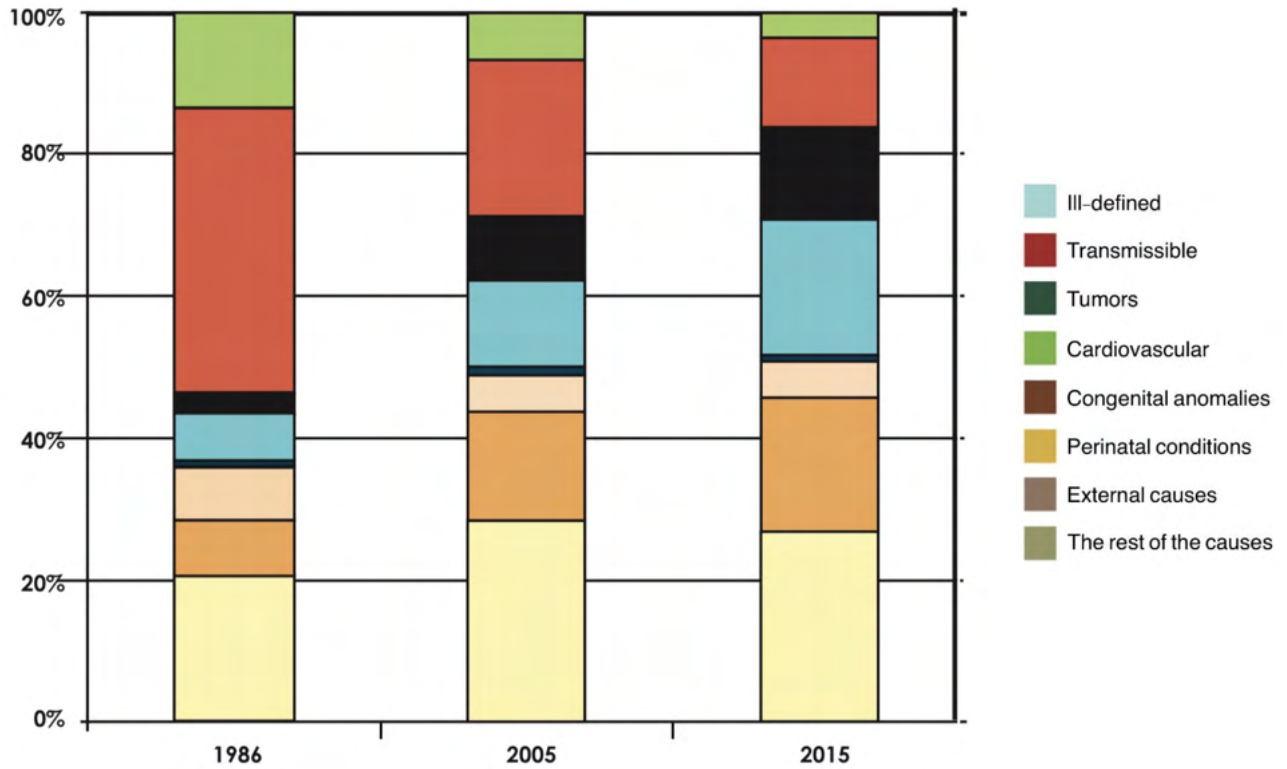
The sustained increase can be observed in the different areas of production at UNICAR (including adults and children).

ANALYSIS DONE BY THE NATIONAL INSTITUTE OF STATISTICS REGARDING PROPORTIONAL MORTALITY BY CAUSE AND THE TREND OF MORTALITY CAUSES IN GUATEMALA



Source: calculations made by the National Institute of Statistics

Trends in Causes of Mortality, Republic of Guatemala 1986 - 2005 - 2015



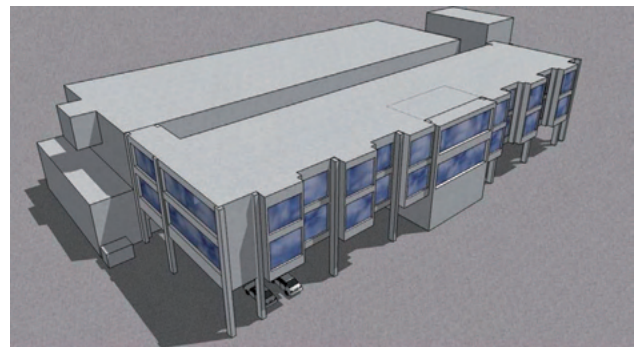
Source: calculations made by the National Institute of Statistics

Considering this revealing data, it is imperative that the Cardiovascular Surgery Unit insists on obtaining the necessary support from government entities to be prepared and provide greater coverage in the field of cardiovascular diseases.

As a result of the intervention of Dr. Rafael Espada, Vice President of the Republic, with the authorities of the Faculty of Architecture at the University of San Carlos, the collaboration of said Faculty was obtained by appointing Architect Inferi to develop the project planning under the supervision of authorities, with the condition that Architect Inferi receives a stipend of Q. 1,500.00 quetzales per month for ten months, funded by UNICAR. Architect Inferi Hugo Estrada was selected by the Faculty of Architecture at the University of San Carlos to develop the construction plans for the Coronary Unit, supervised by the Dean of the University, Mahomed Estrada, and the Structural Engineer Rony Sarmiento. These plans were presented to the Vice President of the Republic, Dr. Rafael Espada, and the Minister of Public Health, Dr. Celso Cerezo.



The area of the parking lot in front of UNICAR will be maintained, and the two-level building will be constructed on columns.



Both buildings will be connected by means of two walkways.



On the left, the old building of UNICAR. Vehicle passage and ambulances.



THE SCHOOL OF PHYSICIANS AND SURGEONS AWARDS THE GOLDEN ITZAMNA ORDER TO DOCTOR JOSÉ RAÚL CRUZ MOLINA

As recognition for his arduous work during his fifty years of professional practice in medicine. Dr. Cruz is distinguished for his altruism, professional ethics, and commendable social commitment in serving the Guatemalan people.

GUATEMALA, NOVEMBER 2006



Doctor José Raúl Cruz Molina receiving the Golden Itzamna Order from Doctor Huberto Aguilar Stackman, Board Member of the College of Physicians and Surgeons of Guatemala.



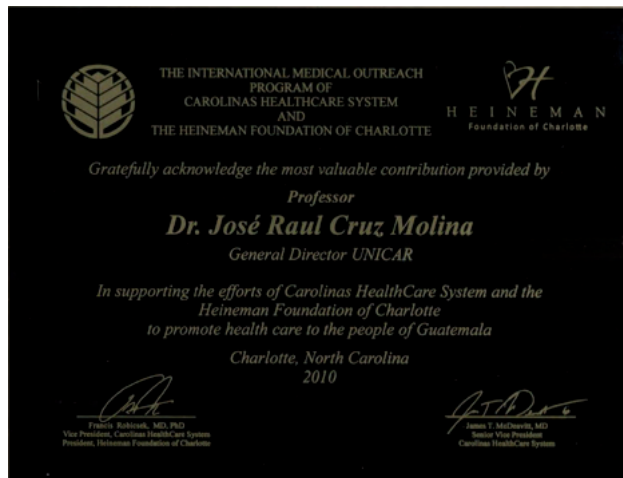
Doctor José Raúl Cruz Molina signing the Golden Book of the School of Physicians and Surgeons of Guatemala.



Four distinguished professionals who received the Golden Itzamná Order and signed the Golden Book of the College of Physicians and Surgeons of Guatemala, from left to right: Dr. Arturo Quevedo, Dr. José Raúl Cruz Molina, Dr. Luis Octavio Angel, and Dr. Roberto Arroyave. On each end right to left, Dr. Mario G. Cerdón Samayoa, President of the Medical College (2006 - 2008), and Dr. Humberto Aguilar Stackman, Member of the Medical College.

RECOGNITION TO DR. JOSÉ RAÚL CRUZ MOLINA BY THE INTERNATIONAL MEDICAL OUTREACH PROGRAM OF CAROLINA HEALTHCARE SYSTEM AND THE HEINEMAN OF CHARLOTTE

For his valuable contribution and support to the efforts of Carolina Healthcare System and the Heineman Foundation of Charlotte in promoting healthcare to the population of Guatemala (2010).



Dr. Francis Robicsek, MD, PHD.
Vice-President,
Carolina HealthCare System.
President Heineman Foundation
of Charlotte

Dr James T. McDeavitt, MD
Senior Vice President
Carolinas Healthcare System

EXCLUSIVE OR INSTITUTIONAL PHYSICIAN PROJECT

In March 2007, the exclusive or institutional physician project, driven by Dr. Aldo Castañeda and Dr. José Raúl Cruz Molina, was presented to the Board of Directors. The physicians who participate in this project will exclusively provide their professional services at UNICAR without any commitments to other state institutions, private entities, or private clinics. The medical fees will be paid by UNICAR, according to the agreed upon fee schedule with the professionals, along with an additional bonus. The Unit will provide a private clinic with nursing staff, secretaries, and other services at no cost to the physicians, and they will have the privilege to attend private patients in the evening hours, so as not to interfere with the care of public sector patients.

There was a lot of discussion among the medical staff, especially in the adult sector, but no consensus was reached. Therefore, in May 2007, it was decided to initiate the project through a pilot plan with the physicians who accepted the project, which included 7 pediatricians and one adult cardiologist for a period of 6 to 12 months.

In November 2007, the Board approved a bonus for the exclusive physicians, which sparked a negative

response from other physicians, both pediatricians and those in the adult sector. They protested to the authorities, stating that the measure was discriminatory and irresponsible because in the Unit, all professionals work as a team, and in this specialty, professionals always rely on the collaboration of other specialists to carry out their work. Shortly after, the only adult cardiologist resigned because it was not beneficial for him. Subsequently, it was revealed that the institutional physicians also treated private patients outside the institution, which undermined the project's purpose, and ultimately, it was suspended, leaving only the two pediatric surgeons who, due to the nature of their work, do not have the opportunity to perform such surgeries in private hospitals. In conclusion, the plan failed.

NOTES OF GRATITUDE FROM PUBLIC OFFICIALS,
PUBLIC AND PRIVATE ENTITIES



Lic. Juan Francisco Reyes L.
Vicepresidente de la República
2000 - 2004
Correspondencia Personal

Guatemala, febrero 12 de 2005

Dr. Raúl Cruz Molina
Director
Unidad de Cirugía Cardiovascular de Guatemala
Su Despacho
Presente

Estimado Doctor:

Por la presente desco dejar constancia de mi agradecimiento por las atenciones y deferencias recibidas por usted para mi ingreso y estadía en la Unidad de Cirugía Cardiovascular de Guatemala, desco así mismo, por su medio expresar mi agradecimiento a los médicos residentes, enfermeras, auxiliares de enfermería y auxiliar de logística, que colaboraron en mi atención durante los días que me encontré internado durante la semana pasada y parte de la presente en esa unidad.

Es verdaderamente impresionante ver la eficiencia, el profesionalismo y ante todo los buenos deseos de todos y cada uno de ellos en la realización de sus labores, lo congratulo y me congratulo que en Guatemala exista una unidad dedicada a los pacientes en general de esas características.

Con las muestras de mi consideración y estima de ustedes,

Atentamente.

Lic. Juan Francisco Reyes López
Vicepresidente 2000-2004
Parlamentario Centroamericano



COMITÉ DE ENLACE CON LOS HOSPITALES de los Testigos de Jehová

Ciudad de Guatemala

MIEMBROS DEL COMITE

Eduardo González
Presidente
Casa: 591-2364
Celular: 204-2093
Beeper: 360-0000

Edgar A. Pinetta
Telecucha: 360-3636
Clínica: 335-2619
335-2629

Luis Roberto Montes
Telecucha: 360-3636
379-0000
Casa: 635-4230
Celular: 411-5555

Edgar R. Rodríguez
Teléfono: 597-4325
Celular: 709-4260

Luis Juárez
Teléfono: 448-0757
Celular: 201-2610

Herlindo C. Meléndez
Tel.: 448-2746
Cel.: 303-7147

Guatemala, 20 de Enero de 2008

DR. RAUL CRUZ MOLINA
DIRECTOR MEDICO
UNICAR

Estimado Dr. Cruz Molina

Por este medio deseamos: en nombre de los más de 25,000 Testigos de Jehová que hay en Guatemala y los más de 135,000 en Centro América; agradecerle a usted, al Honorable Consejo de Administración y a todo el personal de UNICAR, tanto médicos, personal de enfermería y apoyo en cada una de sus áreas: por la atención brindada durante ya varios años a los miembros de nuestra organización religiosa y su cooperación a nuestra postura respecto al mandato bíblico de: "Abstenernos de la sangre" registrado en las Sagradas Escrituras en Hechos de los Apóstoles capítulo 28, versículos 19 y 20.

Esta por demás decirles que nuestros hermanos han encontrado mucho consuelo en ustedes, pues además de la capacidad y calidad del servicio médico que prestan, también está el consuelo que hemos recibido por medio del cariño y cuidado amoroso que se brinda al enfermo.

En todo el mundo contamos con hospitales y médicos colaboradores, pero nos sentimos orgullosos que en Guatemala, los Guatemaltecos y Centroamericanos podamos contar con un hospital como UNICAR.

Que Jehová bendiga a cada uno de ustedes por su excelente labor al llevar consuelo a los que sufren.

Atentamente,

COMITÉ DE ENLACE MEDICO DE LOS TESTIGOS DE JEHOVA

GUATEMALA.

17 Calle 13-63, Zona 11 • 01011 Guatemala



*THE SECRETARIAT OF SOCIAL WORKS OF THE
PRESIDENCY CONGRATULATES UNICAR (2007)*

The Secretariat of Social Works of the Presidency (SOSEP) sends a letter of gratitude and congratulations for the supportive assistance provided by UNICAR to the population.

Wendy W. de Berger
Esposa del Presidente de la República

Guatemala, 23 de noviembre de 2007

OFICIO AD-1156-2007/WDB/hfa

Doctor Raúl Cruz Molina
Director
UNICAR
9 Avenida 8-00 zona 11
Ciudad, Guatemala

Estimado Doctor Cruz:

Hace cuatro años comprometimos el corazón para iniciar el proyecto más satisfactorio de nuestras vidas: inspirarnos por una Guatemala más próspera, más solidaria, más justa. Es así como la Secretaria de Obras Sociales de la Esposa del Presidente da inicio con una labor que se entrega día a día a fortalecer a la familia, la mujer y la niñez guatemalteca. Los resultados de esta labor, hoy nos llevan a la sonrisa de un niño, a reconocer la fortaleza de la mujer, a apreciar la unión de una familia.

Nuestra trayectoria ha sido bendecida por la sencillez de nuestra gente, la sonrisa agradecida, y esa mirada profunda del guatemalteco que va en la búsqueda de un mañana mejor. Esto y más, hacen de nuestra misión una lección de vida invaluable, dejando plasmada por el resto de nuestras vidas, la profunda satisfacción de haber entregado al ser humano, lo mejor de cada uno de nosotros.

