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Among the thousands of American physicians practicing in all areas of the world there is a pitifully small group — estimated at approximately fifty — of Catholic doctors who are spending their lives in the cause of Missionary Medicine. At the present time twelve Marquette graduates are actually in the field and three others are preparing for a future among them.

A resume of the activities of these missionary doctors should be of interest. All of these presently in the work are Sisters: eight Maryknoll Sisters of St. Dominic; three Missionary Sisters of the Society of Mary; and one Helper of the Holy Mary; and one Helper of the Holy Knoll Sisters of St. Dominic; three others are preparing for a future mission in the Western Hemisphere and Hong Kong, Pusan, New South Wales, and the Solomons in the Pacific.

Sister Mary Mercy Hirschboeck, M.M. (M.D. Marquette University 1927) was the first of Marquette’s mission doctors and her career has been an inspiration to those who have followed her. Korea, at the time of her first assignment there, was under Japanese domination and, in order to practice there, she was required to pass Japanese Medical Boards in Tokyo. The Korean language is a very difficult one to speak and to understand and she spent months of concentrated study before she gained the desired proficiency in the language. She was then assigned to a dispensary to be opened in Northern Korea in a village on the Yalu River prac­ticed on the Manchurian border.

Her dispensary was a tiny room tucked away under a church step with equipment consisting of a table, a chair, a few shelves, and four kinds of medicines. Crowds flocked in and out of the little room, and as numbers and patients increased she found herself treating as many as a thousand patients a month. She spent two years in this tiny room before a larger dispensary, rented to the convent, was prepared for her.

In addition to the patients who came to the clinic, a made house calls in every section of the town, and once a week she went to nearby Hiken to care for six hundred patients who waited for her there. And, in the tradition of the true missionary, she found time to prepare the children for their First Communions.

The common diseases — impetigo, malaria, dysentery, worms — were always present. Children with tuberculous bones and others with swollen rumps and gaunt cheeks were her special concern. Floods, famine, and disastrous fires added to the problems and taxed the ingenuity of even a Sister Mercy. But she came to recognize the gentle dignity of these people in the midst of all their sufferings as innately Korean, and she loved them for it.

In 1939 Sister Mercy’s asthma became so severe that she was called back to the States for treatment and, by the time she recovered sufficiently to warrant her return to the Mission, Pearl Harbor and World War II intervened.

She spent the next seven years in Bolivia where she was instrumental in setting up a hospital in her mission in the rubber country. Malaria and hookworm were routine. She treated a young man who had been clawed by a jaguar; one whose leg had been crushed by a crocodile; another whose leg had been smashed by a boa constrictor. These patients had been brought to her, carried on the shoulders of other natives for several days through the jungles — and each once had presented a real challenge to her surgical skill. The years were full, eventful ones — but her first love was for Korea and its people and, in 1951, after a direct appeal to General MacArthur herself, permission was given by the Supreme Command of the Allied Powers for her and four other Sisters to return there.

Her assignment in the 1930’s had been to Northern Korea, now entirely under Russian Rule. She was returning to set up an out­patient clinic in what was one of the most desperately stricken areas of the Peninsula, in Pusan. Pusan’s population of 250,000 had increased to nearly a million and a half, swollen by the streams of refugees who arrived by thousands each day. Water supply, lighting, garbage disposal, and sanitary facilities had been strained to the breaking point and food and medical supplies were entirely inadequate for the ever growing population. Housing for the thousands of the refugees consisted of shacks built from rice straw mats and cardboard. Water supplies had to be carried up the mountainsides or caught in rain barrels during the many rains which made life even more uncomfortable for the people in their miserable hovels.

Sister Mercy and two Maryknoll Sister nurses arrived by military plane from Japan in March of 1951 and, about a week later Sister Agnus Therese (Marquette A.D. 1929) and another Sister arrived by boat bringing medical supplies. By any hard work the Sisters cleared the existing old clinic facilities and were soon ready to undertake the enormous task ahead.

