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Latin American

Doctor Development Program

Vitale H. Paganelli, M. D.

"In 1961 the UN General Assembly and President John F. Kennedy designated the 1960's as the Decade of Development. The projected goal was to increase the flow of assistance from rich nations to poor ones to about one percent of the gross national product. Now, eight years later, it appears that this Decade of Development has been a decade of disillusion. The transfer of one percent of the GNP to developing countries was never realized. The 'have' countries have grown richer and the 'have nots' poorer." Editorial item, "America", March 15, 1969, page 295.

"The common good in our day has definitely ceased to be just the common good of the nation and it has not yet succeeded in becoming the common good of the civilized world community. It tends, however, toward the latter". J. Maritain, "The Person and the Common Good". University of Notre Dame Press, 1966.

He has put down the mighty from their throne and has exalted the lowly.

He has filled the hungry with good things and the rich he has sent away empty.

Luke 1 - 46-55, "The Magnificat".

Several years ago the idea of educating a Latin American native to be a Physician-Missionary in his own Diocese was conceived and this year the Albany, New York, St. Luke's Diocesan Guild has given birth to this idea in Panama.

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This program essentially consists in sponsoring an academically qualified, preferably financially indigent, native student in a *Latin American* medical college.

Our student was selected from among more than forty applicants by a committee of Panamanians which consisted of three laymen appointed by Archbishop McGrath of Panama. The student, in addition to meeting the financial and academic qualifications, has been selected specifically for his motivation to serve his Catholic faith via a direct service to his own people.

To the surprise and delight of our Albany Physician's Guild, the Panamanian laymen in awarding this scholarship laid down additional criteria of their own initiative. They insisted, (1) that the student must maintain his scholastic average within the upper one-third of his class, (2) that he must maintain moral standards consonant with his professed Christian convictions, (3) that he must practice in his own country for no less than five years, and, (4) that within ten years of his graduation he must return fifty percent of the scholarship funds to a permanently continuing scholarship committee so that other worthy Panamanian students may profit from the advantage he has gained. It is hoped on our part that following

graduation from medical school, he will devote a fair share of his time toward improving the medical condition of the poor either in the barrios (urban slums) or in rural areas. In short, that he will become a *permanent* medical missionary in his own country or diocese.

Why bother? To be sure the program is of interest only to physicians who may be motivated by a Johannine concern for the medically deprived two-thirds of the world. These same physicians, in searching for practical ways of contributing, manifest a growing conviction that the personal one month stint in the missions is an inadequate and at best a stop-gap solution to the existing, progressively deteriorating, long term medical problems of under-developed areas. We feel that the program here-in offered is eminently worthy of consideration by all guilds and we describe and endorse it to the end that our sister-guilds, desiring to further their own group apostolate may adopt and even improve upon our plans.

In what follows, I will attempt to develop first the thesis that the physician's personal brief medical mission sojourn falls short of solving the existing problems. Second, that the Latin American Doctor Development Program (LADDP) has much to recommend it as a realistic substitute. The discussion will prescind entirely from the question of whether medical assistance to developing nations is necessary. I hold this to be self evident, but let it be noted in passing that if Christians are blind to the need of assistance on the part of emerging nations, then atheistic humanism has been quick to discern it and attempt to correct and exploit it.

To initiate the defense of the thesis, I turn first to the newspaper, "Latin

America Calls", (Volume 6, number 1, Dec. 68 - Jan. 69) and quote from a relevant article by John Hurla of Mexico who stated regarding the ideal length of a term of service in missionary work, "it probably takes two years to actually become integrated into the community". The volunteer organizations and groups, for example Peace Corps, PAVLA, etc., which have studied the "mission problem" in depth generally agree that the effectiveness of the volunteer is diluted in direct relationship to the brevity of his contribution. It seems cogent, therefore, to establish two years as the minimum acceptable commitment of a medical missionary endeavor.

A personal experience more than four years ago confirmed for me the fact that it takes at least several weeks for the physician to familiarize himself with basic language, customs, indigenous diseases, facilities and equipment or lack thereof. One month is hardly time to complete the basic training in the mission area, to say nothing of becoming the acceptable "member of the community" that Hurla indicates is both desirable and necessary for a successful outcome in mission work.

Assuming further, however, that there would be an abundance of well motivated physicians willing to make a two or three year contribution, few of these would find themselves in a position to do so because of prior family commitments with their attendant moral responsibility I use, "prior" in a twofold sense, namely, one, that ordinarily having assumed the responsibility of family life, the physician then may not absent himself from his family for a prolonged period both because of family and financial reasons: two, that he may not deprive his family by placing them in the usual primitive mission environment where

the fundamental elements of education, health, etc., are lacking. Children must be provided the tools which will give them the potential to compete within the American milieu' since eventually they probably will not opt for a permanent commitment in a foreign land.

It may be noted in passing that a plan to alternately rotate physicians from the Albany and Detroit dioceses for a one month period to a single mission area has been tried and has failed. In my opinion, this failure has been a blessing for several reasons. It has forced us to re-think our position on the problem and seek new alternatives. In addition to the inadequacies of the one month program noted above the "month-in-the-mission project" proves to be a financial disaster as well. To wit, let it be assumed that the income of the average practicing physician after office expenses is about \$1,000 per month. It follows that for twelve physicians spending one month in a mission the combined loss of income would be approximately \$12,000. This amount would educate two native physicians each for a full four years in their native medical colleges. For those who enjoy statistics, further conclusions may be drawn regarding, for example, the number of permanently established medical missionaries who conceivably can be trained by American dollars if the approximately ninety established American guilds contributed assistance over a period of let us say ten years. Consideration of the number of American physicians which would be required to staff medical missions on a one month rotating basis together with the loss of their income, gives additional weight to the practicability of establishing scholarships. Furthermore, it is tautological to comment that one permanent native physician is worth several dozen well motivated short term missionaries.

Paradoxically, I believe, that having eliminated for practical purposes the usual brief (one or two month) contribution, I might note one or two *possible* exceptions! The first is the situation in which there is more or less a guaranteed rotation of physicians, e.g., the AMA's Viet Nam project or James Turpin's "Project Concern". However, even here many of the same objections outlined above will hold. Perhaps, another exception may be that of the qualified specialist with a pedagogic ability whose avowed objective will be that of teaching his particular specialty mystique to graduate native physicians, e.g., the USS Hope mission.

I would like to emphasize that in spite of what has preceded, I do not intend to discourage interested physicians from spending seven to ten days in a mission area. Unquestionably that time would be well spent in the role of observer and reporter of the medical inadequacies of the under-developed area. Even this brief experience would lend strong impetus to take a more active part toward the resolution of the medical miseries of two-thirds of the world.

In summary, emerging nations have an urgent need for medical assistance and American physicians are in a position to provide it effectively, albeit vicariously, through the native students whose education they underwrite. Vicarious though it may be, the program outlined develops profound Christian and humanistic values shared mutually by the physicians who contribute and by the Latin American students who respond to the challenge offered by their American counterparts. Finally and importantly, the project influences in a favorable direction the confrontation of Christian with atheistic humanism in critical world areas where the outcome of God as well as life hangs momentarily in the balance. Not at all a bad days work!