Hemos sido marcados por la alegría y el dolor, por la esperanza y la desesperanza, por la risa y el llanto. Ahora somos testigos de una Guatemala que se levanta ante la adversidad, que responde ante la tragedia, que se conmueve frente a su prójimo, que trabaja incansablemente para llegar a ser mejor. Ha sido un gusto y un honor, reconocer el espíritu invencible de Guatemala, recorrer la belleza de esta tierra, respirar el aire de sus comunidades, conocer a la gran mujer que nace de ella, perderse en la alegría de su infancia, vivir y trabajar para ella...

Hoy me despido con eterna gratitud, por la entrega, el apoyo incondicional y el esfuerzo brindado! Gracias por compartir con nosotros la gran satisfacción de habernos entregado la esperanza de un mañana mejor!

Wendy W. de Berger
Wendy W. de Berger
Esposa del Presidente de la República



Presidencia de la República
Secretaría de Obras Sociales de la
Esposa del Presidente
Guatemala, C. A.

Guatemala 30 de enero de 2008.
 Oficio 009/JdeN/cega/08

Doctor
José Raúl Cruz Molina
Director General
UNICAR
Presente

Estimado Doctor Cruz:

Reciba un cordial saludo del Departamento de Servicio Social de la Secretaría de Obras Sociales de la Esposa del Presidente –SOSEP.

Esta Secretaría apoya a instituciones y numerosas personas de escasos recursos que a diario solicitan ayuda a la Licenciada Sandra de Colom, Primera Dama de la Nación.

Al asumir dicha Secretaría ha sido de mi conocimiento que en años anteriores han apoyado con Exámenes Cardiovasculares, Cirugías y Procedimientos Médicos.

Por lo que estoy solicitando la continuidad de este apoyo, así como también los precios especiales a SOSEP en los diferentes servicios que prestan.

Sin otro particular, quedo de usted.

Atentamente,

Julieta de Novelli
Licda. Julieta de Novelli
Directora de Servicio Social
SOSEP



c.c. Archivo

ANNUAL AWARD FOR CITIZEN ACTION TO UNICAR (2007)

UNICAR wins first place in the annual award given by Citizen Action to public institutions that manage state funds for their transparency and use of the electronic system for public procurement and contracting.



Awards given to UNICAR and the Municipality of San Benito, Petén for their transparency. In the photograph you can see Francisco Javier López, mayor of San Benito, on the left and Dr. José Raúl Cruz Molina, on the right.

DR. FRANCIS ROBICSEK VISITS UNICAR

After several years of absence, UNICAR receives a visit from Dr. Robicsek, who was highly impressed by the work carried out by UNICAR and the level of development achieved since the establishment of the cardiovascular surgery program in Guatemala in 1976, in which he played a prominent role in its foundation and organization. He was also impressed by the volume and quality of the procedures performed daily by highly skilled Guatemalan personnel.

APPOINTMENT OF THE CHIEF OF RADIOLOGY

Dr. Eduardo Santis was appointed as the Honorary Chief of Radiology at UNICAR.

RESIGNATION OF THE PRESIDENT OF THE BOARD OF DIRECTORS

May 2008

Attorney Mario Fuentes Pieruccini submits his resignation for personal reasons. The Board of Directors sends him a letter of appreciation for his extensive collaboration and dedication to the development of UNICAR as the President of the Board of Directors for ten years. A tribute will be paid to him in recognition of his work in the presence of family and friends, and his photograph will be displayed in the Board Meeting Room.

Dr. Mario Ríos Paredes is appointed as the new President of the Board.

TRIBUTE TO MR. MARIO FUENTES PIERUCCINI



Dr. José Raúl Cruz Molina delivering words of recognition and gratitude to Attorney Mario Fuentes Pieruccini for sharing his wise expertise and dedicating his time to guiding the destiny of UNICAR. Members of the Council, Dr. Aldo Castañeda, Dr. Mario Ríos Paredes, Dr. Rafael Espada, Vice President of the Republic, Dr. Víctor López, Administrative Director, as well as family members and friends, listen attentively.



Attorney Mario Fuentes Pieruccini accompanied by his distinguished wife, Mrs. Conny Toriello de Fuentes, family members, and friends.



Accompanying Attorney Mario Fuentes Pieruccini are Dr. Mario Ríos Paredes, Dr. Aldo Castañeda, Dr. José Raúl Cruz Molina, Dr. Víctor López, and Dr. Rafael Espada.

NEW AUTHORITIES OF THE MINISTRY OF PUBLIC HEALTH (JANUARY 2008)

Meeting with the Minister of Public Health, Dr. Celso Cerezo Dardón, and Juan Felipe García, Vice Minister of Public Health, who were informed about the Coronary Unit Project and the recent donation of a Mobile Cardiovascular Diagnostic Laboratory.

Representatives from the Juan Bautista Gutiérrez Foundation deliver a valuable and useful Portable Echocardiography equipment that can be used in different areas of the UNIT.

DONATION OF A MOBILE DIGITAL ANGIOGRAPHY LABORATORY

July 2008

Dr. Francis Robicsek and Engineer Fernando Paiz from the Heineman Foundation and the Health Care System institution of North Carolina offer a donation, through Dr. José Raúl Cruz Molina, to UNICAR, consisting of a General Electric Mobile Digital Angiography Cinema Laboratory and Siemens echocardiography equipment, contained

Corazón Abierto

La Fundación Juan Bautista Gutiérrez, hace un importante donativo a UNICAR, a través de la Asociación Médica Guatemalteca, doctor Rafael Espada

El miércoles 29 de abril 2008 fue donado el equipo Ecocardiógrafo portátil, marca Siemens, modelo Cypress ICE Option, completo, con accesorios para realizar ecocardiogramas transtorácicos, ecocardiografía transesofágica y ecocardiografía intracardiaca con carro transportador, por un valor de Q. 600,000.00. Dicho equipo será usado en Consulta Externa, Servicios de Cuidados Intensivos, Quirófanos y en Hemodinamia. En la reunión de recepción estuvieron presentes el Vicepresidente de la República, doctor Rafael Espada, así como la licenciada Tania Sedaya y el licenciado Edgar Estrada (gerente) representantes de la Fundación Juan Bautista Gutiérrez; por parte de AMEGESO estuvieron presentes: doctor Mario Ríos Paredes (presidente), licenciado Javier Castellanos (tesorero), ingeniero Edgar Larrave (secretario) y el doctor Carlos Conzich. De UNICAR asistieron el doctor José Raúl Cruz Molina (director general), doctor Víctor López Contreras (director administrativo), licenciado Roberto Ramírez (director financiero) y licenciada Maribel Molina (secretaria ejecutiva).

4

The Juan Bautista Gutiérrez foundation makes an important donation to UNICAR, through the Rafael Espada, Guatemalan Medical Association. The donation of a portable Echocardiograph Unit was made on April 29th 2008.

within a container, with a cost of \$2,000,000.00 dollars. The original idea of Dr. Robicsek was to initiate a project to expand cardiovascular services to underserved populations in rural areas that do not have access to modern technology. Through UNICAR and the endorsement and support of the Ministry of Public Health, it would be feasible to bring this service to suburban hospital centers and carry out departmental campaigns for invasive cardiovascular diagnostic studies (cardiac catheterizations), provided that these centers have the necessary conditions for such interventions.

February 2009

The Board of Directors expresses gratitude for the useful and valuable donation to the Heineman Foundation and the Carolinas HealthCare System of Charlotte, North Carolina. The shipping of the container and the equipment, the customs procedures from Miami to the doors of UNICAR, and its complete installation were made possible through the free collaboration of Engineer Fernando Paiz, at no cost to Guatemala. Due to a lack of special space in UNICAR, it was temporarily placed in the vehicle parking area.

INAUGURATION OF THE MOBILE DIGITAL ANGIOGRAPHY LABORATORY

The official inauguration of the Mobile Digital Angiography Cinema Laboratory took place at UNICAR, with the presence of the Vice President of the Republic, Dr. Rafael Espada; the Vice Minister of Public Health, Ludwig Ovalle López; Dr. Francis Robicsek, and other representatives from the donor organizations, as well as Engineer Fernando Paiz and his distinguished wife Anabella, for whom the laboratory is named. Representatives from AMEGESO and UNICAR, media outlets, and the general public were also in attendance.



In order from bottom to top: Dr. José Raúl Cruz Molina, Dr. James McDevitt, Mr. Michael Rose, Mr. Baúl Franz, and Dr. Francis Robicsek.



Cutting of the symbolic ribbon by Dr. Rafael Espada, Vice President of the Republic, and Dr. Francis Robicsek. Behind them is Dr. Ludwig Ovalle López.



Dr. Robicsek and Dr. Espada receiving congratulations from Mrs. Alicia Barrios of Cruz



Electrical Engineer James Wheeler, the author of the electrical installation and operation of the Mobile Laboratory, with Dr. Francis Robicsek and Dr. Rafael Espada inside said laboratory.



Dr. José Miguel Castellanos with his technician performing the first hemodynamic study and cardiac catheterization in the Mobile Laboratory.

LETTER FROM THE COMMISSION ON COOPERATIVES OF NON - GOVERNMENTAL ORGANIZATIONS OF THE CONGRESS OF THE REPUBLIC TO UNICAR

A letter is received from the President of the Commission on Cooperatives of Non-Governmental Organizations of the Congress of the Republic, requesting the following:

Contribution through Congressional Decree 70 - 2007 of the General Budget of Revenues and Expenditures of the State for the fiscal year 2008.

Financial breakdown granted by the state.

Names of administrative, technical, and service personnel, as well as salaries and fees during the specified period.

Annual operating plan.

Names of account holders or administrative or financial responsible parties for the employment or authorization of resources, as well as bank account numbers.

Accountability from the Office of the Comptroller General.

Income Statement.

All of this within a short deadline of three days.

INTERPELLATION OF UNICAR BY THE CONGRESS OF THE REPUBLIC

March 2009.

On March 6th, a note was received from the President of the Leading Party, summoning the authorities of UNICAR as well as the Vice Minister of Health, Ludwig Ovalle, and medical and financial advisors.

Representing UNICAR were Dr. José Raúl Cruz Molina (General Director), Lic. Roberto Ramírez (Financial Director), Lic. Lorena González (Internal Auditor), Dr. Víctor López (Administrative Director), and Lic. César González (Accountant). During the interpellation, the following questions were asked:

How is the Board of Directors formed?

Why is UNICAR not administered by the MSPAS?

Who appoints the representatives of the MSPAS to the Board of Directors of UNICAR?

Why are fees charged for UNICAR services?

Why are employee salaries so high?

There were insinuations of Dr. Espada's interference in the administration of UNICAR, indicating that he appoints and revokes positions within the Unit.

Lic. Manuel Baldizón presents a patient who complained about the poor care received at UNICAR, stating that only those who had connections or recommendations received medical attention.

After the interrogation was concluded, the Legal Advisor of this party indicated that they would file a complaint with the Public Ministry and the Office of the Comptroller General for administrative disorder, lack of patient care, influence peddling, money laundering, and would request a counter-audit from the Comptroller's Office, demanding that the Vice Minister of Health, as the direct responsible party, transfer UNICAR to the control of the State. Additionally, they invited several media outlets to launch a smear campaign against UNICAR.

Diputados	J. Directiva	Bloques	Comisiones	Distritos
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Guatemala, Lunes 9 de Marzo 2009, 07:51 hrs

CONGRESO DE LA REPÚBLICA DE GUATEMALA
Sexta Legislatura, 2008 - 2012

Boletín Informativo

Bancada LIDER se reunió hoy con Autoridades de UNICAR, Viceministro de Finanzas y Viceministro salud



Sinopsis: A la citación asistieron: El Vice Ministro de Finanzas Públicas, el Dr. Raúl Cruz Molina Director General de Unicar, Dr. Ovalle Vice Ministro de Salud, Lorena González Auditora Interna de UNICAR, Dr. Mario Figueroa Representante del Ministerio en UNICAR, Alberto Ramírez Director Financiero de Unicar y Cesar González Jefe de Contabilidad de UNICAR, Víctor López Director Administrativo de UNICAR (Autor: Manuel Antonio Baldizón Méndez, 6/Marzo/2009, 14:20)

El día de hoy la Bancada LIDER Cito a Autoridades de Unicar y Viceministro de Salud y Finanzas, reunión en la cual tuvieron como resultado definir que en la administración mixta con que cuenta UNICAR lleva a la conclusión que es una ONG, así mismo también dieron a conocer que con los ingresos que UNICAR tiene, es insatisfactorio y de mala calidad el servicio que le brindan a las personas solicitan su apoyo en su enfermedad, así fue expuesto por una Sra. a la cual omitieron el nombre por seguridad propia quien informo que para poder ser atendidos en UNICAR hay que hacer filas de horas y para que al final de varios días le informen que será atendida siempre y cuando vaya con recomendaciones escritas de alguien que sea del partido oficial. Situación que a los Legisladores les provoco investigar mas lo por que solicitaron información sobre los salarios que devengan los 4 funcionarios que se encontraban en dicha reunión con lo cual se llevo a la conclusión que en solo 4 personas trabajadoras de UNICAR gastan un aproximado de 1 millón 200 mil anuales en salarios. Que es dinero que reciben del estado y también por los cobros que hacen así como el otro caso que salio a relucir que es de un niño de escasos recursos al cual le cobraron 75 mil mas lo adicional que pudiera dar. Llegando los legisladores de la bancada LIDER en que se esta buscando una Transparencia en Fiscalización y el bienestar de Guatemala y al menos el señor Vicepresidente Dr. Rafael Espada demuestra que no comienza en su propia institución.

Los Integrantes de la Bancada LIDER están de acuerdo con que hay que transparentar a Guatemala y Fiscalizar a las instituciones que estén haciendo las cosas mal liderados por el Dr. Manuel Baldizón esperan lograr un cambio para el Beneficio de Guatemala

Informational bulletin titled "LIDER Party met today with UNICAR authorities, Vice Minister of Finance, and Vice Minister of Health." It reports that the following individuals attended the meeting: the Vice Minister of Public Finance, Dr. José Raúl Cruz Molina, General Director of UNICAR, Dr. Ovalle, Vice Minister of Health, Lorena González, Internal Auditor of UNICAR, Dr. Mario Figueroa, Representative of the Ministry of UNICAR, Cesar González, Head of Accounting at UNICAR, and Víctor López, Administrative Director of UNICAR. The meeting resulted in the determination that the mixed administration of UNICAR leads to the conclusion that it is an NGO. They also disclosed the income and performance of UNICAR based on that.

Una colecta de corazón

Sucedió en Purulhá, Baja Verapaz, comenta Luis Enrique Mendoza presidente de la Comisión de Cooperativismo.

Un vendedor de fertilizantes de la localidad decidió iniciar una campaña para ayudar a los padres de un pequeño que padecía de una arritmia.