In the meantime crowds at the clinic grew steadily and, by the end of the first month of their operation, clinic records showed that 2,212 patients had been treated at the clinic, and 353 sick calls had been made to the miserable homes. Sister Mercy and Sister Agnus Therese with their two Maryknoll Sister nurses (one of whom was also a pharmacist) and one other Maryknoll Sister had constituted the “first string” team. But their enthusiasm and eagerness to help the suffering thousands had “rubbed off” on every
one they met and much help was forthcoming. “We could never have survived those years without the military,” said Sister Agnus Therese in retrospect several years later.

Some help came from the European and Korean armies who were then in Korea as part of the UN forces at the time. But it was the United States Army and Navy soldiers and sailors who donated muscle, money, and free time in so many ways — painting, laying pavements, carpentry — and the doctors and nurses contributed their professional skill which was so desperately needed to maintain services to the ever increasing throngs who came to the clinic for medical help.

As the government stabilized and the general condition of the people improved, and with the continued help of the military and generous contributions from many organizations, the work of the clinic expanded to a point where over two thousand people were seen in the course of a day. However, Sister Mercy is, and always has been, a superb organizer and she somehow accomplished the monumental task of supplying the quality of relief needed for the destitute poor through the Armed Forces Aid to the States. But, before the construction of a new 160-bed hospital was completed the warmth of the personal touch in all she did.

Ann Veronica has been in the States since 1958 and now uses the facilities of a fifty-bed hospital built through the efforts of the Maryknoll Fathers in charge of the Mission.

In 1960, in response to an urgent petition made by the people of the Guatemalan mountain villages for medical help, the Mother General of the Maryknoll Sisters assigned Sister Rose Cordis Erickson (one of the twelve physician members of the Order at that time) to the mission at Jaconutango. Sister Rose Cordis has continued to serve the area first in a tiny clinic with the most primitive equipment, but now using the facilities of a fifty-bed hospital built through the efforts of the Maryknoll Sisters Hospital there.

In her Christmas letter for 1964, Sister Ann Veronica wrote that a Nursing School for the Hospital had been approved by the Korean Government and that fifteen students would begin their nursing training.

In June of 1966, Linacre Magazine carried a seven-page story about her work in Hong Kong.

Sister Ann Veronica Kius, M.D. (M.D. Marquette University 1956) Sister Ann Veronica completed a surgical residency at St. Vincent’s in New York before going on to Pusan in 1959 where she has been a staff member of the new Maryknoll Sisters Hospital there.

To those of us who have watched the development of Sister Mercy’s little clinic, begun when she returned in 1951 into this fine hospital of today, it seemed almost unbelievable when — in January of 1964 — Sister Ann Veronica wrote that a Nursing School for the Hospital had been approved by the Korean Government and that fifteen students would begin their nursing training.

In her Christmas letter for 1964, she told of the plans to combine staffs and facilities of the three mission hospitals in Pusan — Maryknoll, Baptist, and Presbyterian — to provide training for intern and residents of a quality such as to meet regulations laid down by the Korean Medical Association. Sister Ann Veronica has been in the States trying to raise additional funds to provide additional facilities — a pathologist, better equipped laboratories, radium and X-ray therapy for the many tumor cases which so often come to them for care.

Three Marist Mission Sisters are among Marquette’s alumni serving in the mission field.
Sister M. Leo Ouellette, s.m.s.m. (M.D. Marquette University 1949) is serving in the Mission Hospital on Bougainville in the Solomons.

Sister Mary Ida Snyder, s.m.s.m. (M.D. Marquette University 1964) is presently in Killara, New South Wales, working in Lourdes Hospital and taking the course in Tropical Medicine necessary for her to work in the Solomons. She hopes to be ready for her new post in Solomon Islands by September of 1966.

Sister Mary Thomas More O'Brien, s.m.s.m. (M.D. Marquette 1958) Sister Thomas More interned at Bellevue. Her special work in Tropical Medicine was done at Harvard's School of Public Health. After spending time in Carville and on Jamaica in the leprosy hospitals there she was assigned to the Marist Mission in the slum areas of Mendoça in Lima, Peru.

In 1964 Sister Thomas More and her group of Sisters were recalled to the States, leaving their mission to the St. Joseph Sisters of Boston. During this interval Sister Thomas More has made her Second Novitiate, again spent time at Carville in Louisiana, and was involved in a leprosy survey program in the Dominican Republic. The past six months were spent in emergency work at St. John's Hospital in Lowell.

