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Medicines and Equipment and Healing Hands to Use Them

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They've nicknamed it "The Warehouse with a Heart!" From its portals flow a constant stream of medicines, instruments and equipment to more than 5,000 Catholic hospitals and clinics in Africa, Asia and Latin America. This 30,000 sq. ft. one story building houses the Medical Supply Program of the Catholic Medical Mission Board.

Back in the days of its foundation (1928), the Catholic Medical Mission Board gathered sample medicines which it wrapped and shipped to missions overseas. Gradually, the word spread around the mission world and CMMB received more and more requests for supplies, most asking for specific medicines. Realizing that its sample program could never meet the needs, CMMB went directly to the pharmaceutical industry and within a short time, became the outlet for the industry's donations of medicines to Catholic missions. Physicians and hospitals have become the primary source of instruments and equipment. Some 3,000 groups of women (Blue Cross Circles) throughout the country roll bandages and prepare surgical dressings for shipment overseas.

Through sound planning and the generosity of its friends, the Board was able to ship 2,592,000 pounds

of medicines and equipment overseas in 1965. Thus, from a modest sample program, CMMB has developed a meaningful medical supply operation for the missions.

By entrusting its shipments to dedicated professional missionaries, CMMB guards against misdirection and abuse of this valuable material. Its policy is simple:

Any authorized missionary, of any nationality, of any Religious Order, who needs medicine for his sick poor, will receive it without charge, provided that the material freely received will be freely administered to those too poor to pay. Each mission supplied by CMMB will receive drugs and instruments according to the professional qualifications of the mission staff.

At one time, hospitals and clinics received shipments of medicines from CMMB every two or three years. Now CMMB is able to make one shipment a year to each hospital and clinic overseas. With forms sent out to the missions each year, CMMB gets detailed requests from each one and makes an individual shipment to each of the 5,000 mission hospitals and clinics which are now receiving help from CMMB. In many cases, CMMB is able to send the exact medicines requested. When it can't, it sends the best substitutes.

PLACEMENT OF PHYSICIANS

The Medical Supply Program has been the primary function of CMMB for the past 37 years. Of more re-

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cent formation has been its Medical Personnel Placement Program. This program serves as a clearing house for medical personnel desiring to work overseas. Opportunities for such service are publicized by CMMB. After applicants are screened, CMMB tries to make the perfect match between the qualifications and preferences of the applicant and the needs of mission hospitals. CMMB does not contract with the medical applicant. Since no hospitals are under CMMB's jurisdiction, the final contracts are made between the two interested parties.

CMMB screens both long and short term volunteers for services in Catholic hospitals and clinics in Africa, Asia and Latin America. These men and women serve the sick poor through their medical skills. The only "ministry" required of them is that of their profession. Membership in the Catholic Church is not necessary for placement through CMMB.

During the past four years, CMMB has placed twelve physicians for two-year tours of service, six physicians and two dentists for one year tours, one physician for six months and over fifty physicians and dentists for one month tours. These placements included general practitioners, surgeons, pediatricians, obstetricians and gynecologists, ophthalmologists and internists. (Articles by three of these physicians can be found in this issue of LINACRE.) Approximately twenty nurses have served two-year tours and

eleven have served for six months to a year. About three long term medical technicians have served.

The Placement Service is presently screening several physicians who, it is hoped, will begin their medical missionary work overseas sometime during 1966.

Since 1928, concerned people have used the Catholic Medical Mission Board to help reduce the shadow of disease in underdeveloped areas of the world. Their financial support has kept the work going and expanding. They have had the satisfaction of knowing that every penny is spent carefully for the purpose given. Think of it, here is a charitable organization, completely unsubsidized, whose operating costs (packing, trucking, medical personnel recruitment, promotion, salaries, etc.) are only 5% of contributed resources!

Much has been done . . . but the sky is the limit to what could be done with adequate support. For instance, CMMB has to purchase many things that cannot be donated, at least in sufficient quantity: medicine for leprosy, for malaria, for tuberculosis, for worms. Instruments, like microscopes, are needed by the score. Additional funds would enable CMMB to transport young medical volunteers to areas that cannot manage even that expense.

The need is great. The satisfaction of helping is still greater. To be a link in the chain of compassion for our stricken fellow man is to be blessed more than he.