"Toda la comunidad se unió, hubo rifas, colectas, venta de pasteles y lograron reunirse Q75 mil para la operación en la Unidad de Cardiología (Unicar). Aunque inicialmente les habían pedido Q150 mil", dice Mendoza. Una carta suya allanó el camino al quirófano.

El legislador decidió investigar bajo qué criterios se ingresaban a los pacientes. Ayer, cuatro representantes de Unicar acudieron a una cita en la que también estuvo presente uno de los viceministros de Finanzas.

Al término de la reunión Mendoza concluyó que existen indicios de malos manejos y tráfico de influencias. El Consejo de Unicar se integra por tres delegados del Gobierno y sus suplentes y tres delegados de la Asociación Médica Guatemalteca Dr. Rafael Espada y la Fundación Aldo Castañeda y sus suplentes. No obstante, según el diputado, el vicepresidente Rafael Espada como coordinador del Gabinete tiene la potestad de nombrar a los tres representantes del Gobierno.

Raúl Cruz Molina, director general de Unicar, afirma que el nombramiento de los representantes gubernamentales lo ha realizado siempre el Ministro de Salud; y que quienes poseen el cargo en este momento fueron designados por el del anterior gobierno. En los próximos meses se nombrarán los nuevos delegados. La misma versión sostiene la Vicepresidencia de la República.

El lunes, dijo Ricardo Villate, jefe de la bancada Lider a la que Mendoza pertenece, se interpondrá una denuncia formal por tráfico de influencias

"A heart collection

It happened in Purulha, Baja Verapaz, says Luis Enrique Mendoza, president of the Cooperativism Commission. A local fertilizer seller decided to start a campaign to help the parents of a child who suffered from an arrhythmia.

"The whole community joined, there were raffles, collections, sale of cakes and they managed to gather Q75,000 for the operation in the Cardiology Unit (Unicar). Although initially they had been asked for Q150 thousand," says Mendoza. A letter from him paved the way to the operating room. The legislator decided to investigate under what criteria patients were admitted. Yesterday, four Unicar representatives attended an appointment in which one of the deputy ministers of finance was also present.

At the end of the meeting, Mendoza concluded that there are indications of mismanagement and influence peddling. The Unicar Council is made up of three delegates from the Government and their alternates and three delegates from the Guatemalan Medical Association Dr. Rafael Espada and the Aldo Castañeda Foundation and their alternates. However, according to the deputy, Vice President Rafael Espada as coordinator of the Cabinet has the power to appoint the three representatives of the Government.

Dr. José Raúl Cruz Molina, general director of Unicar, affirms that the appointment of government representatives has always been made by the Minister of Health; and that those who hold the position at this time were appointed by that of the previous government. In the coming months, the new delegates will be appointed. The same version holds the Vice Presidency of the Republic. On Monday, said Ricardo Villate, head of the Lider bench to which Mendoza belongs, a formal complaint for influence peddling will be filed."



Segment of the local newspaper "Prensa Libre" titled "Leading Group Files Complaint Against Espada with Prosecutor's Office," which tells how a criminal complaint was filed yesterday by Deputy Luis Mendoza, from the Renewed Democratic Liberty Party (LIDER), against Vice President Rafael Espada for alleged influence peddling, mismanagement, and corruption.

ADVERTISING CAMPAIGN IN FAVOR OF UNICAR

As a result of this, AMGESO received auditors from the Office of the Comptroller General of Accounts, requesting agreements and contracts signed between AMGESO and UNICAR, the amount of each agreement, the number of checks for each disbursement, and the number of official documents supporting each disbursement.

AMGESO responded, through letter DG-OF-023-2009, informing that UNICAR was created through Government Agreement No. 236 - 94 dated 19-05-1994, which establishes that for its administration and operation, a Board of Directors will be formed consisting of 3 representatives from the state and 4 from AMGESO.

Therefore, the only relationship between UNICAR and AMGESO is that the latter collaborates in the administration of UNICAR through its representatives. As a result, there are no contracts, agreements, or financial addenda signed between the two entities, and therefore, no disbursements of any nature are made by UNICAR to AMGESO. It was also stated that UNICAR only receives donations of electronic, surgical, and medical equipment, autoclaves, monitors, ultrasound machines, etc.

Similarly, the Aldo Castañeda Foundation was also audited by the Office of the Comptroller General of Accounts, finding only one consistent finding, which was that the Dental Equipment purchased with state funds through the Foundation was not yet operational. They were given a deadline of 15 days to put it into operation, which was verified within the established timeframe.

MAY 2009

The final report from the Office of the Comptroller General of Accounts for the period from 01 - 09 -2003 to 30-06-2008 showed no findings, only recommendations for some identified situations, presented by Lic. Galindo Castillo. The final conclusion was that, according to the financial analysis conducted and considering that all the reviewed operations are adequately supported by the corresponding documentation, the funds granted by the State were efficiently used to achieve the objectives pursued by UNICAR.

JUNE 2009

A new Follow-up Audit was conducted by the Office of the Comptroller General of Accounts, which reported that all the recommendations made by the previous auditors had been fulfilled.

A Concurrent Audit of Quotation Files was also conducted, finding everything in order.

A SOLIDARITY CAMPAIGN OF PUBLIC OPINION IS INITIATED THROUGH THE MEDIA

El Periódico

14 OPINIÓN Guatemala, lunes 9 de marzo de 2009

elEDITORIAL

Unicar

La Unidad de Cirugía Cardiovascular de Guatemala (Unicar) es una institución estatal de salud, semiautónoma, no lucrativa, que pertenece a la red hospitalaria nacional, con dedicación exclusiva a la atención de enfermedades del corazón, que requieren de estudios diagnósticos especializados y tratamiento quirúrgico. Por tanto, cuenta con personal altamente calificado y capacitado para ofrecer un servicio de óptima calidad.

Unicar brinda servicios de cardiología no invasiva e invasiva e intervencionista, así como quirúrgicos. Atiende a adultos y niños a través de consulta externa, quirófanos y encamamiento general.

Unicar fue fundada en 1994, durante el gobierno de Ramiro De León Carpio (1993-1996), a raíz de que un grupo de ciudadanos con gran espíritu de servicio logro que el Gobierno la creara y que se celebrara un convenio entre el Ministerio de Salud y la Asociación Médica Guatemalteca Doctor Rafael Espada (Amegeso). En 1998, la Fundación Aldo Castañeda se incorporó a Unicar, específicamente en el área de cirugía pediátrica, incorporación que vino a enriquecer el desarrollo de la cirugía cardiovascular pediátrica.

Después de casi 15 años, Unicar cuenta con instalaciones modernas, 5 quirófanos (3 de adultos y 2 de niños) y 2 aparatos de angiografía digital con tecnología de punta, un aparato de ecocardiografía de alta tecnología, un equipo de prueba de esfuerzo y un laboratorio para investigación genética atendido con la asesoría de la Universidad Baylor de Houston. Asimismo, gracias a la calidad de su cuerpo médico y al apoyo obtenido del Gobierno y de instituciones privadas, está realizando anualmente 800 operaciones cardiovasculares y 1,200 cateterismos, y atiende, en consulta externa, a 17 mil pacientes. Más del 50 por ciento de los pacientes que atiende Unicar son niños, adolescentes y jóvenes, extremo que evidencia la importancia de Unicar en el futuro de Guatemala y la necesidad de adquisición de más equipo, una mayor cobertura, la ampliación de los servicios y el desarrollo de nuevos proyectos, tales como la unidad de coronarias, un laboratorio clínico, etcétera.

Las fuentes de financiamiento de Unicar son el subsidio estatal (cada vez más insuficiente), el convenio celebrado con el IGSS y las donaciones privadas (muy limitadas), que siempre son bienvenidas.

Unicar no ha sido ajena a la incomprensión y la ambición de politiqueros con poder temporal, que se repiten en cada Gobierno. Afortunadamente, sus fundadores y amigos la han defendido a capa y espada, y sigue salvando vidas.

An opinion column published in "elEditorial" expressing support towards UNICAR. Stating it is a non-lucrative, semiautonomous, state health establishment.

After multiple audits conducted by the General Comptroller's Office and the Ministry of Public Health during the period from 2003 to 2008, it was demonstrated that all reviewed operations are adequately supported by corresponding documentation. The funds granted by the State were efficiently executed and used to achieve UNICAR's objectives.

As a result of this audit, no complaints were filed with the Public Ministry or the General Comptroller's Office

regarding mismanagement of public funds, poor administration, influence peddling, or money laundering.

AUDIT BY THE MINISTRY OF PUBLIC HEALTH, NOVEMBER 2009

The audit conducted by the Ministry of Public Health did not find any significant findings, only a few errors that were corrected as per instructions from Lic. Elizabeth de Chacón.

AUDIT BY THE MINISTRY OF PUBLIC HEALTH, JULY 2010

The audit by the Ministry of Public Health did not identify any reportable findings. Lic. Chacón.

FOURTH CHAPTER

NEW DONATION FROM THE HEINEMANN FOUNDATION TO UNICAR (APRIL 2009)

The Board of Directors accepts a donation from Dr. Robicsek consisting of a Server (kinetdx), 12 licensed workstations, and technical - professional support, including installation assistance and report translation.

The system involves the transmission of echocardiographic studies through the Internet. Additionally, the donation includes a Polycom video conferencing system, which will be used for the presentation of interesting cases or clinical discussions. This represents the first telemedicine system installed in Guatemala's national hospital network at no cost to the country.

In January 2010, the Official Inauguration of the Digital Echocardiography System takes place. The system includes software for receiving, storing, transmitting, and sharing images instantly over long distances through workstations. The central server is located at UNICAR and connected to servers located in regional hospitals across the country. Additionally, four digital echocardiography machines with color Doppler are provided, which will be periodically distributed to selected regional hospitals throughout the country based on the criteria set by the Ministry of Public Health and the availability of necessary infrastructure.



Digital echocardiography equipment with color Doppler, Siemens brand, is one of the four donated units that will be connected to the long-distance communication network.



Engineer Fernando Cardona showcasing the Kinetdx Server that receives, stores, and transmits echocardiography images from any point in the country connected to the UNICAR system, where a specialist cardiologist interprets the images and returns them to the original location with the corresponding report.



During the Inaugural Ceremony, the following individuals attended, from left to right and in the front row: Mrs. Lilly Robicsek, Dr. Francis Robicsek, Engineer Fernando Paiz, Miss Theresa Johnson, Mr. Paul Franz, Mrs. Mary de McDeavitt, Dr. José Raúl Cruz Molina. In the second row, in the same order: Dr. Geoffrey Ross, Mrs. Donell Aikens, Engineer Bill Aikens, Mrs. Linda Rose, Mr. Michael Rose, Dr. James McDeavitt, and Dr. Luis Arango.



Inaugural Ceremony of the Digital Echocardiography System with Kinetdx software that receives, stores, processes, and transmits images from any point in the country connected to UNICAR. The ceremony is presided over by Dr. Francis Robicsek, Dr. Rafael Espada, Dr. Silvia Palma Ruiz, and Dr. José Raúl Cruz Molina.



Dr. Francis Robicsek, Dr. José Raúl Cruz Molina, and Mr. Paul Franz.

SIGNIFICANT BUDGET CUT IN THE STATE ALLOCATION FOR 2010

Lic. Roberto Ramirez, Financial Director of UNICAR, reports that according to the agreement with MSPAS (Ministry of Public Health and Social Assistance), the allocated budget for 2009 was Q 38 million, but only Q 36 million was received, leaving a balance of Q 2 million. Similarly, for the year 2010, Q. 30 million was allocated, but only Q. 25,225,000 was received, leaving a balance of Q. 4,775,000.00 that was never recovered. It is estimated that UNICAR will have to reduce its production by 25%.

UNICAR is once again facing a crisis of sustainability due to multiple cuts in state subsidies.

THE MEDIA SUPPORT UNICAR

Siglo XXI - Guatemala

sigloxxi.com
GUATEMALA

Guatemala, Lunes 24 de Mayo de 2010

Nacional

Unicar reducirá cirugías en un 25% al mes

De las 40 cirugías mensuales que la entidad a realizado, sólo logrará 30 como consecuencia del poco presupuesto.

Wendy Moctezuma wmoctezuma@sigloxxi.com

Pese a que la Unidad de Cirugía Cardiovascular de Guatemala (Unicar) firmó un convenio con el Ministerio de Salud Pública y Asistencia Social (MSPAS) para la asignación anual de Q7.5 millones, de la cual recibió el lunes pasado el primer desembolso de los cuatro que espera alcanzar en el año, aún no es suficiente para continuar con la labor que realiza, explica el director de la entidad, José Raúl Molina.

Unicar efectúa un aproximado de 40 cirugías mensuales, las cuales tendrán que reducir a 30, ya que el presupuesto no les permite continuar con esa cantidad de intervenciones quirúrgicas. "El precio de cada operación es de unos Q70 mil, y no podemos costear eso con tan pocas finanzas", advierte Molina.

Agrega que el vicepresidente Rafael Espada les prometió aumentar Q20 millones anuales a los Q30 millones que reciben, el próximo año. "Nos prometió que incrementaría a Q50 millones el próximo año, con lo cual la situación podría ser más alentadora", expresa.

Unicar will reduce surgeries by 25% per month. Despite the fact that the Cardiovascular Surgery Unit of Guatemala (Unicar) signed an agreement with the Ministry of Public

Health and Social Assistance (MSPAS) for an annual allocation of Q7.5 million, of which they received the first disbursement last Monday, out of the four they hope to receive this year, it is still not enough to continue the work they do," explains the director of the organization, José Raúl Molina.

Unicar performs approximately 40 surgeries per month, which will have to be reduced to 30, as the budget does not allow them to continue with that number of surgical interventions. "The cost of each operation is around Q70,000, and we cannot afford that with such limited finances," warns Dr. José Raúl Cruz Molina.

He adds that Vice President Rafael Espada promised to increase their annual funding from Q30 million to Q50 million next year.

"He promised to increase it to Q50 million next year, which could make the situation more encouraging," he says.

elPeriodico de Guatemala

elPeriodico

País

Unicar podría colapsar en julio por falta de presupuesto, advierten

Louisa Reynold

La Unidad de Cirugía Cardiovascular de Guatemala (Unicar) podría colapsar en dos meses por falta de recursos, advirtió ayer Aldo Castañeda, director del departamento de Pediatría. El galeno explicó que el presupuesto solicitado para 2010 ascendía a Q50 millones, pero sólo Q30 millones fueron autorizados en 4 pagos trimestrales de Q7.5 millones, cifra que representa un 23 por ciento menos del aporte otorgado en años anteriores. Sin embargo, hasta la fecha, Unicar no ha recibido ni un centavo.

