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Catholic Physicians' Guilds

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Progress in Supplying Medical Needs to Under-Developed Areas of the World

For centuries Christian medical men and women have demonstrated their love for Christ by practicing their art in the under-developed areas of the world. At no time has the need for medical volunteers been as great as the present. Many religious orders are specifically founded to train and send medical and ancillary personnel to serve in the areas of the world most lacking in medical care. There is now great demand for lay medical volunteers to give a few months, several years, or a lifetime doing God's work in the missions.

There are approximately 2,772 dispensaries and 572 hospitals under Catholic auspices. In foreign under-developed lands these represent 97 religious orders. The total staffs of these hospitals include 750 physicians and 6,000 nurses.

Two of our most active Catholic Physicians' Guilds — Detroit and Los Angeles — have done outstanding work in sending and maintaining lay medical personnel in Guatemala and Africa, respectively.

During the June 1960 meeting of the National Federation in Miami, a Medical Mission Study Committee, under the chairman-

Report prepared by J. E. Holoubek, M.D., of Shreveport, First Vice-President of the National Federation of Catholic Physicians' Guilds and member of the Mission Committee.

ship of Dr. Robert Locey was formed. It was directed to:

1. Explore and investigate the need for and the feasibility of a central medical bureau under the auspices of the National Federation through an information center with lines of contact between interested lay personnel and ecclesiastical authorities in direct charge of foreign mission work.
2. Study the specific organization of personnel and the financial requirements for establishing such a bureau under the auspices of the National Federation.
3. Interest each of the Federation's member Guilds in supporting such an endeavor.

Many study conferences and meetings of the committee were held in St. Louis and Washington, D. C. The result of these studies indicated that the Catholic Medical Mission Board of New York City has the facilities, the personnel, and is willing to establish the central medical bureau. It was recommended that the National Federation of Catholic Physicians' Guilds help and encourage the Board in its functions and should not undertake to duplicate this function.

Under the leadership of Reverend Anthony F. LaBau, S.J., Di-

rector of the Catholic Medical Mission Board, meetings were held in New York City June 27, 28, and 29 to discuss methods for sending lay medical volunteers to areas of the world where they are most needed. More than 75 attended the sessions, among whom were five Bishops, many physicians, priests and sisters, nurses and other personnel representing lay organizations.

Dr. Paul S. Lalone, D.D.S., of Rochester, New York who spends six months of every year serving in the mission dental clinics discussed his work and the dental needs in under-developed countries.

Very Reverend John De Marchi, I.M.C., of Washington, D. C. reported that more than 70 physicians from Italy have gone to the missions and plan to remain for life.

His Excellency, Most Reverend T. T. Wade, Bishop of the Solomon Islands, reported the need for lay medical help in his diocese. He also discussed the difficulties involved in obtaining and maintaining workers.

His Excellency, Bishop Swandstrom, Director of Catholic Relief Services, discussed the urgent need of lay medical volunteers in many areas of the world.

Dr. William Smith, D.D.S., discussed the period he had spent as a missionary. He trained young priests in the rudiments of dental care in an area where this service was lacking.

Other inspiring remarks were made by Reverend Joseph J. Wal-

ter, S.J., of the Jesuit Mission Board. Reverend John J. Conidine, M.M. of Maryknoll, New York, and Reverend Frederick McGuire, C.M. of the Mission Secretariat, Washington, D. C.

Reverend James Tong, S.J., Director of the Catholic Hospital Association of India, presented the needs and described hospital facilities available in India. He offered co-operation for short or long term volunteers. Father Tong discussed the Medical Mission Institute of Wurtzburg. It was initiated in 1924 and is comprised of men and women medical students who spend five years in the missions after graduation. Similar associations exist in Italy, Belgium and Canada.

Father LaBau explained emphatically that the medical mission bureau to be established would not supplant or attempt to set policies for any existing medical mission societies. The Catholic Medical Mission Board would:

1. Keep a file of existing medical personnel along with a listing of the needs. He asked the co-operation of all sending and receiving groups.
2. Publish a monthly report listing areas needing medical help and the kind needed.
3. Assist in making arrangements between the participants and the receiving agents.
4. Advise and help arrange licensure.
5. Keep a record of post-graduate training courses for returning personnel.

6. Endeavor to obtain information with reference to housing and other necessities for families of lay medical volunteers.