Sister M. Juliana Bender H. H. S. (M. U. M.D. 1939) has spent the past three years in Hong Kong. Her work is in an outpatient clinic which cares for an average of 100 people daily. Funds for the building and partial equipment of the clinic were provided by the U. S. Refugee Commission; additional equipment and drugs come from the Catholic Missions Board in New York and the World Medical Relief in Detroit. "Med for Millions" provides a good supply of their all-purpose food in which the clinic bottles and gives medicine to the many severely undernourished patients who come to them for care.

In her town of Toi wan, with a present population of 203,000 are two large resettlement areas for refugees, and when there are complete the population will be almost a million.

Frater Luke Tupper, O.F.M. (James Tupper, M.D. 1958) After graduation from Medical School Dr. Tupper spent three years with the Navy, entered the Franciscan Seminary in 1958 and is now in studies for the priesthood.

Service to the Indian Indians of northeastern Brazil among the Amazon is his goal. He is experiencing great difficulties in gaining licensure in that country. He has been told that it often extends the training and licensing period for a license over a period of three years. An extensive examination to demonstrate command of the Portuguese language is required; junior college courses in Brazilian history, geography and grammar must be passed. Seventeen medical examinations are given, many of which require a month or two of clinical work.

In order to prepare himself for the language barrier he hopes to spend the summer of 1966 at Marquette University working with a group of Peace Corps trainees for whom he will serve as health instructor and, in return, he will be permitted to take the intensive Portuguese language training with the Corps members. After completing this summer's work he will, if he hopes, go directly to Brazil where he will complete his theological training at Petropolis (near Rio de Janeiro) and, during his summers and free times he will work on earning his Brazilian medical licensure. He hopes to be ordained in about three and one-half years and then will be ready to go on with his life's work.

Father John Flannery, O.P. Father Flannery is now completing his final year of studies at Marquette and expects his M.D. degree in June. He will serve his internship at Sacramento County Hospital (California) and follow this with an additional year of work in general surgery.

Definite plans are being formulated for Father Flannery to take over the directorship of a hospital now under construction by the Dominican Mission Foundation (Province of the Holy Name). Technical advice in the building of the hospital has been given by the Sonoma County Medical Society and the hospital is being built at Altamirano in the state of Chiapas in the mountain jungles of Southern Mexico, an area populated by 18,000 Indians. It should be completed and ready by the time Father Flannery will have completed his training. To help him in this area where he will be hundreds of miles away from other physicians, members of Sonoma County Medical Society plan periodic visits to the hospital and, through shortwave radio he will be able to communicate with Society members from time to time for oral consultations as emergencies arise.

Father John Bergwall, M. M. M.D. Father Bergwall graduated from Marquette's School of Medicine in 1953 and then entered the Maryknoll Seminary, with a life in missions as his goal. He was ordained to the priesthood in 1959 and shortly thereafter developed symptoms which led to the diagnosis of multiple sclerosis. In spite of illness he begged his superiors the opportunity to serve in African missions for so long as he could be of service. He was granted permission to do this and was sent to Tanganyika. His Christmas letter of 1960 told of his initial course of language study before being assigned as an intern at the Busanda Mission in Tanganyika. The parish covered an area of 625 square miles which included twelve out-stations in addition to the main mission at Busanda.

However, his own illness progressed and about a year later it became apparent that he was physically incapable of performing in these primitive surroundings and he came back to the States. He is now at the Maryknoll Seminary at Glen Ellyn where his interest in his beloved African missions and the wealth of experience he gained there are an inspiration to all of his associates.
Sister Gerlinda Hondl, Sp.p.S.

Sister Gerlinda is presently completing her Sophomore Year at Marquette University School of Medicine. At the end of her Freshman year Sister Gerlinda ranked #1 in her class and she is maintaining equally good scholarship at the present time. She has no definite assignment in mind but, if given a preference of places in which to serve, Indonesia would be her choice.