Guillermo Gaitán, coordinador del departamento de Pediatría, explicó que hasta la fecha el nosocomio ha sobrevivido endeudándose y ha llegado a un punto de crisis: "Actualmente tenemos 2 meses en lista de espera. Si no recibimos el aporte que nos debe el Gobierno para julio, no podremos funcionar", dijo. La diputada eferregista, Zury Ríos, integrante de la Comisión de Salud y Asistencia Social, quien se reunió con los dos galenos, explicó que instó al ministro de Finanzas Públicas, Juan Alberto Fuentes Knight, a priorizar el tema de salud y hacerle llegar a Unicar los recursos que necesita.

elPeriódico llamó en repetidas ocasiones al viceministro de Finanzas Públicas, Erick Coyoy, pero no respondió a las llamadas.

Guatemala, lunes 17 de mayo de 2010

Imprimir

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Unicar could collapse in July due to a lack of budget, they warn.

The Cardiovascular Surgery Unit of Guatemala (Unicar) could collapse in two months due to a lack of resources, warned Aldo Castañeda, director of the Pediatrics department, yesterday.

The physician explained that the budget requested for 2010 amounted to Q50 million, but only Q30 million was authorized in four quarterly payments of Q7.5 million, a figure that represents 23 percent less than the contributions granted in previous years.

However, to date, Unicar has not received a single cent. Guillermo Gaitán, coordinator of the Pediatrics department, explained that the hospital has survived until now by incurring debt and has reached a crisis point: "Currently, we have a waiting list of 2 months. If we do not receive the government's contribution by July, we will not be able to operate," he said. Zury Ríos, a member of the Health and Social Assistance Committee and affiliated with the eferregista party, who met with the two physicians, explained that she urged the Minister of Public Finance, Juan Alberto Fuentes Knight, to prioritize the health issue and provide Unicar with the necessary resources.

elPeriódico made repeated calls to the Deputy Minister of Public Finance, Erick Coyoy, but he did not answer the calls.

THE GENERAL HUMAN RIGHTS TAKES ACTION

The General Human Rights initiates an investigation process into the consequences of the Q 8 million reduction in UNICAR's budget, as well as the delay in the delivery of agreed contributions. It considers that 83% of pediatric patients belong to the public health sector, which represents the most vulnerable population. It was informed that the 25% reduction in UNICAR's production was a result of the budget cut by the State.

At the request of General Human Rights, a response is provided regarding the investigation into human rights violations due to production cuts in 2010. It indicates that due to lack of budget, necessary medications and

supplies are not available, necessary modifications to the building facilities cannot be made, and there is no ambulance for patient transportation. It clarifies that these issues do not depend on UNICAR but on the authorities of the Ministry of Public Health.

CONGRESS SUPPORTS UNICAR AND OTHER ENTITIES

November 2010

The Finance Committee of Congress issues a favorable opinion to authorize an additional contribution of 20 million quetzales, in addition to the initially allocated 30 million quetzales, as part of the national income and expenditure budget for a total of 50 million quetzales for the year 2011.

The direct intervention and interest of Dr. Rafael Espada, Vice President of the Republic, before the Finance Committee of the Congress, was crucial in obtaining the budget increase for UNICAR. According to the media, the Executive branch feared the resignation of the Vice President before the end of his term as a sign of rejection.

ANOTHER VALUABLE DONATION FROM THE HEINEMAN FOUNDATION

In August 2010, Dr. Francis Robicsek, with his usual interest and desire to help UNICAR, offers another donation consisting of another Mobile Cardiovascular Diagnostic Laboratory, similar to the one installed in UNICAR two years ago.

Considering that we already have one at UNICAR and it is functioning properly, the decision is made to offer it to a public or private hospital within the national network. After evaluating the situation with Ministry authorities and Dr. Robicsek, the city of Quetzaltenango was selected as the location to install this equipment due to its better conditions. Dr. José Raúl Cruz Molina visited Quetzaltenango for several days to assess the local situation in both the public and private sectors. Genuine interest in the project was felt in both environments, but the private sector (Quetzaltenango Private Hospital) had the best structural, environmental, and functional conditions compared to what San Juan de Dios Public Hospital offered.

During the visit, I had the pleasure of being accompanied by Dr. Marconi Juracán, a cardiologist trained in Mexico and the United States, who practices successfully in Quetzaltenango and enjoys prestige among the population. He expressed a strong interest in expanding his training in the field of Hemodynamics and Cardiac Catheterization, attending the Hemodynamics Laboratory at UNICAR once or twice a week and being supervised by Dr. José Miguel Castellanos, the Head of the Laboratory.

After the visit, the situation was presented to the authorities of the Ministry of Public Health and the Heineman Foundation of Charlotte, North Carolina, to make the final decision regarding the location of the laboratory. Several meetings were held, and taking into consideration that the main objective of the Heineman Foundation is to focus its social and humanitarian aid especially on the most vulnerable population in developing countries, the San Juan de Dios Regional Hospital in Quetzaltenango was chosen as the location.

Subsequently, representatives from the Heineman Foundation, the Ministry of Public Health, technical and professional personnel, visited the hospital to assess the installation site for the equipment and provide technical infrastructure instructions for receiving and installing the second Mobile Hemodynamics Laboratory.

All expenses for this project, including the transportation of the equipment from the United States to Quetzaltenango, technical and professional assistance, accommodation, etc., have been covered by the Heineman Foundation.

UNICAR has served as a coordinating body among different entities and provided support in personnel training. The internal organization of the project, technical and professional staff, and maintenance are the responsibility of the authorities of the Quetzaltenango Hospital. Two years later, in October 2011, the Official Inauguration of the Mobile Cardiovascular Diagnostic Laboratory takes place at the Regional Hospital of Quetzaltenango, which will be named after Dr. Rafael Espada in recognition of his collaboration in the project.



From left to right: Dr. Giovanni Ortega, Director of the Regional Hospital of Quetzaltenango; Dr. Silvia Palma de Ruiz, Vice Minister of Public Health; Dr. Francis Robicsek, President of the Heineman Foundation; Dr. Ludwig Ovalle López, Minister of Public Health; Dr. Rafael Espada, Vice President of the Republic of Guatemala; Mr. Marco Herrera, Governor of Quetzaltenango; Dr. James McDeavitt; and Mr. James Bissell, who, in memory of his late mother, Mrs. Sara Harris Bissell, officially presents the donation of the Hemodynamics Laboratory to the Regional Hospital of Quetzaltenango.



Dr. Francis Robicsek, Dr. Rafael Espada, and Dr. Ludwig Ovale touring the interior of the Laboratory.



Dr. Robicsek and Dr. José Raúl Cruz Molina visiting the Laboratory.



Mrs. Francis Robicsek, daughter of Dr. Robicsek, and Engineer Fernando Paiz, and the general public.

CLINICAL RESEARCH AGREEMENT BETWEEN INCAP AND UNICAR

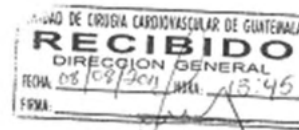
February 2011

An agreement is established between INCAP and the Aldo Castañeda Foundation for clinical research. This agreement will be signed between these entities and approved by the UNICAR Board of Directors since the studies will be conducted with UNICAR patients. The Ethics and Research Committee (led by Dr. Joaquín Barnoya) will present the research protocols, requiring individual consent from the patients who wish to participate.

AUDIT BY THE MINISTRY OF PUBLIC HEALTH (2011)

On June 28, auditors from the Ministry of Public Health (MSP) conducted a financial and budgetary audit, finding no significant findings. They only provided recommendations regarding internal controls, which do not indicate any anomalies in the management of the Unit.

MINISTERIO DE RELACIONES EXTERIORES
REPUBLICA DE GUATEMALA, C. A.



Nota N° CO.9-744-PROTOC

Guatemala, 30 de junio de 2011

Señor Director:

Tengo el agrado de saludarlo y transcribirle el Acuerdo Gubernativo que copiado literalmente dice:

"Acuerdo Gubernativo número 195-2011. Palacio Nacional de la Cultura, Guatemala, 16 de junio de 2011. El Presidente de la República y Jefe Supremo de la Orden del Quetzal, CONSIDERANDO: Que la Constitución Política de la República establece dentro de las funciones del Presidente de la República conceder condecoraciones a guatemaltecos y extranjeros. CONSIDERANDO: Que el Señor Doctor José Raúl Cruz Molina, Director de la Unidad de Cirugía Cardiovascular de Guatemala (UNICAR), en sus labores al frente de esa importante dependencia ha conseguido influir vigorosamente en el mejoramiento de la salud de la población guatemalteca y ha contribuido a la formación de profesionales de la ciencia médica a través de la docencia, por lo que resulta procedente honrar sus méritos personales y ensalzar su patriótica y humanitaria labor. POR TANTO: En el ejercicio de las funciones que le asigna el artículo 183, inciso u) de la Constitución Política de la República de Guatemala y con base en lo que dispone el artículo 4 del decreto número 84-73 del Congreso de la República. EN CONSEJO DE MINISTROS ACUERDA: Artículo 1 – Conceder la Orden del Quetzal en el grado de Gran Cruz al Señor Doctor José Raúl Cruz Molina, Director de la Unidad de Cirugía Cardiovascular (UNICAR). Artículo 2 – El Ministerio de Relaciones Exteriores queda encargado del cumplimiento del presente Acuerdo y de disponer lo necesario para la entrega de la insignia y el diploma correspondientes. Artículo 3 – El presente Acuerdo comienza a regir inmediatamente. COMUNÍQUESE: ÁLVARO COLOM CABALLEROS, EL CANCELLER DE LA ORDEN DEL QUETZAL, EMBAJADOR HAROLDO RODAS MELGAR, MINISTRO DE RELACIONES EXTERIORES. (Siguen las firmas de los Señores Vicepresidente de la República y Ministros de Estado). Registrado en la Secretaría General de la Presidencia en Libro 3, folio 45, casilla 65, el 16 de junio de 2011.

Me complace en expresar al Señor Director el testimonio de mi más alta y distinguida consideración,



[Handwritten Signature]
Embajadora Verónica Grajeda Castillo
Directora General de Protocolo
y Ceremonial Diplomático

Señor Doctor
José Raúl Cruz Molina
Presente

Letter directed to Dr. José Raúl Cruz Molina on behalf of Ambassador Verónica Grajeda Castillo, General Director of Diplomatic Protocol and Ceremonies, saying:

Mr. Director:

I am pleased to greet you and transcribe the Government Agreement that literally says:

"Governmental Agreement number 195-2011. National Palace of Culture, Guatemala, June 16, 2011. The President of the Republic and Supreme Head of the Order of the Quetzal, CONSIDERING: That the Political Constitution of the Republic establishes within the functions of the President of the Republic to grant decorations to Guatemalans and foreigners. CONSIDERING: That Mr. Doctor José Raúl Cruz Molina, Director of the Cardiovascular Surgery Unit of Guatemala (UNICAR), in his work at the head of that important unit has managed to vigorously influence the improvement of the health of the Guatemalan population and has contributed to the training of medical science professionals through teaching, so it is appropriate to honor their personal merits and praise their patriotic and humanitarian work. THEREFORE: In the exercise of the functions assigned to it by article 183, Section u) of the Political Constitution of the Republic of Guatemala and based on the provisions of article 4 of decree number 84-73 of the Congress of the Republic. IN THE COUNCIL OF MINISTERS AGREES: Article 1 - Grant the Order of the Quetzal in the degree of Grand Cross to Mr. Doctor José Raúl Cruz Molina, Director of the Cardiovascular Surgery Unit (UNICAR). Article 2 - The Ministry of Foreign Affairs is responsible for compliance with this Agreement and for arranging what is necessary for the delivery of the corresponding insignia and diploma. Article 3 - This Agreement comes into force immediately. CONTACT: ÁLVARO COLOM CABALLEROS, THE CHANCELLOR OF THE ORDER OF QUETZAL AMBASSADOR HAROLDO RODAS MELGAR, MINISTER OF FOREIGN AFFAIRS. (The signatures of the Vice President of the Republic and Ministers of State follow). Registered in the General Secretariat of the Presidency in Book 3, folio 45, box 65, on June 16, 2011.

I am pleased to express to the Director the testimony of my highest and most distinguished consideration,

Ambassador Verónica Grajeda Castillo, General Director of Diplomatic Protocol and Ceremonies.

ORDER OF THE QUETZAL FOR DOCTOR JOSÉ RAÚL CRUZ MOLINA

Doctor José Raúl Cruz Molina is awarded the Order of the Quetzal in the rank of Grand Cross on July 1, 2011, in the Main Hall of the National Palace of Culture, for his work in benefit of the people of Guatemala through the development of the first nationwide Cardiovascular Surgery program.



Doctor Rafael Espada, Vice President of the Republic of Guatemala, bestowing the Order of the Quetzal upon Doctor José Raúl Cruz Molina.



Dignitaries from various government and private entities, including the Vice Presidency of the Republic, the Ministry of Public Health, the Guatemalan Medical Association Dr. Rafael Espada, the Francisco Marroquín Faculty of Medicine, the Heinemann Foundation of Charlotte, North Carolina, the Regional Hospital of Quetzaltenango, and the Cardiovascular Surgery Unit, accompany honoree Dr. José Raúl Cruz Molina and his distinguished wife Mrs. Berta Alicia Barrios de Cruz.



Doctor José Raúl Cruz Molina and his wife Berta Alicia Barrios de Cruz.