Dr. Eusebius J. Murphy, President of the National Federation, reported the findings of the Medical Mission Study Committee and suggested that the organization will help by:

1. Establishing a permanent Medical Mission Committee.
2. Urging individual Guilds to establish similar committees.
3. Screening medical volunteers.
4. Publishing information concerning the project in *THE LINACRE QUARTERLY*.

A sub-committee, consisting of the Deans of the six Catholic medical schools, was appointed to meet with Father LaBau and to make recommendations to implement the program. The following day the committee recommended that a full-time Medical Director be appointed to co-ordinate all of the activities. This is to be done as soon as the proper individual can be obtained.

It was the earnest hope of all those in attendance that within a few weeks or months the new department of the Catholic Medical Mission Board would be functioning efficiently to help direct the many lay medical volunteers to areas where they are most needed and can serve most advantageously.

The National Federation has assumed no financial responsibility for this highly laudable and, in-

deed, necessary enterprise. We do, however, highly recommend this great work of charity in Christ's name and prayerfully hope that each Guild in its own self-determined fashion may find a way to help. Lacking organized action, may each individual doctor do what he can in terms of financial assistance and, perhaps, personally dedicated service where this sort of sacrifice is possible.

There are many ways in which individual Catholic physicians or each Guild as a unit, can become active in the medical mission field. Some of these are:

- a. Offer daily prayers and good works to God for the success of the medical mission activities of His Church.
- b. Individual physicians may volunteer to serve for a few months or several years in hospitals and dispensaries overseas.
- c. A Guild may establish a project sponsoring and maintaining one or more of its members in a mission hospital, as the Detroit Guild has done in Guatemala and the Los Angeles group in Northern Africa.
- d. A Guild can adopt a mission hospital, supplying equipment and medicines.
- e. Supply medicines to a field hospital. This has been done by the New Orleans Guild for years and the practice has been started recently with the Shreveport Guild.
- f. Encourage local Catholic hospitals to manage a hospital in

the field and staff it with physicians, nurses, and technicians on a rotating basis from its own supply.

- g. Local Guilds can encourage interns, resident and medical students to spend from one to three years in the missions at the beginning of their practice.

- h. A Guild can establish a scholarship fund which would help support medical students through their training, with the understanding that they would spend three years in the field after internship or residency.

- i. Local Guilds could help arrange localities for practice or obtain residencies for further training to be offered to medical men and women returning from the missions.

- j. Encourage members who are full-time medical school professors to spend one year in teaching in a foreign medical school.

- k. Supply medical literature for mission hospitals and medical schools.

- l. Provide a scholarship fund which would enable foreign men and women to study medicine in this country or elsewhere, to prepare them for practice in their native lands.

- m. Encourage local dentists, nurses, laboratory and x-ray technicians and other paramedical personnel to volunteer for the missions.

- n. Individual physicians who cannot give active service in the missions can give monthly financial support to the medical mission of their choice or send it directly to the Catholic Medical Mission Board, Inc., 10 W. 17th St., New York 11, New York.



We asked Dr. John M. Malone, President of the Detroit Guild, and deeply interested in the mission project to give us an account of his group's support of endeavors to assist in Guatemala. His remarks follow:

In the fall of 1959, the Detroit Guild first became aware of the medical mission efforts of the Church and the need for enlargement of this endeavor when we were approached by several physicians, then residents, who themselves were interested in serving the missions in the practice of medicine. They had investigated the need for a national organization which would aid and encourage those medical personnel desiring to go to the missions. The Guild then committed itself to establishment of such a bureau. We are still keenly interested in this project and sincerely hope to see such a service functioning in the near future.

One of the above mentioned residents was from Guatemala and about that time returned there to establish his practice. This, in turn, led to our "Guatemala Project." Since his return home, he

has formed a group of 22 local physicians who, on days off, staff several clinics in the rural areas of Guatemala. These are largely in Indian territory and have been established with the co-operation of the Maryknoll Fathers and Sisters along with the Guatemalan government. Equipment for these and a 50-bed hospital, which we hope will soon be opened, has been sent by World Medical Relief, a local lay group in Detroit which is doing tremendous work.

Two requests have been mailed to members of the Detroit Guild for financial support of this project and the response has been good. We have endeavored to

emphasize the idea of "doctor aiding doctor" along with support of mission work. In turn, the group in Guatemala has established a committee of physicians, dentists, priests and lay leaders to supervise the use of the funds. A report will be distributed to the Guild members describing how their work is progressing.

It is obvious to all the tremendous need for such projects and the good results to follow. We believe that by participation in such efforts we are not only aiding the Church and our fellow man, but are giving new pride and vitality to our local Guild and its membership.

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