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## Medical Mission Notes

Joseph A. Grady

James H. Masterson

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# Medical

## Mission

### Notes

to the Bishops in Latin America which reflects the current thinking of the Executive Board in the matter:

The Catholic Physicians' Guilds were most pleased with the reception we received from the Bishops and priests at the CICOP meeting in Chicago last January. In reflecting on some of the opinions and considering the many problems which exist, it appears that our medical mission committee has a fair amount of ground work to do before any concrete proposal can be offered.

It is our general opinion that the medicine practiced in Central and South America is quite adequate, but that the concentration of physicians is in the larger, more populated areas. We do not feel that this is unique to Latin America; there are sections on the North American continent where similar problems exist, but we do admit that the transportation problem is much more severe in Central and South America. There is also the added difficulty of obtaining a North American doctor to work in these missions. Factors involving travel expenses, license procedures, language differences, and knowledge of the terrain hinder recruitment. It is our feeling that this could best be handled on a doctor-to-doctor relationship.

The Medical Mission Committee and the officers of the National Federation are becoming more and more interested in this field. As most of you know, this has been made a definite commitment by Pope Paul VI to all religious communities of priests and sisters in our country. In line with this, Federation officers and the mission committee members met with a group of South and Central American Bishops at the CICOP sessions in Chicago early this year. The reception was most cordial and we have been seeking means to implement some of the thoughts which came out of the conference. Problems vary in many areas of the world and sometimes seem insurmountable, but we do feel that each Catholic Physicians' Guild has a moral obligation to fulfill the commitment made by Pope Paul. We fully realize that many Guilds are now doing all they can as far as the missions are concerned and dedicated physicians in several of the groups have taken the lead. This plea is being made to obtain from each Guild a positive commitment toward mission work.

We would propose that the physicians in South and Central America assisted by their Public Health Ministers interest local physicians in the work for which we have been endeavoring to enlist doctors from our own country. We would suggest that our medical men work to supplement the income paid by the state for such rewarding work in the less populated areas. The image of a North American doctor working in this area could have a very beneficial psychological effect; in the United States this would be helpful for fund raising purposes and also would give example to other physicians in Central and South America as well as foster good communication.

There are many problems which cannot be solved immediately and we quote herewith a letter addressed

We would appreciate your thoughts in this regard. The above letter is reaching the Latin American Bishops but at the same time

there are vast areas in Africa and other emerging lands in the world that are also most worthy of our full support.

The individual Guild mission chairmen will be contacted to make a definite commitment to an area in Central and South America to implement the use of local physicians there with monies and materials. The type and scope of this effort will

have to be determined after a fair amount of ground work has been laid but we are willing to expend effort in this direction if feasible. We will conduct meetings in the United States or in South America to discuss with responsible people the implementation of a plan for help.

Joseph A. Grad M.D.  
James H. Masterson, M.D.