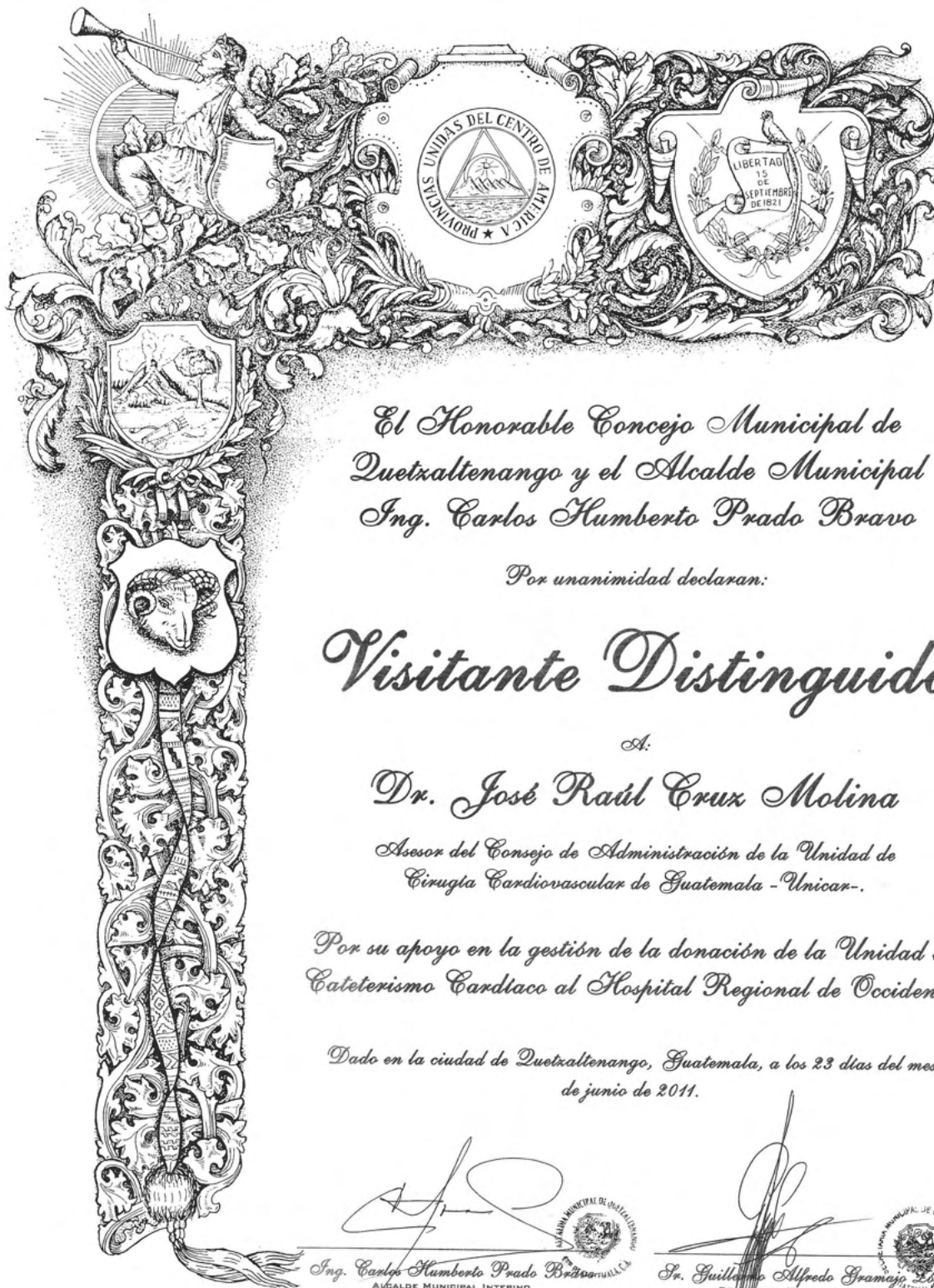
From left to right, Doctor Francis Robicsek, Mrs. Berta Alicia Barrios de Cruz, Doctor José Raúl Cruz Molina, and Doctor Rafael Espada.



From left to right Doctor Carlos Cruz Barrios, Mrs. Berta Alicia Barrios de Cruz, Lic. Alejandro Cruz Barrios, and Mrs. Brenda Cruz de Sandoval accompanying Dr. José Raúl Cruz Molina.



DR. JOSÉ RAÚL CRUZ MOLINA RECEIVES THE DISTINC-
TION OF DISTINGUISHED GUEST FROM THE
HONORABLE MUNICIPAL COUNCIL AND THE MAYOR
OF QUETZALTENANGO



*El Honorable Concejo Municipal de
Quetzaltenango y el Alcalde Municipal
Ing. Carlos Humberto Prado Bravo*

Por unanimidad declaran:

Visitante Distinguido

A:

Dr. José Raúl Cruz Molina

*Asesor del Consejo de Administración de la Unidad de
Cirugía Cardiovascular de Guatemala - Unicar-*

*Por su apoyo en la gestión de la donación de la Unidad de
Cateterismo Cardíaco al Hospital Regional de Occidente.*

*Dado en la ciudad de Quetzaltenango, Guatemala, a los 23 días del mes
de junio de 2011.*

Ing. Carlos Humberto Prado Bravo
ALCALDE MUNICIPAL INTERINO

Sr. Guillermo Alfredo Gramajo López
SECRETARIO MUNICIPAL INTERINO

VIDEO CONFERENCING SYSTEM DONATED TO UNICAR

Dr. Robicsek, with his usual activity and desire to collaborate with UNICAR, initiates the steps to develop a video conferencing program between the hospital in Charlotte and UNICAR. The complete donation and its corresponding installation are carried out with engineers from the United States and Guatemala.



Engineer Fernando Cardona and IT Technician Axel Aguilar showcasing the Video Conferencing Equipment installed by North American technicians from the Heineman Foundation and the Carolinas Health Care Center of North Carolina. With this equipment, UNICAR will be able to conduct medical inter consultations for echocardiography or other branches, as well as clinical conferences.



Doctors from UNICAR and personnel from the Ministry of Public Health in direct communication through video conferencing with staff from the Health Care System and Heineman Foundation in Charlotte, North Carolina.

Inauguración de Cardiolaboratorio coordinado por Amegeso en sede de Unicar

Dr. César Leonel González Camargo



Inauguration of the Cardiolab Coordinated by Amegeso at the Unicar Headquarters

With the aim of providing patients arriving at the Outpatient Clinic of this unit with a faster and more convenient Clinical Laboratory service, Amegeso, supported by the company Labymed, successfully renovated a space and set up the Cardiolab with state-of-the-art equipment, managed by experienced professional and secretarial staff.

The inauguration took place on December 9th, 2011, on the first floor of the Unicar headquarters, with the presence of members of the Amegeso and Unicar Board of Directors, as well as the majority of Amegeso members and medical and technical staff from Unicar.

Since that date, individuals visiting the Outpatient Clinic have benefited from this service, which currently operates from Monday to Friday, from 7 AM to 3 PM. They receive their results quickly, without the need to go to another institution, and can continue their medical care at the corresponding clinics. Moreover, with affordable prices, patients have greatly benefited, and their satisfaction is evident through the increasing demand each day.

In the future, there are plans to expand the coverage to further support UNICAR and the population in need of its services.



From left to right: Mr. Iñaki Altuna, Dr. Sergio Leal, Dr. Mario Ríos Paredes, and Dr. José Raúl Cruz Molina during the inauguration of the Cardiac Laboratory.



From left to right: Dr. Leonel González Camargo, Dr. Salvador López, Dr. Mario Ríos Paredes, Dr. Sergio Leal, Dr. Carlos Aragón Díaz, Dr. José Raúl Cruz Molina, Mr. Miguel Ángel Espinoza, and Mr. Leonel Bran. In the back: Dr. Ismael Guzmán Rodríguez, Engineer Joseph Fisher, Dr. Arturo Ramazzini, Dr. Héctor Estrada Arias, Mr. Roberto Ramírez, and the general public.



Mr. Iñaki Altuna, Dr. José Raúl Cruz Molina, and Dr. Mario Ríos Paredes cutting the symbolic ribbon during the inauguration of the Cardiac Laboratory.



Technical staff working with the modern equipment of the Cardiac Laboratory.

EXPANSION PROJECT OF THE NATIONAL ECHOCARDIOGRAPHY SYSTEM

The Regional Hospital of Escuintla was selected as the second national hospital center after Quetzaltenango and benefited from the donation and installation of a Digital Echocardiography Clinic with color Doppler. Donated by the Heineman Foundation from Charlotte, North Carolina, through the Cardiovascular Surgery Unit of Guatemala (UNICAR), it will be operated by a specialized technician trained in the United States of America. The studies and their images obtained by the technician will be sent electronically to UNICAR, where they will be received, processed, and interpreted by an echocardiologist, and the report will be sent back in the same manner. The primary goal of the project is to support the Ministry of Public Health so that this modern technology can be used free of charge for the needy population in different departments of the country.



Regional hospital of Escuintla.



Miss Theresa Johnson, Executive Director of the Heineman Foundation from North Carolina, Dr. Francis Robicsek, Miss Mariela Rodas, Echocardiography Technician, and Dr. Luis Roberto Calvo, Director of the Regional Hospital of Escuintla, in front of the Echocardiography Clinic.



Miss Theresa Johnson, Dr. Francis Robicsek, and Dr. Luis Roberto Calvo cutting the symbolic ribbon of the Echocardiography Clinic at Escuintla Hospital.



Mariela Rodas, Echocardiography Technician at Escuintla Hospital, receiving the Echocardiography equipment donated by Dr. Robicsek from the Heineman Foundation in Charlotte, North Carolina.



The Echocardiography Technician, Mariela Rodas, performing a transthoracic echocardiogram with color Doppler on a patient at Escuintla Hospital, without supervision.

ECHOCARDIOGRAPHY CLINIC IN CUILAPA, SANTA ROSA



Continuing with the Expansion Program of the Echocardiography System at the national level, in the month of August of the same year, the official Inauguration of the Echocardiography Clinic at the Regional Hospital of Cuilapa, Santa Rosa Department, took place.

INAUGURATION OF THE ECHOCARDIOGRAPHY CLINIC IN CUILAPA



Board of Directors during the inauguration of the echocardiography clinic at the Regional Hospital of Cuilapa, Santa Rosa. From left to right, Lic. Araceli Chavarría de Recinos, Representative for the Department of Santa Rosa, Doctor Margarita Elizabeth Cortez, Director of the Regional Hospital of Cuilapa, Doctor Plinio Sandoval, Coordinator of Hospitals at the Vice Ministry of Public Health, Doctor Marco Vinicio Arévalo, Vice Minister of Public Health and Social Assistance; Doctor Francis Robicsek, President of Heineman Foundation from Charlotte, North Carolina, Lic. Adeldo Salazar, Governor of the Department of Santa Rosa, and Doctor José Raúl Cruz Molina, General Director of the Cardiovascular Surgery Unit of Guatemala (UNICAR).



Doctors, nurses, and the general public during the inaugural event at the Regional Hospital of Cuilapa.



Cutting the symbolic inaugural ribbon are Vice Minister of Public Health, Doctor Marco Vinicio Arévalo, Doctor Margarita Cortez, and Lic. Adeldo Sandoval. In the background are Miss Theresa Johnson and Doctor Plinio Sandoval.



Miss Tara Finchair, Echocardiography Instructor from the Hospital in Charlotte, North Carolina, visiting her student Mrs. Flor de Lourdes de Ortiz, to guide her in her new role as the technician in charge of the Echocardiography Clinic at the Cuilapa Hospital.



The Executive Director of the Heineman Foundation, Miss Theresa Johnson, delivers the Diploma certifying Flor de Lourdes de Ortiz's training as an Echocardiography Technician.

The national Echocardiography program continues its course, and soon we will be inaugurating the fourth clinic in another Regional Hospital that already has the technical staff trained in the United States, and the Echocardiography equipment will be delivered soon.

DONATION FROM AMEGESO TO UNICAR (2012)

RECEIPT OF OPERATING TABLE FOR ADULT OPERATING ROOM DONATED BY AMEGESO

The Medical Association Doctor Rafael Espada - AMEGESO - donated an operating table for the Adult Operating Room valued at one hundred sixty-five thousand Quetzales (Q.165,000.00), which is equipped with state of the art technology to provide optimal service to patients undergoing surgery at UNICAR.

The equipment was received by Dr. José Raúl Cruz Molina, General Director of UNICAR, Dr. Rafael Espada, Head of the Adult Department, Dr. Julio Guzmán Ovalle, Head of Adult Surgery, and medical and paramedical staff of the Adult Operating Room on February 23 of the current year.



UNICAR ACQUIRES NEW STATE OF THE ART ELECTROPHYSIOLOGY EQUIPMENT FOR ABLATION, EQUIPPED WITH A THREE - DIMENSIONAL MAPPING SYSTEM, UNDER THE DIRECTION OF DOCTORS GONZALO GALVIMONTES AND SERGIO LEAL H.

RECEIPT OF ELECTROPHYSIOLOGY EQUIPMENT

Through a Public Tender, the Cardiovascular Surgery Unit of Guatemala acquired electrophysiology equipment valued at two million Quetzales (Q. 2,000,000.00), featuring cutting-edge technology. This equipment enables the performance of various studies with high definition results, facilitating the diagnosis of patients with cardiovascular problems.



ACHIEVEMENTS OBTAINED

Creation and operation of the First Cardiovascular Surgery Program in Guatemala on a national level through Government Agreement No. SP - G - 76 of February 24, 1976. With the aim of concentrating or centralizing high-specialty services and providing the community with high-quality care.

Establishing an agreement between several state institutions, committing to establish and sponsor the formation of the CARDIOVASCULAR SURGERY UNIT OF GUATEMALA.

Its headquarters were established in the premises of Roosevelt Hospital, and provisionally, an Administrative Council was formed with a representative from the Ministry of Public Health and Social Assistance, a representative from the Ministry of National Defense, and a representative from the Guatemalan Institute of Social Security. Financing was provided by these institutions, with oversight by the General Comptroller's Office. Additionally, funds were obtained through contributions from individuals and payments for services rendered.

The concentration of cardiovascular surgery services in a single hospital center was a logical idea, as it avoids the duplication of economic efforts and achieves greater skill and expertise among medical and paramedical staff by attending to a larger volume of patients, in addition to reducing operational costs.

Another important achievement was the selection of a university teaching hospital (Roosevelt Hospital) as the initial headquarters, which has various medical specialties related to cardiology and cardiovascular surgery, as well as resident doctors in the process of professional training.

After twenty years of arduous and continuous work, the CARDIOVASCULAR SURGERY UNIT is in a delicate operational situation due to financial limitations. Therefore, it was necessary to change the original administrative structure of the UNIT. Through Government Agreement No. 236-94, dated May 19, 1994, Government Agreement No. SP - G - 76 was repealed, and a new entity was created in which the private sector, through a non-profit civil organization, supports the Government of Guatemala.

This was done by formulating an agreement between the Ministry of Public Health and Social Assistance and the Guatemalan Medical Association Doctor Rafael Espada (AMEGESO), as a non-profit state-dependent entity that provides a social benefit with administrative autonomy and is subject to oversight by the General Comptroller's Office of the Nation. This institution represents the first

example of a public-private partnership in the public health sector and will be named UNICAR.

UNICAR has its own headquarters at 9th Avenue 8-00 Zone 11 on the premises of Roosevelt Hospital and provides free care to all patients referred by institutions and departments of the Ministry of Public Health and Social Assistance, as required by law.

The budget of UNICAR depends mainly on state contributions through the agreement between the Ministry of Public Health and the CARDIOVASCULAR SURGERY UNIT, as well as agreements with other institutions such as the Guatemalan Institute of Social Security, Military Medical Center, private insurers, private patients, and local or foreign donations.

Administrative autonomy has been another significant achievement, as it allows the Administrative Council to establish contracts for medical, paramedical, and administrative personnel based on careful evaluations, taking into account professional merits and the national market, in order to adjust salaries or fees according to a previously established and authorized salary scale by the Administrative Council.

This new type of administration generates interest, and Dr. Aldo Castañeda and his Foundation decided to support the CARDIOVASCULAR SURGERY UNIT in organizing the Department of Pediatric Surgery, covering this much needed service for the country since 1997. Their contribution has contributed to the development and recognition of pediatric cardiovascular surgery in Guatemala and internationally.

The organization of the Electrophysiology Department and the acquisition of modern equipment with three-dimensional mapping have positioned UNICAR at a competitive level. The development of multiple international campaigns in the field of interventional cardiology for adults and children, applying new technological advances and echocardiography, demonstrates the interest of foreign institutions that have found, in UNICAR, suitable means and a deep desire for improvement.

