A Talk With a Free Lance Mission Doctor in Chile

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When the Catholic Physicians' Guild of Los Angeles voted to undertake the foundation and support of the Mission Doctors' Association in 1959 it also made the wise decision to link this effort with the Lay Mission Helpers, then under the direction of the late Monsignor Anthony Brouwers. The Lay Mission Helpers was a flourishing organization sending teams of volunteer lay people of varying occupations and skills into the Mission fields where they could devote their talents to the service of their less fortunate fellow men and to the Lord. One of the firm policies of LMM formulated by Monsignor Brouwers was that each volunteer must undergo a one year period of preparation and training before leaving for the missions. The training consisted of language instruction, familiarization with the geographic and climatic conditions as well as the customs and traits of the people of the destination country, and above all, a strong spiritual orientation as foundation for the labors ahead.

The measure of just how wise a decision the Guild had made in linking the Mission Doctors with the Lay Mission Helpers became very clear to me a few months ago through a chance encounter with a Free Lance mission doctor in the city of Valdivia, Chile. I was traveling with two colleagues on a medical postgraduate teaching tour in a cooperative endeavor between our school, UCLA, and the two medical schools of Santiago, Chile: the University of Chile, and the Catholic University of Chile, Valdivia was the third stop on the tour. We had landed in Santiago; visited the University there; then, went the long uncomfortable train ride south to Puerto Montt in the company of three Chilean faculty members from the Catholic University.

The train ride was shared discomfort and the method we used to alleviate our suffering was made further international by team of four friends. The dinner was hearty and the food delicious, undoubtedly enhanced by the superb Chilean wines available on the train in great abundance. Our English-speaking Chilean colleagues were accomplished wine connoisseurs and they taught us to savor the idea of learning Chilean wine and where it was to be found. They took us into their own world. We soon made the trip. They took upon themselves to see to our education in Chilean affairs and, as we progressed southward through lush agricultural districts, through mountain vistas, volcanos and lake districts, we were informed about the geographic, agricultural, economic and political problems besetting their country.

Here, then, were four doctors from the U.S. states traveling through the heart of Chile, learning about the country from their keenly perceptive Chilean doctors who had already become the doctors' fast friends—international relations at their best: a group of people communicating freely in terms that all could understand, in a relaxed atmosphere, with no axes to grind. Before we reached Puerto Montt, we had knowledge of some of the basic fundamentals of Chile's problems.

-looking above all other matters of concern at that moment was the political campaign being waged between Eduardo Fre, reform-minded Christian Democrat, (whose policies were said to have been formulated from the Papal Encyclicals) and Salvador Allende, avowed Marxist. Chile, the staid, old, non-violent, non-militaristic ideal of Latin American democracy was standing face to face with the dismaying prospect that a Castro-type government might be elected to power by a free vote of the people. That seemed unthinkable for long-standing Chile, but, indeed, entirely possible in the view of our traveling companions. How could it be possible? Because of the poor, the poor people of Chile, indeed the omnipresent poor all over South America. These people are no longer "part of the landscape," taken for granted as part of life. In this country, they have become voters, a potent force.

Though apprehensive, our Chilean friends did not really think that Allende could be elected because the country was making giant strides toward solving difficult social problems without resorting to a Marxist solution. One of the major problems, the housing of the vast numbers of poor, was well on its way to solution. The housing program of Chile was indeed impressive. Everywhere one sees huge housing developments, many completed, some under construction. These, we were informed, are built under a unified cooperative financial plan, which involves minimal cost to the government, and permits long term, low interest-rate financing, thus bringing decent housing within reach of most wage earners. It was just such a housing development in Valdivia that brought Dr. Don Strobe, his wife, Vi, and their four children from Ohio to Chile. *

*The names of the doctor and his family have been changed to save them from embarrassment.

FEBRUARY, 1965

LINACRE QUARTERLY

We had driven from Puerto Montt to Valdivia, and I first encountered Don at the John F. Kennedy Hospital in Valdivia. This hospital, of prefabricated design, was rushed down there by the U.S. government after the great earthquake of 1950, when virtually all hospital beds in the city were destroyed. It was now serving as the Social Security Hospital for the wage earners and the poor of the city, and it was painfully overcrowded to the point of having 2 children in most of the pediatric beds. Don was working part time on the Pediatric service, and he faithfully attended all our rounds, lectures and conferences. I didn't have much time to talk to him around the hospital, but in a brief chat I found out that he was not in the Peace Corps, nor in PAVLA, nor with the YMCA, but that a group of "Padres" had somehow persuaded him to come.

