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# Newer Aspects of Medicine in the Mission Field

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THE HEADLINES and news-casts of our time are fraught with the unrest of the world. The news from mission areas is often confusing and contradictory. There could be strong temptation to mentally and spiritually turn our backs on it all. Slogans such as "wait till the dust settles" or "operation rathole" to describe American foreign aid have been somewhat popular. The timid Catholic may be tempted to wonder whether missionary activity in some places is worthwhile or lasting.

There are some facts, however, that are not denied by anyone; the ancient static civilizations of the mission world are breaking up and new ways of life are in the making. The mission peoples are dissatisfied with a way of life that offers desperate poverty and semi-starvation to so many.

The missionary duty of the Church and, indeed, a great deal of her future prospects are inescapably bound to this ferment and struggle. The value of presenting the Church in her charitable and educational work as a living, effective reality, cooperating with the best interests and ideals of the new nations was never greater. It may be that the importance of this is seen more easily by an ob-

servant Asiatic or African Catholic, living close to the revolutionary changes in the non-Christian world.

Indonesia's senior native Bishop, His Excellency Albertus Soegiapranata, S.J., Vicar Apostolic of Semarang, in a recent interview used the strongest terms in warning that unless the Universal Church takes a lead in the development of the peoples of Africa and Asia she faces the prospect of losing them the same way she lost the European working class in the last century. He said, "Think about what happened with the vast labor forces of Europe in the last century. Most of them are lost for the Church. Why? Because the Church abstained for a long time from taking their problems seriously. This must be a warning for us."

Physicians who have served in the armed forces in Korea or other parts of the Far East will have some knowledge of the general health conditions, but to others some of the following estimates may be startling.

The World Health Organization's recent estimate for the world is one hundred and fifty million cases of malaria, the greatest single cause of invalidism or chronic illness. The weakness

caused by its recurrent attacks, according to United Nations economists, is a cause of immense monetary loss. Five million people suffer from malaria in India alone, and the amount of work-time lost is estimated at \$30,000,000 a year; in Mexico the loss is calculated at \$18,000,000.

In India, five hundred thousand people die each year from tuberculosis; one-half of their children do not reach the age of ten years. Two hundred thousand Indians die of cholera (Bouffard's *Perspective Sur Le Monde*, 1957 edition.)

One-third of the 4,500,000 cases of leprosy in the world are in Africa. A complete medical survey of a small African village, made by two British doctors in 1949, showed that 95% of the people had suffered from malaria; 77% had yaws; almost 100% were infected by one or another of the worm diseases. The incidence of schistosomiasis (bilharzia), 9% in this village, was lower than average. Some 33% of the children under five years, and 15% of all others, suffered from malnutrition. The World Health figures for many other diseases, such as blindness causing trachoma, are equally large.

The reader may wonder how the Church can meet this great challenge and opportunity, and how this concerns Catholic physicians in the United States. High among the good works that show Christian charity in action to the non-Christian world are the medical missions. The Protestants, in particular, have long made effec-

tive use of this apostolate. Physicians who serve as visiting men or who are on the staffs of the larger general or city hospitals know that it is not rare to meet earnest young residents and sometimes husband and wife teams preparing to dedicate their lives, or a considerable part, to the Protestant medical missions.

In 1936, the Sacred Congregation of Propaganda Fide issued a formal decree urging special attention to health work in the missions and urging that "Sisters should obtain certificates as doctors and nurses." This decree reversed for the mission fields a longstanding policy in the Church — that the practice of medicine should be the vocation of lay men instead of religious.

In accordance with this directive, there are now several excellent Institutes for women, dedicated specifically to medical missionary work. These include in their membership doctors, nurses, and technicians of all kinds. In this particular apostolic endeavor, at any rate, the women lead the men. The first male religious Institute dedicated specifically to the medical missions was established at Framingham, Massachusetts, in 1952 by Reverend Edward F. Garesche, S.J., with authority from His Excellency, Richard J. Cushing, Archbishop of Boston. In 1955, it was recognized as an Institute of Diocesan Right under the title of "The Sons of Mary, Health of the Sick."

One of the primary purposes of the Community is to form centers in the mission areas for the train-

ing of lay workers who will function as nurse catechists. These people will receive special training to go out into underdeveloped areas in organized groups to visit and help the sick poor, regardless of race, creed, or color. These active lay workers will be under the leadership of a native head nurse or doctor and supervised by the members of this American community.

The great advantage of using native personnel who will agree to this plan on salary for a time following their training is that it will multiply workers. One cannot foresee that there will ever be enough trained persons from America or Europe to do the necessary work by themselves. Much of this work will be in the nature of preventive medicine, public health and health education.

The new community is definitely designed to create a group of organized lay apostles in the mission fields to labor with the missionaries in their medical and catechetical efforts. It is evident that special training is needed for the Sons of Mary, Health of the Sick, themselves, in order to accomplish

this highly specialized apostolate. It is necessary, therefore, to either recruit members who have received the required training in medicine, nursing, and technical work, or to train members after they have joined.

In advancing this work, it is planned to recruit lay volunteers or auxiliaries, that is, a group of qualified lay people, who, while not becoming religious, would give a certain amount of time to practicing or teaching medicine, nursing, or the auxiliary specialties. In laying the foundation, it is also hoped to make use of the excellent facilities of some of the excellent Catholic hospitals already established in the missions.

The combination of established hospitals and lay volunteers added to the professionally trained members of the Society will greatly speed the establishment of mission foundations. Anyone wishing to offer help or obtain information about this project, may write to the:

Sons of Mary, Health of the Sick  
Sylva Maria  
Framingham, Massachusetts