As such, an international institution (HeartbeatC International) has selected UNICAR among several countries in Latin America as an ideal site to develop an Electrophysiology Center. Additionally, UNICAR serves as the local Pacemaker Implantation Center, with the collaboration of the Pacemaker Bank of the Rotary Club of Guatemala.

The second purpose-built building of UNICAR has been another significant achievement, providing more physical space and facilitating the separation of the

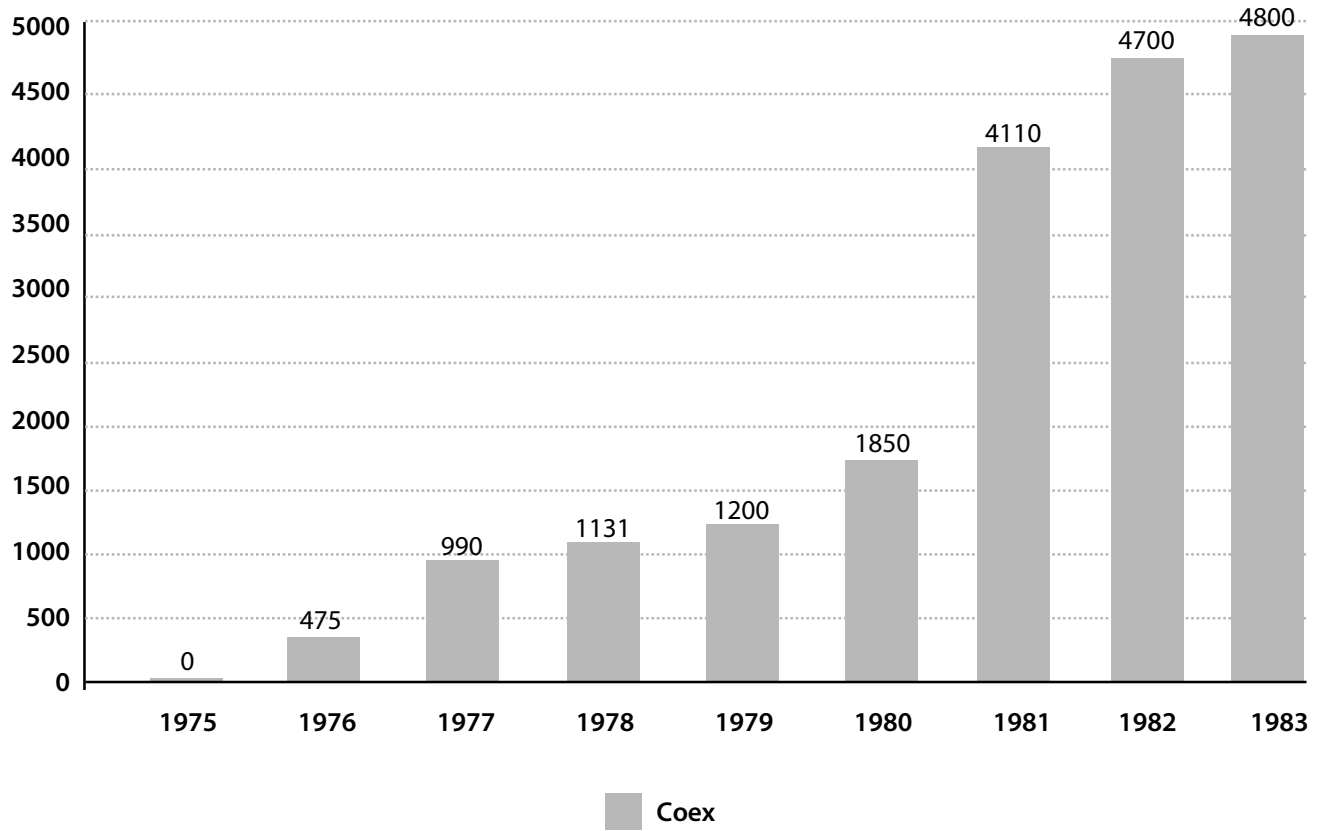
Pediatric and Adult Departments.

Despite the high level of services that UNICAR provides to the population of Guatemala City, many areas in the interior of the country do not have access to these services. Patients have to travel long distances from their villages to reach the nearest health facility. Seeking specialized cardiac care becomes practically impossible. Consequently, delayed diagnosis and referral of curable patients are common. Improving access to UNICAR for patients from rural areas through the establishment of high-tech diagnostic units in departmental capitals would be a viable solution. With the collaboration of the Heineman Foundation from Charlotte, North Carolina, and the involvement of UNICAR and the Ministry of Public Health and Social Assistance, a project was conceived and put into motion by installing the first echocardiography unit at the Regional Hospital of Quetzaltenango under the direction of Dr. Marconi Juraran. Subsequently, three more units have been installed, located at the Regional Hospitals of Escuintla, Cuilapa, Santa Rosa, and soon in another department. The donation of echocardiography equipment and the training of technical personnel both abroad and at UNICAR are offered.

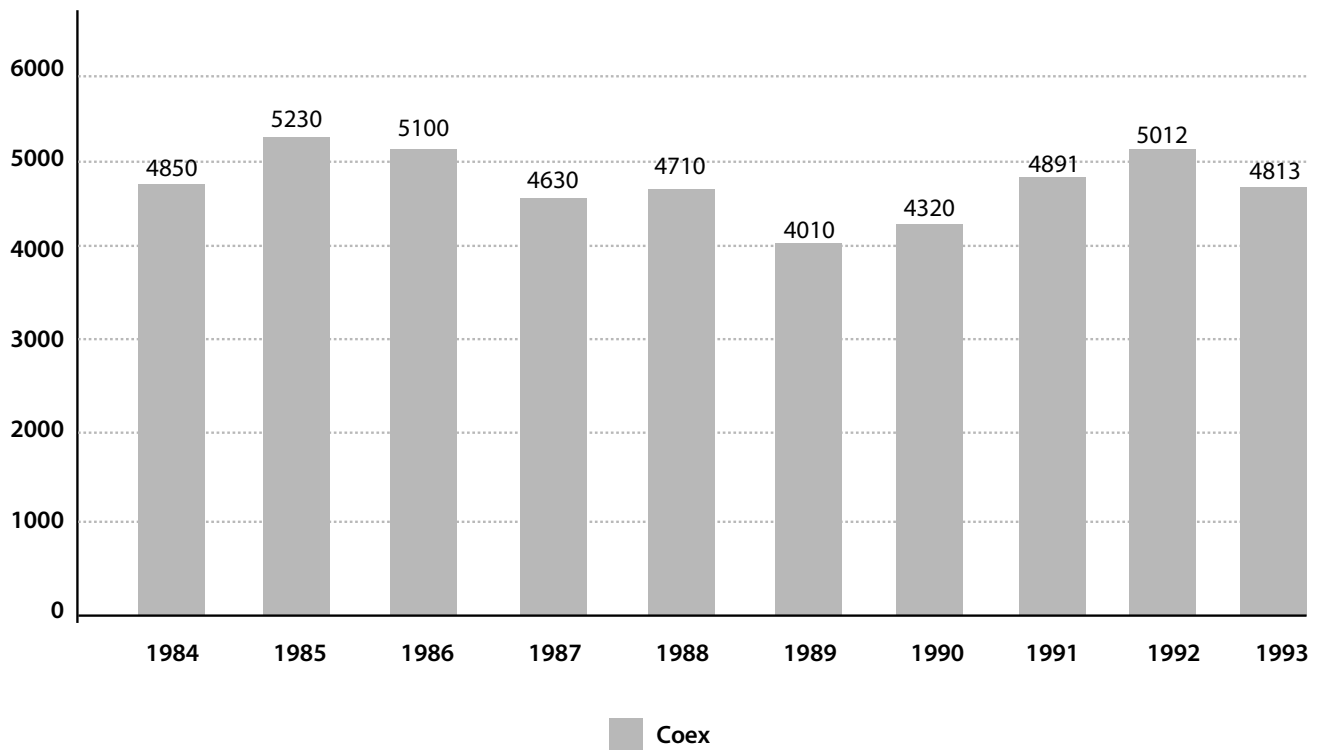
A Mobile Cardiovascular Diagnostic Laboratory installed at UNICAR and another one at the Regional Hospital of Quetzaltenango, donated by the Heineman Foundation and Carolina HealthCare System.

The **CARDIOVASCULAR SURGERY UNIT** now presents the statistical figures of the achievements in terms of production since its inception in 1976 until December 2012, covering a period of thirty-six years.

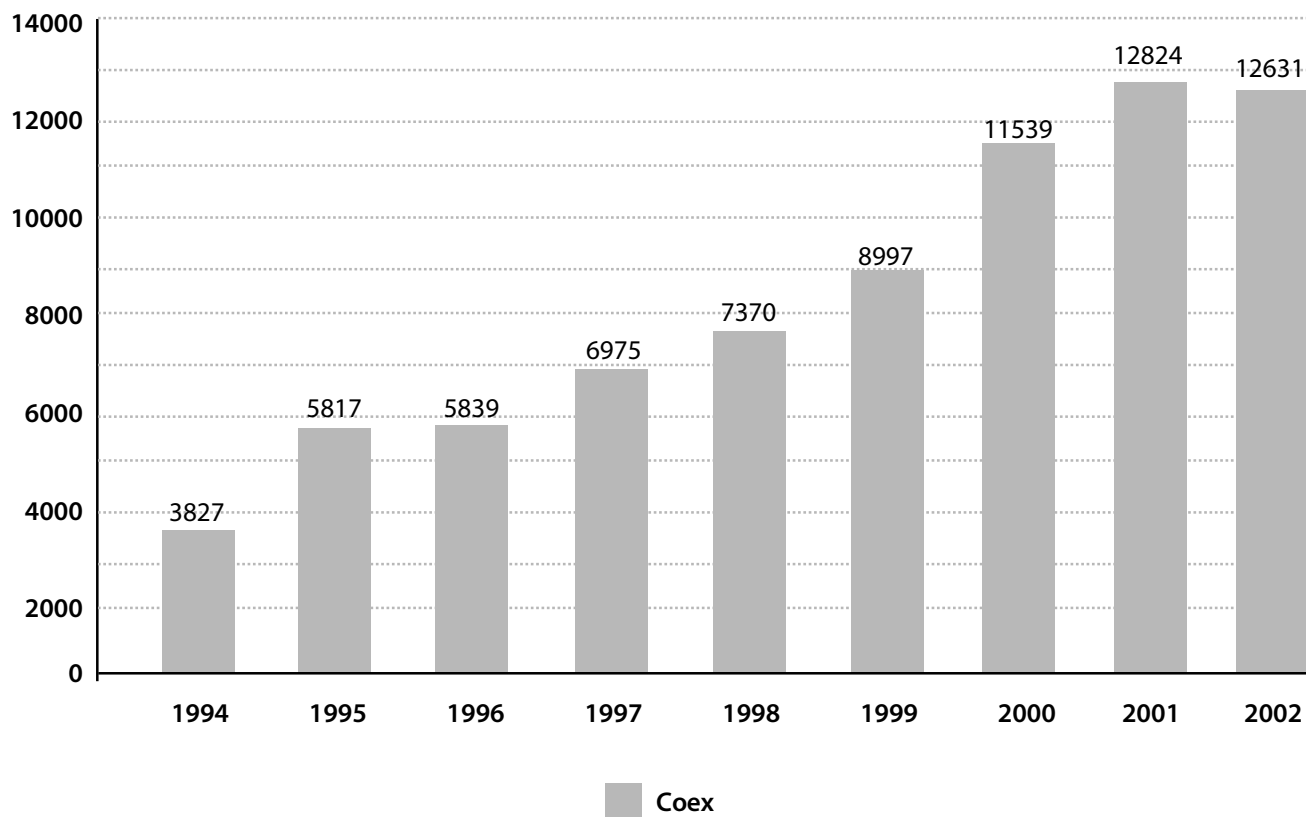
External Consultation



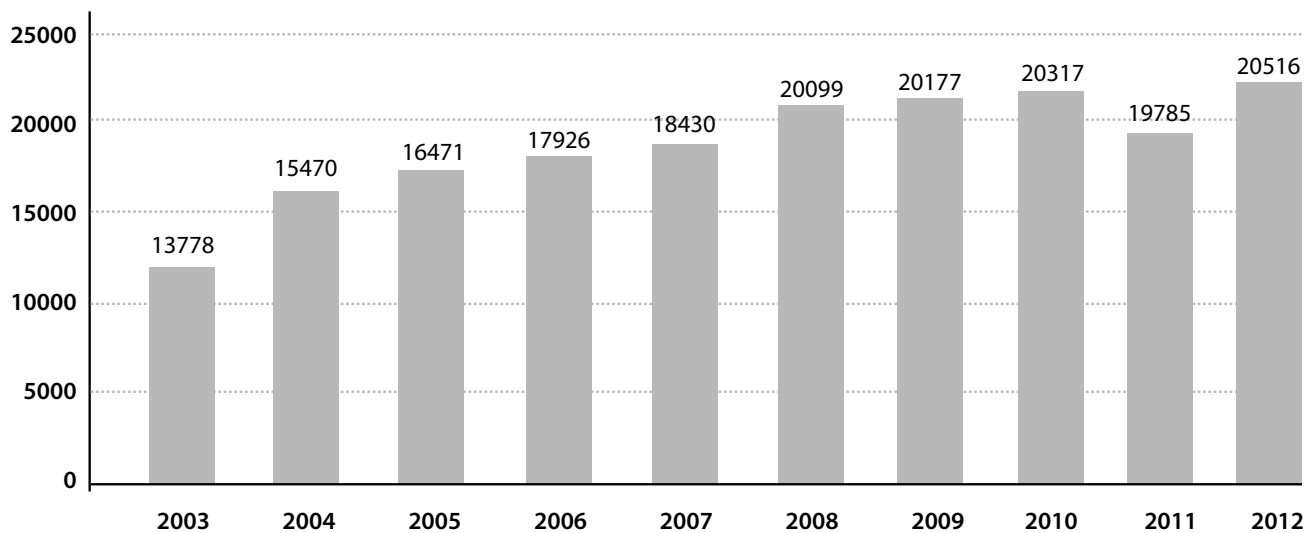
External Consultation



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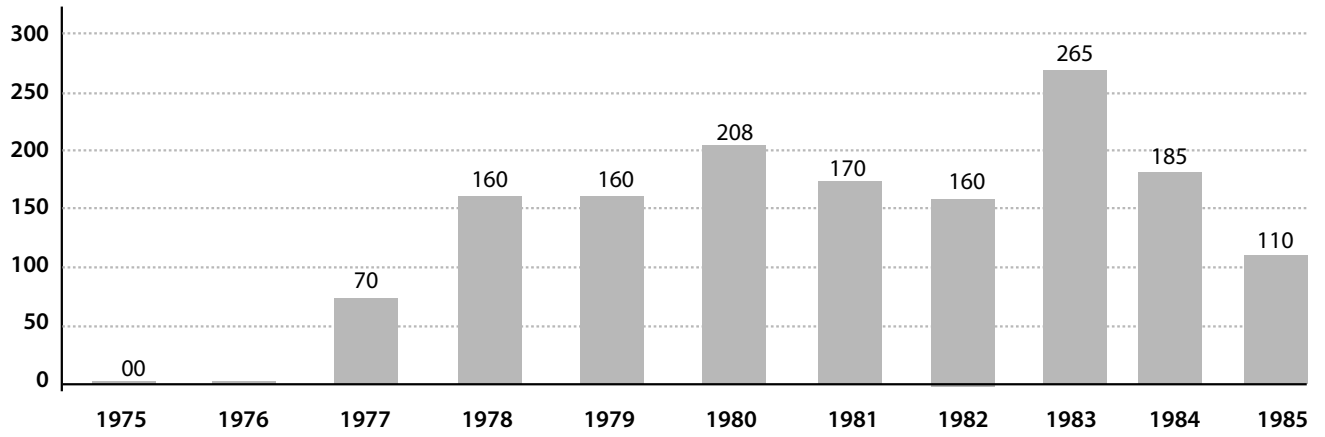