I met Don and his charming wife, Vi, at Mass that Sunday in the temporary cathedral of Valdivia, which is a corrugated iron garage-like structure standing beside the ruins of the destroyed church. We agreed that I would visit their home that night after returning from the boat ride on the river that the Kennedy Hospital doctors had arranged for the visiting "gringos."

It was extremely dark and was pouring rain when Don picked me up at the hotel in a taxi. He has no car of his own. As we drove the five miles out to the edge of town he told me how he had happened to come to Valdivia. He had been working in a general practice partnership with two other physicians in his home town in Ohio when discussions ensued with the community of priests operating the local college, Don's alma mater. They told him how a group of their men had gone to Valdivia, Chile, to help ease the shortage of priests there, and to assist in the rebuilding after the earth-
quake of 1960. They had set up a church in one of the vast new housing projects that was sheltering 40,000 poor people on the outskirts of the city. Now that these 40,000 souls had spiritual guidance the next problem was to obtain medical care; none was at hand, and indeed, most were too poor to afford the bus fare to the hospital in town. The priests were looking for a doctor to go to Chile to help these people, and they wanted to know if Don would be willing to undertake the task, but he would make no decision without consulting his wife.

Don and Vi had thought deeply about the problem, and they discussed it thoroughly. The three-man partnership was going well. They were making a comfortable living. They had a nice home, and had managed to put aside some savings. Both of them had begun to feel that the Lord had been unusually good to them, and it was time to give something of themselves in return. The plea of the "Padres" for medical help at their mission in Chile appeared to be a call that could not be refused. They agreed.

As we drove through the rain Don pointed out the housing project Plutonio that was his clinic. All I could see was a massive cluster of lights reflected in the wet night. Soon we arrived at the house where Don and his family lived. They were renting the back few rooms of a large old frame house that had long since fallen into decay. The interior fulfilled the gloomy prediction of the exterior. Bare electric light bulbs illuminated three starkly utilitarian rooms on the first floor and three bedrooms above. There was a dining room containing a plain wooden table with two wooden benches. The living room had to serve mainly as a play room for the three little boys and a girl because the incessant rain kept them indoors so much of the time. The most luxurious item of furniture in the room was an old folding lawn chair with a camp cushion. There were nooks and crannies of carpeting. The only thing that could be done was a pillow or two to create a little more comfort which we took a Vi had gone to spoil the paint by taking a piece of beef for the occasion, and the dog had sliced it into steaks for us. While we ate and drank and told the story of red wine, Don and Vi told the story of how they had reached Chile, and how events had developed. After they had divided the plea of the priests they had investigated some of the lay mission agencies in order to obtain some support for their venture. They had contacted the Mission Association, among others, because of the nine months a year training required before leaving the country. Don and Vi, in their anxiety to get going, decided not to affiliate, but to take off on their own.

They traveled on their own expense and were now living on the savings and on the small income that the partnership was willing to provide during Don's absence from parish work. There was also hope that he might receive some small reimbursement from the Chilean Social Security officials for his part-time work at the Kenndy Hospital, but nothing had been forthcoming. They had agreed to come for 2 years, but now, after 6 months, they were discontented and discouraged about the undertaking.

"I don't know if I'll be able to stay for 2 years," was Don's comment. Vi said, "I wish now that we had taken the training in the Mission Doctors program. We'd have been much better prepared to face things here, both from a spiritual and practical point of view." So these courageous, lonely young people spoke of their frustrations to the stranger from their own land, and their hope in the midst of the many disappointments and unforeseen problems that had somehow damped their missionary zeal.

Wi found the language barrier a formidable problem not only impeding shopping and bus riding, but in dealing with service and salespeople there was difficulty, and social contacts which could make life more pleasant were limited. Then, too, she felt that this barrier interfered with her capacity to help her husband with many of the socio-medical problems that beset him. Her major lament was for their lack of spiritual formation that would have helped them tap the spiritual wellsprings which are many times the missionary's greatest resource.

Don tried to sum up the reason for his discouragement when he said, "It just doesn't seem like we're accomplishing anything." This remark was weighted with his sense of the enormity of the medical problems and the futility of trying to deal with them in terms of modern scientific medical practice. "What do you do when four out of a family of 10 children come in with profound diarrhea? There's no lab for culturing stools and we probably wouldn't have the proper antibiotics to give even if we knew the organism. What do you do when the pediatric wards have two children in every bed? How do you face a day after day when you can't see any hope of improvement?"

