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The Time and The Place

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Early in 1944, while a freshman at St. Louis University School of Medicine, I was struck with the idea that there was a need in the Catholic Church for a religious community entirely devoted to the medical missionary apostolate. I had long wanted to be a priest and/or a doctor, and I knew several others in the medical and dental schools who were similarly torn between these two vocations.

The idea or plan was to form a religious community that would include men who would be priests or brothers, women who could be sisters and lay men and women. All would be devoted to a medical mission apostolate following our Saviour's dictum to "Heal the sick . . ." (*Luke: X:1-9*). Priests, brothers, sisters and laity would be physicians, dentists, nurses, technologists (lab or x-ray), pharmacists, medical social workers, medical administrators, medical record librarians, dietitians, and others, each according to his or her own calling. The only similar organization I knew of in this country was the Society of Catholic Medical Missionaries founded by Mother Anna Dengel, M.D. in 1925, all of whose members are religious sisters, doctors and paramedical personnel. There was no organization for medical missionary men and certainly none for lay men and women. On the other hand, our Protestant brothers have been very active in medical mission work for many years with hundreds of personnel in the field.

With the blessing of the Most Reverend John J. Glennon, Archbishop of St. Louis, I was encouraged to proceed with the formation of such

a medical mission group. From this point we began to gather together the students who shared this dream. We named the group the Medical Missionaries of Jesus and Mary and drew up a simple rule of life based on the directives of the Sodality and the Spiritual Exercises of St. Ignatius.

Weekly meetings were held after Holy Mass at Firmin Desloge Hospital in the Doctors' Board Room. We had communication with missionaries of many religious orders and communities, chiefly bishops and priests who were visiting St. Louis. Lectures by these dedicated people were a source of inspiration and encouragement. It became more and more obvious that doctors and nurses and others were urgently needed in the missions. It was also clear that there must be an organization to recruit, train, contract, send and support our people. Most of all there must be a spiritual rule of life to guide us and weld us into a unit, a group of medical apostles dedicated to the relief of suffering and able to reflect the love of Christ to our less fortunate brothers throughout the world, especially in mission lands.

In the ensuing three and one-half years our number grew to thirty-five members—medical, dental, nursing students, technicians—some of whom wished to be priests, brothers and sisters but the majority of whom planned to remain lay men and women. All followed the same rule of life and were dedicated to the pursuit of spiritual perfection in Christ. All had promised at least five years' service in the missions.

With time, correspondence devel-

oped to such an extent that it was necessary to prepare a monthly newsletter. Some 2,000 people received it throughout the United States and Europe, China, Africa and South America. We received many letters of encouragement from Mother Anna Dengel, Bishop Lane of Maryknoll, and other leaders in missionary endeavors. We had many requests from missionary bishops with promises of support and the use of hospital facilities. We were also in correspondence with Father Gareshe, S.J., the founder of the Catholic Medical Mission Board in New York. His organization was engaged in collecting sample medicines and equipment, sorting, labeling and sending them to the missions. He founded a community of sisters who provided these services (Mary, Health of the Sick). He encouraged us to persevere in our resolve and assured us of his prayers and help. A heartening letter was also received from Propaganda Fide in Rome.

Although we did not solicit funds, money came from many sources which helped defray the cost of mailing the newsletter. The director of the Catholic Hospital Association volunteered the services of his secretaries who typed and prepared our mimeographed letters.

We visited the local superior of the Helpers of the Holy Souls who assigned several cases to us. These were mostly very destitute elderly people who were either ill or infirm. We cleaned their homes, prepared food for them, bathed them, read to them and otherwise tried to provide the corporal works of mercy.

The Catholic Physicians' Guild of St. Louis was approached and the doctors were advised of our plans. We sought their help to supply sample medicines. Regular collections were made and the supplies were given to the Helpers of the Holy Souls com-

munity. After sorting and labeling, the sisters distributed them to missionaries.

In order to prepare more fully for our future assignment, it was decided that we would purchase two large old homes near the University, one for men and one for women. The Jesuit superior promised he would supply a chaplain so that we could have daily Mass and begin to live a religious community life while at school.

There was only one person who had objected to our plans. He was a local superior of a missionary order (deliberately unnamed). He advised joining his community because the number of organizations within the Church was already too numerous. However, it was still our purpose to remain a medical missionary group and to be a part of an order of a different dedication would surely limit the growth of the medical missionary apostolate and prevent the accomplishment of its aims.

Then the Cardinal Archbishop died in Ireland as he was returning from Rome where he had just been elevated as a Prince of the Church. His successor arrived in the fall of 1946. We informed him of the history of M.M.J.M., asked his blessing and proceeded with his permission. Suddenly in May of 1947 we received a letter from him which disbanded us and dissolved the organization. We were urged to join one of the existing communities. Our spiritual director advised that we had no alternative but to comply with his wishes immediately since, as our superior, the Archbishop represented God's will for us. In compliance with his orders, we disbanded at the end of May, 1947. My last official act was to insist that no one question the Archbishop and that we thank God for showing us His holy will, which was the only reason we set out on this venture at all. This

was probably the hardest task I ever had to undertake in my life.

Shortly thereafter I visited my dear friend, Abbot Frederick Mary Dunne, O.C.S.O. at Gethsemani. I discussed the recent turn of events with him and asked him this question, "Does this mean that all we did was not God's will?" I shall never forget this holy man's reply, "No, it only means that it is not God's will at this time and in this place; there will be another time and another place! Just keep yourself prepared so that when that time comes you will be ready again to respond." How true those prophetic words!

After internship, I practiced for two years in a small country town in Southern Indiana. The center of activity and economy in this area was a large Benedictine Abbey much like a mission center anywhere in the world. The practice of medicine here was exactly the same as I saw on my trip to Africa last year. I didn't realize this until I made this tour. God showed me that I was not called to serve Him as a priest but as a husband and father when he gave me my wonderful wife and children. Marikaye has been the most essential instrument in my further growth in knowledge, love and service to God. She is far more sensible and practical than I and more than once has kept me from making foolish mistakes. In the Armed Services, I received unusual training in specialized selection and placement of personnel in a four-year residency in Aviation and Preventive Medicine. I also received a Master of Public Health Degree from Harvard University, during which time we

an excellent course in Tropical Public Health. This preventive medical orientation which is completely different from the clinical approach a physician knows and is taught in school and hospital was meant for future use. Preventive medicine and public health are more needed in mission lands than is curative medicine, although both are essential. The knowledge of tropical medicine is obviously most useful.

I never forgot the medical missionary ideal but I often doubted that the time or place would ever present itself. I frequently felt guilty for not doing something about it and often thought I was not doing what I should to further this medical mission ideal.

One day in the spring of 1959, after I had returned to civilian practice and thought that all this past training was of no value, I met Monsignor Anthony J. Brouwers, the founder of the Lay Mission-Helpers Association of the Archdiocese of Los Angeles. This was on the occasion of the annual Symposium of the Los Angeles Catholic Physicians' Guild held at Loyola University. Monsignor Brouwers came before the assembled physicians and their wives to beg for help in founding a lay medical missionary organization. He said that because of the nature of medicine and its many ramifications he could not, and would not, do this job alone but would need volunteers from among the Catholic physicians of the area. As a result of his talk a small group of physicians volunteered to help.

The time and place had arrived. This group has become the Mission Doctors Association.