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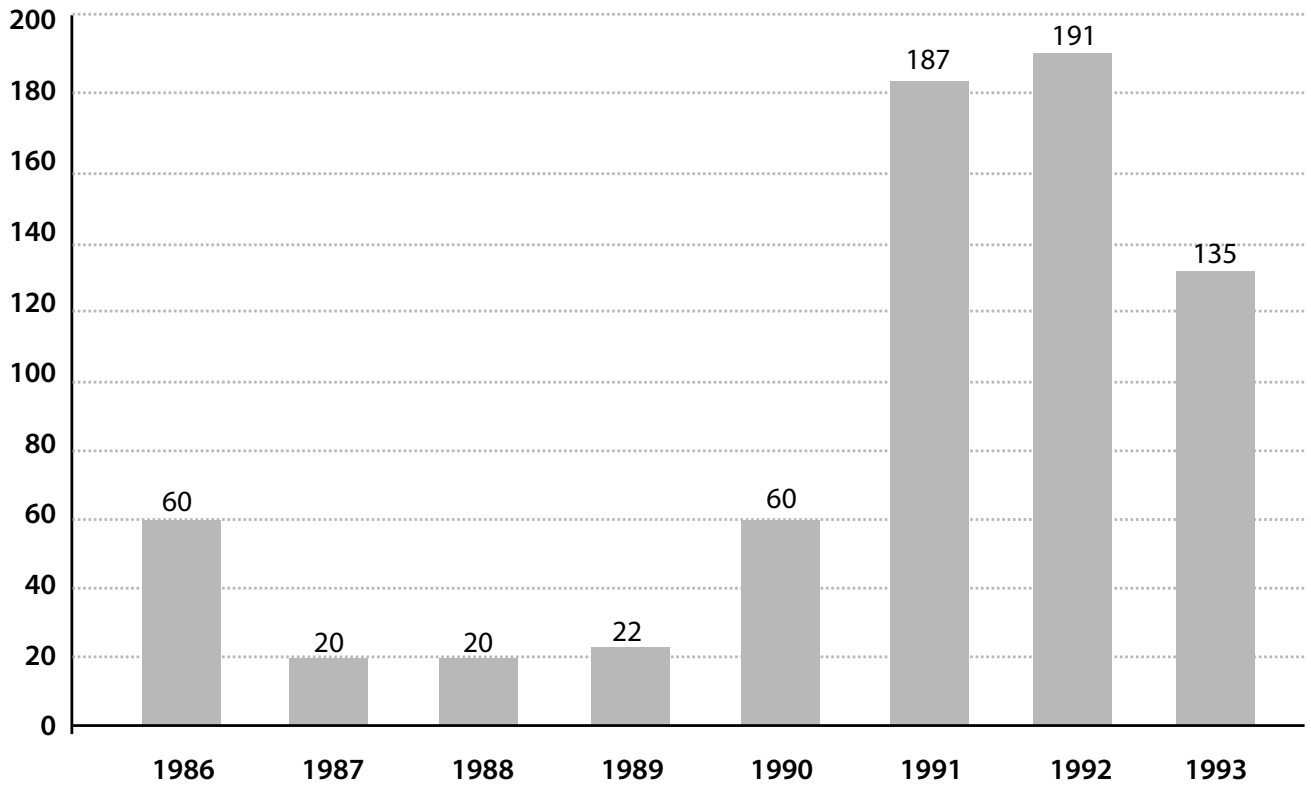


Total population treated from 1976 to 2012 is 325,218.

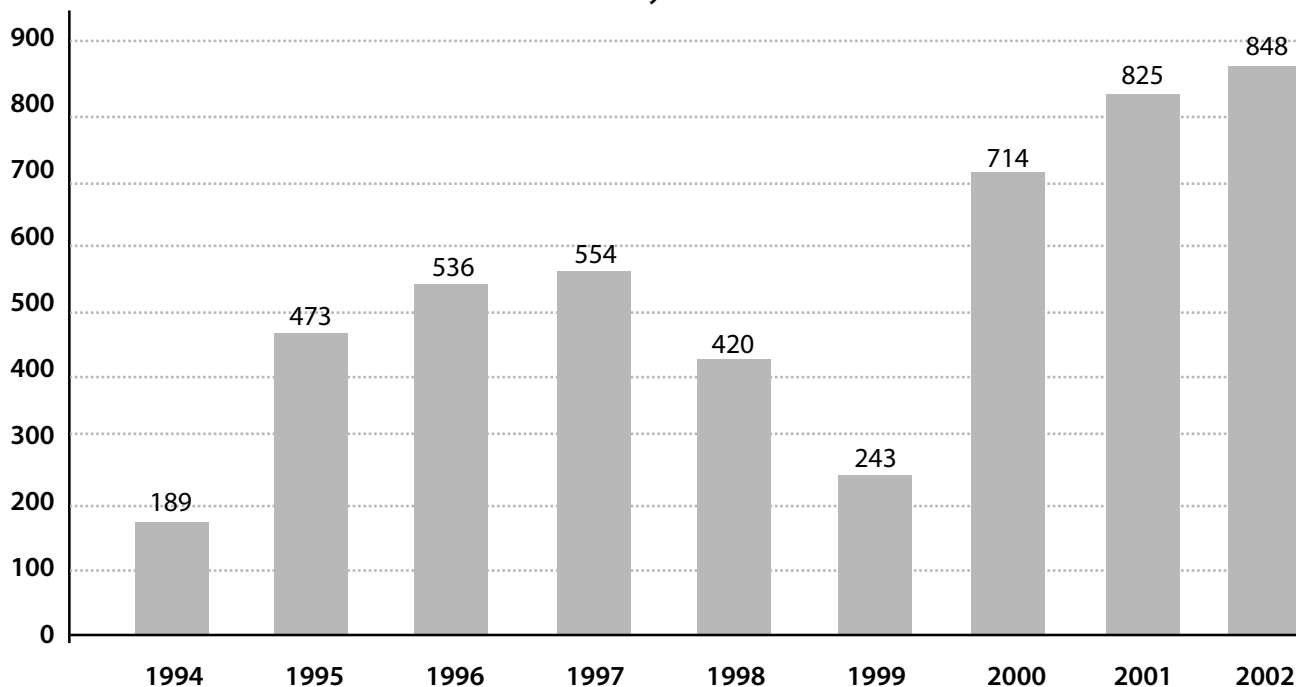
Hemodynamics



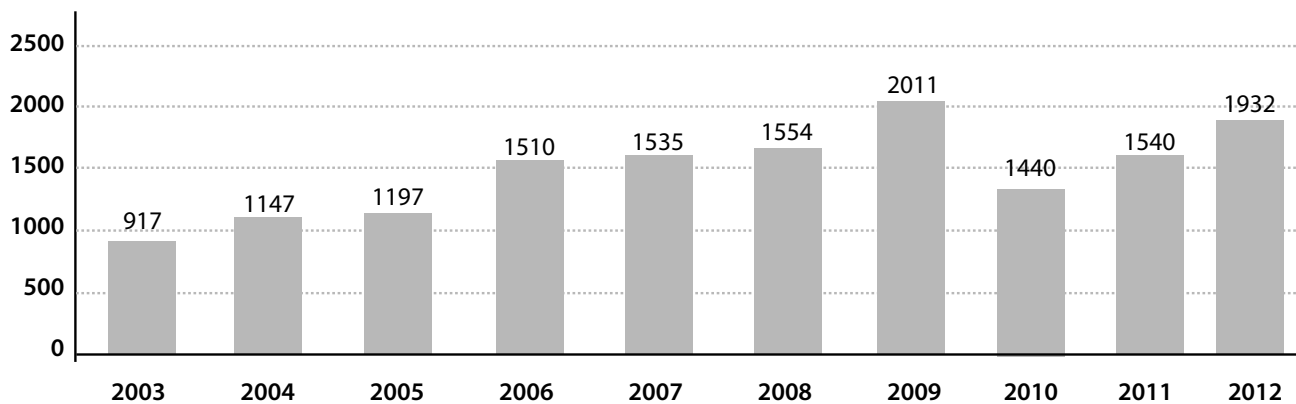
Hemodynamics



Hemodynamics

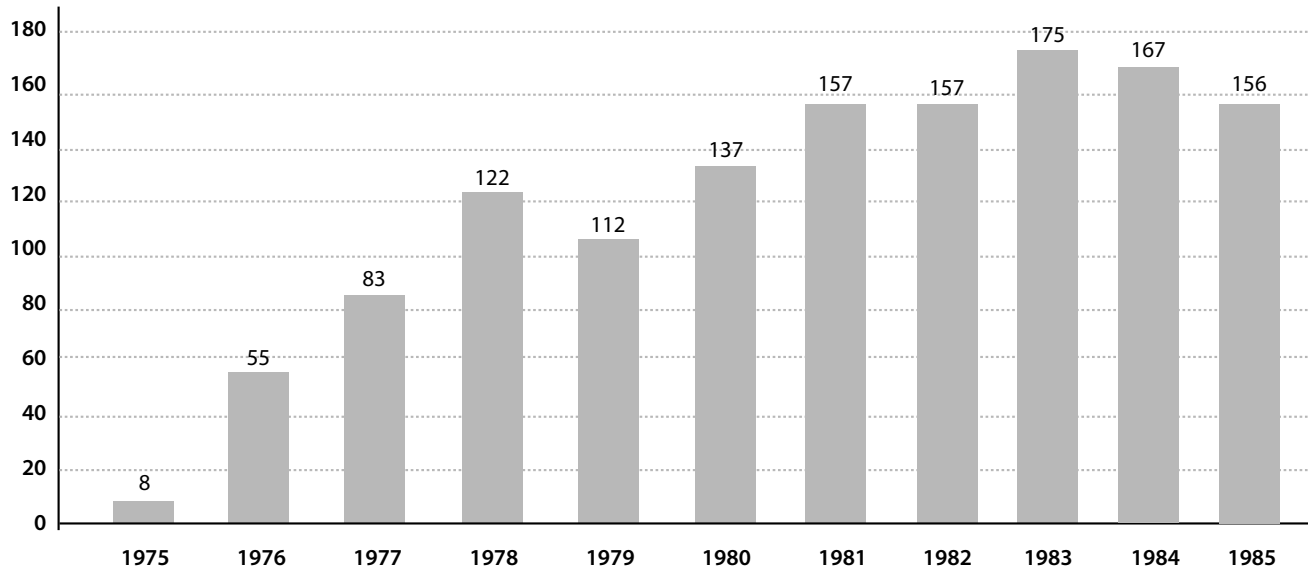


Hemodynamics

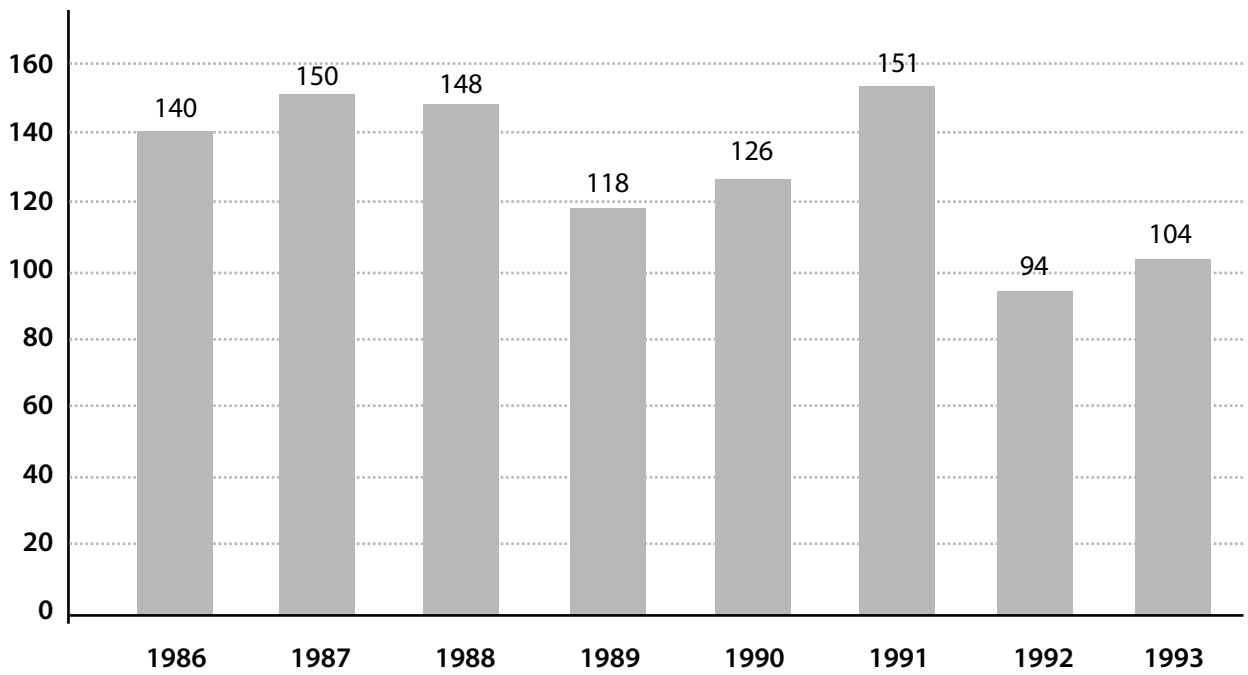


Total number of catheterizations and hemodynamic procedures done from 1976 to 2012 is 22,068.