Joseph Tombers, M.D. (Marquette M.D. 1964) Dr. Tombers had indicated to the Catholic Mission Board that he was interested in medical work and following his internship at St. Mary’s Hospital in Duluth, Dr. Tombers was placed at the Clinica “Las Mercedes” in El Progreso, Yoro, Honduras. The clinic is operated by the Jesuits (Missouri Province) and is now completing its third year of operation.

Dr. Tombers writes: “The clinic is run primarily out-patient style and the doctor is free to treat the people he wants, the poor people of course. The first doctor here and myself (second) both felt the greatest need for medical care is with the children of the area. For that reason, 95% of the patients are children.”

Dr. Tombers is the only trained person, medically speaking. He does his own lab work and does minor surgical procedures. He is assisted by two local girls whom he has trained to help him. In addition to the outpatient facilities the clinic has three beds and he can, when needed, keep patients overnight. When this happens the mothers stay with the children and act as “nurses.” He sees about a thousand patients a month with a variety of diseases which range through tuberculosis, measles, diarrhea, parasitosis, malaria and skin problems.

When Dr. Tombers went to the Clinic last July he was given a one-year deferment from the Air Force (Berry Plan) to serve at Las Mercedes. The time is now practically over and he is due to leave the Clinic by the end of May and to report to Brooks AFB in July. He has made since efforts to find a replacement for the clinic, but, with the military situation as it is at present, he has been unsuccessful.

In addition to the group of men and women whose activities in the mission field have been narrated above, Marquette’s lone physician now in active service with the Peace Corps, and a second one who expects to go to Brazil with the Corps next fall.

Ronald du Pont, M.D. (Marquette 1964) Dr. DuPont’s intern training at St. Mary’s Hospital in Grand Rapids, Michigan, and later on in service with the Peace Corps in Kazaroon, Iran, Dr. DuPont’s wife, and two children are with him in Iran.

Joseph Pilos, M.D. (Marquette 1965) Dr. Pilos is presently completing his internship in the Canal Zone. He has very recently been accepted by the Peace Corps and expects to be with the group sent to Brazil next fall. He will complete the basic training given to Peace Corps trainees at Marquette University this summer and, with his wife and baby daughter, will leave for his assignment in the Fall.

Current Medical-Moral Comment

Thomas J. O’Donnell, S.J.

As psychiatric evaluation and testing, as well as therapy, becomes more commonly accepted in general, the psychiatrist is likely to be dealing more frequently with members of Religious Institutes in these areas of practice. Since a member of a Religious Institute has a special and unique relationship to his or her Religious Superiors, which is not always understood by physicians, the concept of professional secrecy can become somewhat obscure.

The Hippocratic collection reflects how sacred and serious the obligation of secrecy has been from the dawn of medical history. This is expressed strongly and succinctly in the words of the traditional oath: “... whatever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets ...”

The Code of Medical Ethics that Dr. Thomas Percival brought out of the administrative turmoil of the Manchester Infirmary, in England, at the close of the 18th century, has become the basis of most modern codes of medical ethics, directs that: “Secrecy and silence, when required by peculiar circumstances, should be strictly observed. And the familiar and confidential intercourse, to which the identity are admitted in their professional visits, should be used with discretion and with the most scrupulous regard to fidelity and honor.”

Half a century later the American Medical Association held its first formal meeting in Philadelphia, Pennsylvania during May, 1917 and adopted its original Code of Ethics. The delegates simply took the above quotation from Percival and added the following: “The obligation of secrecy extends beyond the period of professional services: none of the privacies of personal or domestic life, no infirmity of disposition or flaw of character observed in professional attendance, should be divulged by him (the physician) except when he is incessantly required to do so. The great necessity of this obligation is indeed so great, that either of men have, under certain circumstances, been protected by the observance of secrecy by court of justice.”

As the A.M.A. Code of Ethics was revised and rearranged in 1939, 1912, 1947 and 1955 the section on professional secrecy remained essentially intact. In 1957 the House of Delegates directed that Father O’Donnell is professorial lecturer in medical ethics at Georgetown Medical School. By arrangement with the editor of Georgetown Medical Bulletin this column in that journal appears concurrently in LQ.

1 Percival’s Medical Ethics, edited by Chauncey Leake, Williams and Wilkins, Baltimore, Maryland, Ch. II, No. 1, 1927.