It seemed to Don that one of the most frustrating problems was that he was not dealing with a backward mission devoted to primitive savages. Valdivia is one of the most pleasant cities in the highly civilized country of Chile where political upheaval, violent revolution, and governmental oppression are unknown; where the traditions of personal freedom and democratic government have long been taken for granted; a country so civilized that ultimately, in its September election it chose the path of Christian Democracy over Marxism. Why should a North American doctor find such frustrations when he tries to practice his profession in this land? Because Chile, in common with most of Latin America, is economically poor, technologically underdeveloped and still struggling to throw off the remnants of a feudalistic agricultural system. The national income is low and the expenditures must be made in those areas of development that will lead to the economic growth of the nation. Education, transportation, food, fertilizers and tractors command a higher priority than medical care. The result is that modern scientific medicine with its advanced laboratory and radiological techniques can only be offered in one or two large cities. So Don struggled along frontier medicine in a country known for its civilization. He felt that he could have stood the deprivations much better if he were working in the African bush, but it "sure was tough to have to get along on so little here in Valdivia."

There wasn't time in that short evening for me to get the whole story in all its details. I came away from my visit with Don and Vi Strobe with a profound sense of admiration for the spiritual zeal that inspired these young Americans to leave their comfortable lives, to change to a drastically lower standard of living, to work in the face of great odds for the love of God and their fellow man. But this encounter also revealed the harsh realities of the depths of discouragement and the problems of morale that soon dampen the zeal of the missionary spirit.

Monsignor Anthony Brouwers was well aware of those harsh realities and morale problems and designed a pro
CATHOLIC INTER-AMERICAN COOPERATION PROGRAM

The National Federation was represented at the second annual Conference of the C.I.C.O.P. (Catholic Inter-American Cooperation Program) held in Detroit Committee under the able chairmanship of Joseph E. Grady, M.D. personnel and aid to the medical missions, especially in Guatamala. We are happy and gracious in arranging a session that enabled our American Latin American Bishops our common purpose of medical aid to Latin America. Interested doctors should contact:

Reverend Louis M. Colonnette
CICOP
1800 South Wabash Ave.
Chicago, Illinois 60603

Joseph E. Grady, M.D.
20902 Moross Road
Detroit 50, Michigan

USA Reports from the Field . . .

Dear Dick:

I received your missive today. Sorry I haven't been more punctual with my writing. In my letter addressed to Dr. Charles Westerbeck last month, I said I would try to get out a letter a month.

With a secretary for a wife, it seems a shame we do not have a typewriter available. We have been keeping our eyes open for a reasonable second-hand one, but so far no luck. I will try to write legibly.

Well, Msgr. Laubacher was here last week. He had a chance to see the hospital, meet the sisters and fathers and talk with us. I explained the situation here to him, viz., that we are a poor mission with very little income from the people and that we rely almost entirely on what we receive from the sisters in Luxembourg, Mission Doctors Association, and the N.Y. Medical Mission Board.

The sisters and I alternate sending and paying for supplies we need from the medical supply house in Blantyre. I find if we budget carefully here at home, I can save enough to purchase such things as intravenous fluids, antibacterial ointments, lab chemicals, x-ray film, serum, etc. I bought a grafting knife and extra blades in Salisbury.

We are very busy at the hospital. We are averaging about 150 in-patients now and handling about 6500 a month in our out-patient clinic. Deliveries run between 100 and 120 a month. We are understaffed, with one sister covering men's, women's and children's wards 24 hours a day; one sister and two midwives covering maternity; and one sister with four African helpers (girls with eighth grade education and no medical background). One sister works the lab and x-ray with two African helpers and the remaining sister works with me. I spend my time doing a little of everything. I'm doing more and more surgery, usually only necessary things because it takes too much of my time: hysterectomy, C-section, strangulated or incarcerated hernias, skin grafting for burn cases, osteotomies for osteomyelitis, excision of tumors, biopsies; amputations, etc. I will continue to do more and more with time.

I cannot refer many surgical cases to Dr. Sorensen because communications are bad, especially at night, and transportation will be bad with the onset of the rainy season; many of the patients cannot be transported.

I have excellent texts; I work slowly and my results seem to be excellent. One sister is a very good anesthesiologist and another has considerable operating room experience. I often work by flashlight or just by daylight. I do a great deal with regional blocks, amputations, etc.

Medicine (i.e. medical cases) takes up the greatest part of my time. I think we have a little of everything here and some things I can't find in the books; tetanus (two this week), peritonitis (two at present), the whole gamut of tropical entities, TB, just had an outbreak of smallpox two days ago, tremendous abscesses; several rheumatoid arthritis, TB, etc. We all work hard, but when tremendous need is appreciated, it seems we do all too little! These poor souls really need help; our bad patients usually come in from as far as fifty