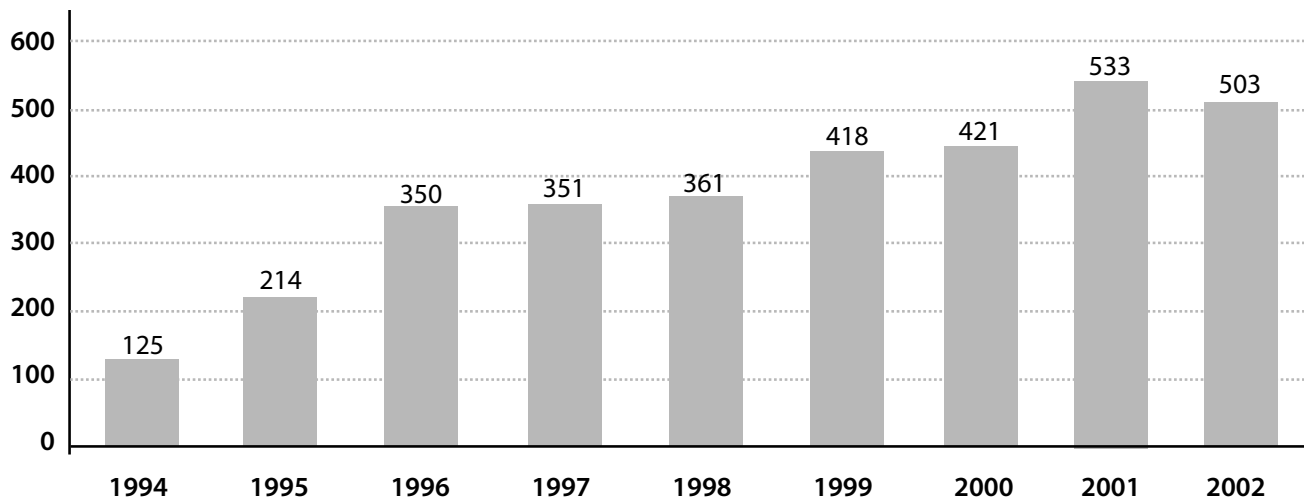
Surgeries



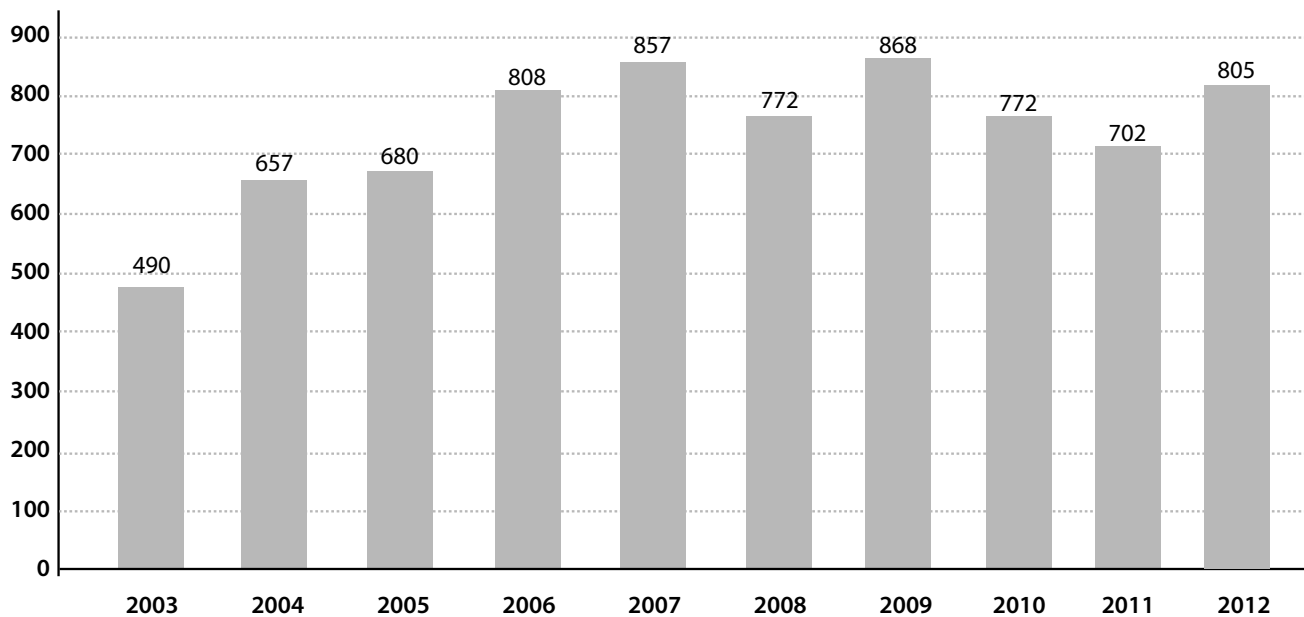
Surgeries



Surgeries

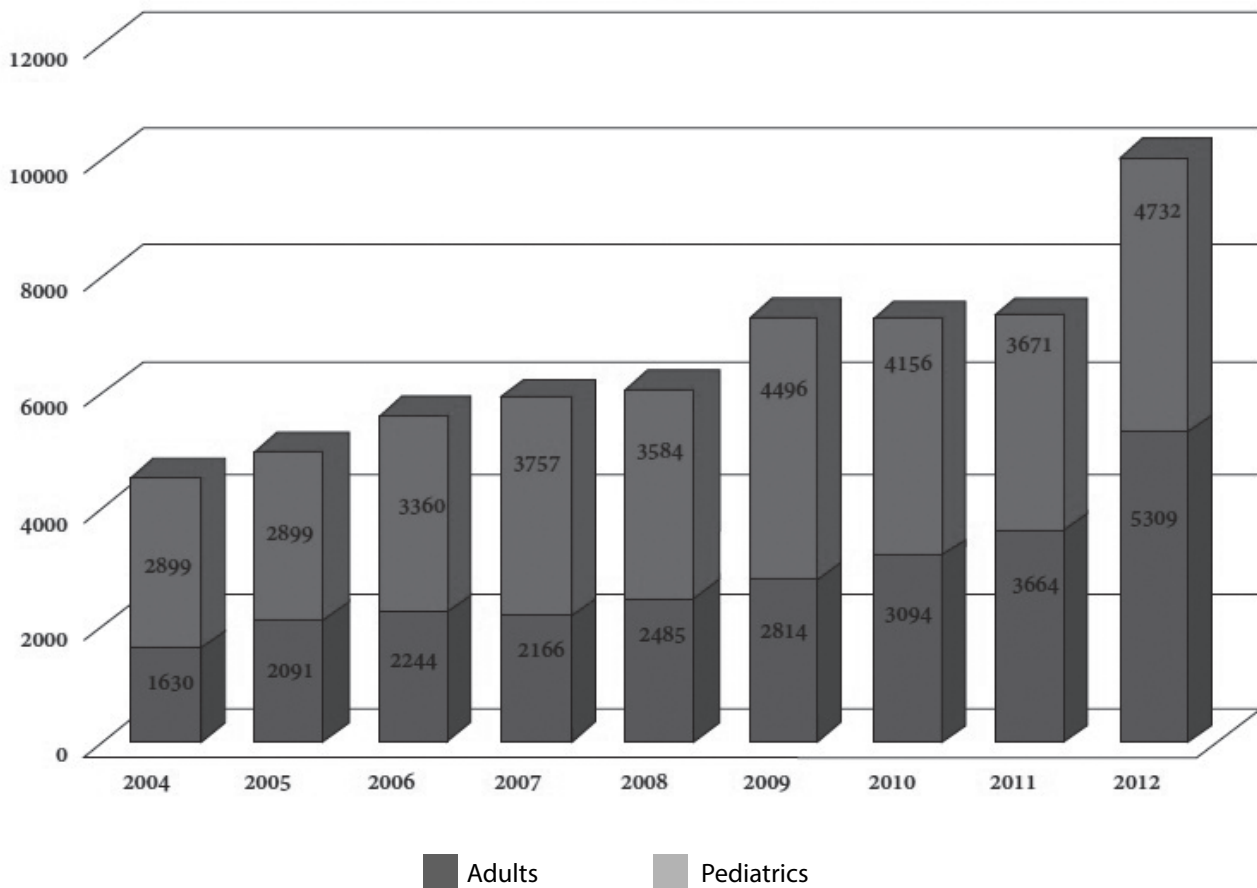


Surgeries



Total population treated from 1976 to 2012 is 13,047.

Echocardiography



We intend to surpass the figure of 1000 major cardiovascular surgeries and 2000 cardiac catheterizations per year. It is alarming and important to mention that according to World Health Organization (WHO) figures from 2000, cardiovascular disease caused over 55 million deaths worldwide, representing 52% of all deaths, while cancer accounted for 24% and infectious diseases, including AIDS, accounted for 19% during the same time period.

Guatemala is not exempt from this reality. Infectious diseases are being better controlled by governments through vaccination campaigns. However, cardiovascular disease is on the rise, as evidenced by the statistics from the National Institute of Statistics of the year 2005 mentioned earlier.

It is recommended a need to improve the conditions of the IGSS - UNICAR agreement in order to expand our services with the aim of improving the care of patients affiliated with that institution.

GOALS FOR THE FUTURE

Achieve recognition of the UNIDAD DE CIRUGIA CARDIOVASCULAR as a NATIONAL INSTITUTE OF CARDIOLOGY, a decentralized body of the Public Administration, non-profit, legal entity, whose main purpose is the provision of high-specialty medical services, covering the entire national territory.

Additionally, its fundamental purpose is scientific research in the field of cardiology and the training of qualified human resources.

Improve the financial resources of this organization by ensuring that its budget is incorporated into the General Budget of the Nation to avoid uncertainty and fluctuations in the availability of funds from the Ministry of Public Health and Social Welfare, which hinder the coverage of the needs of a growing population.

Enhance external resources beyond state subsidies, including contributions, donations, inheritances, and

bequests in cash or in kind from individuals, public or private entities, both national and foreign, granted directly to the Institute or through boards of trustees, associations, or foundations.

Other financial resources will be obtained through cost recovery for the services provided and the activities carried out.

Establish the Institute as the leading body for technical consultation and regulatory guidelines for public health departments and entities in the field of cardiology and cardiovascular surgery.

Advocate for the expansion of the current building, which is already insufficient for our needs, especially for the emergency care of patients with acute myocardial ischemic disease (unstable angina, acute myocardial infarction, etc.).

The End.

NOTES OF GRATITUDE

- To the Ministries of Public Health and Social Welfare, National Defense, and the Guatemalan Institute of Social Security, for drafting and signing the Sponsorship and Financing Agreement for the First National Cardiovascular Surgery Unit in 1975.



- To the Governments of General Carlos Manuel Arana Osorio and General Kjell Eugenio Laugerud García, for their collaboration in the establishment of this Unit through Government Agreement No. SP - G - 12 - 76 dated February 24, 1976.

- To Dr. Francis Robicsek, President of the Heineman Foundation and Head of the Department of Thoracic and Cardiovascular Surgery at Memorial Hospital in Charlotte, North Carolina, who conceived the idea of organizing a cardiac surgery center in Guatemala and offered support in the training and education of medical and paramedical personnel.



- To the Guatemalan Medical Foundation Dr. Rafael Espada - AMEGESO -, for their determined and valuable participation in the initiation of an alliance between the Ministry of Public Health and the private sector, which resulted in the restructuring of the existing Unit and the formalization of a new administrative organization that will be named UNICAR, through Government Agreement No. 236 - 94 dated May 19, 1994.

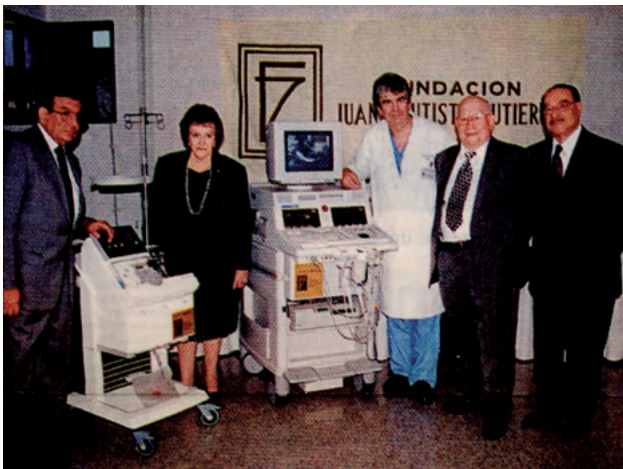


- To Roosevelt Hospital, its authorities, and the various Medical and Administrative Departments who, spontaneously and in solidarity, provided the necessary facilities as the headquarters of the first National Cardiovascular Surgery Unit, 1975 - 1995.



Unit Surgical Team at Roosevelt Hospital

- To the Juan Bautista Gutiérrez Foundation for their support to this project through their multiple and valuable financial donations that have been of great utility to UNICAR.



- To Dr. Aldo Castañeda and the foundation that bears his name, for their significant contributions to the Unit by organizing the first Pediatric Cardiac Surgery Unit at UNICAR, with a commitment to equip and train medical and paramedical personnel, with the collaboration of colleagues who are former students of Dr. Castañeda and national and international entities.



- To the Rotary Club of Guatemala for the development of the National Pacemaker Implantation Center based at UNICAR and for the initiative to continue and organize an Electrophysiology Center, also based at UNICAR.



- To Engineer Fernando Paiz for his support and joint participation with the Heineman Foundation in the transportation and installation process of the Mobile Cardiac Diagnostic Laboratory, containing Digital Angiography equipment inside and named after his distinguished wife, Mrs. Anabella de Paiz.



- To the AGAPE Foundation of Doctor James Street for their valuable donations of materials and equipment.
- To the Ronald McDonald Foundation for their assistance in the infrastructure and equipment of the Pediatric Unit of UNICAR.



- To the Heineman Foundation and the Health Center of Charlotte, NC for their continuous support in the development of UNICAR.



- To all the medical, paramedical, and administrative staff of UNICAR for their dedication and genuine interest in maintaining a high-quality center.



- To the Government of President Alvaro Arzú, who initiated the construction of the second building of UNICAR in 1999, completed during the administration of Lic. Alfonso Portillo in October 2003, including the inauguration of the two Digital Angiography machines currently in operation.



- To the representatives of the different Boards of Directors of the Administration Council, who have worked on a voluntary basis for the past twenty years, with a vested interest in maintaining the structure and financial administration of UNICAR as a transparent, non-profit public service entity.



- To Lcda. Aida de Aragón, a Literature and Letters graduate, who corrected the text of this book with her extensive knowledge and recommendations.
- To Mr. Axel Aguilar for his valuable assistance in the field of computing, and to Executive Secretary,
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Dr. Carlos Cruz Barrios



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TRANSLATED

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MY MEMORIES

JOSÉ RAÚL CRUZ MOLINA MD

ORIGIN AND DEVELOPMENT OF

CARDIOVASCULAR SURGERY

IN GUATEMALA

It's my honor and privilege to have participated in the translation of my father's book of the Origin and Development of the Cardiovascular Surgery in Guatemala.

To the memory of my earthly father Dr. José Raúl Cruz Molina and all of those who with love, compassion, dedication, support, and tenacity contribute to the creation of the Heart Unit (UNICAR) in Guatemala 🇬🇲 .

May God bless all

Dr. Carlos Raúl Cruz Barrios