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Mission Work of The Federation

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Some five years ago the National Federation of Catholic Physicians' Guilds established a mission committee which had as its object to study ways of helping the missionary in ministering to the health of his people. It is an obvious fact that malnutrition and disease are the most strangulating problems the missionary priest must face. The establishment of a dispensary as part of the mission is paramount, and the missionary is the only source of medical aid in the community. He dispenses as best he can the sample drugs sent by some well-intentioned friend back home. Rarely does he experience the luxury of a nurse of limited training and overwhelming charity to run the dispensary. Such is the case in practically every town and village in Latin America. It is incredible until you have seen the depth of poverty and deprivation superimposed by indigenous disease, that is the lot of the masses of the people in Latin America. What could we do about it?

We all were impressed by the work of a group of physicians from Sacramento who maintained a doctor at the dispensary in Chichicastenango, Guatemala, successfully serving the needs of the Indians in that large community. They have been able to keep a physician at the dispensary for several years, each

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doctor serving one month. The plan is a good one and, for them, successful.

The Detroit Guild, among others, likewise adopted a parish in Latin America. We also attempted to serve the area hospital by sending physicians on a short term basis to the mission. The plan worked for a time but died for want of sufficient physicians to maintain continuity of service. This of itself is discouraging, but nothing is of itself; all new ideas are subject to the scrutiny of trial. The idea has not been lost.

In some small measure, the efforts of the N.F.C.P.G. caused the spirit to spread to many Guilds and individuals. The interest generated has been a part of the national sense of obligation to the underprivileged of the world. Whether because of us, certainly in some small measure, the applications being received by the Catholic Medical Mission Board have increased steadily for the past three to four years. We continue to support our adopted mission by fund-raising to improve the facilities. We support nurses who, without our aid, could not serve. It may not be according to our plan but progress is being made.

The failure of many of our Guilds to find an abundance of physicians willing to serve in the mission field has caused a second look at the problem. Not infrequently, I receive letters from missionary priests and Latin American physicians. The theme is the same. The mission is in desperate need of medical per-

sonnel, nurses and doctors. Tens of thousands of people are dependent upon the mission for medical and material aid. Coincidentally, in the large cities of these countries is an overabundance of physicians, many unable to pursue their profession because of a plethora of doctors. Invariably, a sum of \$150 to \$200 per month would be enough to induce a physician to serve the mission facility. The poor economy does not permit the average Latin American physician to practice among the Indians and support himself and family.

In specific instances, your committee has referred such applications for support to interested Guilds. It is too early to know the result but the plan is worthy of consideration.

As I see it, the problem is three-fold. Supply of medicine and equipment is of utmost importance. This work is being done with maximum ability by such organizations as the Catholic Medical Mission Board and World Medical Relief. They deserve our support. Of equal importance is the need to recruit young doctors, uninhibited by the problems of the growing family and established practice, anxious to serve in the mission field for long or short term periods. There are several organizations capable and interested. Chief among these are C.M.M.B. and Mission Doctors Association of Los Angeles. The work of the latter group is known to you from a previous article in LINACRE. However, as the need is great and the supply limited, is there some merit to each and every Guild adopting a medical mission, raising funds to its capacity to

support an indigenous physician to serve the mission of his choice?

There could be abuses; indeed, there may be. I wonder if the occasional abuse is a sufficient reason for doing nothing. The good accomplished by your efforts (purchased, if you will) should far outweigh the occasional misadventure.

Thus, the initial phase of our problem, the subsidizing of indigenous physicians and nurses may be meritorious in solving, for example, the problem of Bishop Prada, La Paz, Bolivia. The Bishop has established some six or more dispensaries in the poor parishes of La Paz. He is receiving some supply of equipment through the usual channels. In most cases \$80 to \$100 per month would allow him to obtain the services of a doctor and nurse for a dispensary. Are there not many Guilds in this country capable of supporting such a plan?

There are many similar situations begging for help. The National Federation is committed. It needs the help of the individual Guilds to see fulfillment of its plan. Each Guild can do its part. If a group is too small, let it join with another, pool its resources, do what can be done for our unfortunate neighbors. A nation such as ours, enjoying 46% of the world's wealth and one doctor for every 700 people, must contribute more than it is doing. We all share in this obligation.

The National Federation, with the co-operation of Catholic Medical Mission Board, is able to refer any interested Guilds to parishes in Latin America needing support.

It is not too late but, it is time!