HEAL THE SICK

and say to them The Kingdom of God is at hand Luke 10: 9-10

MISSION DOCTORS ASSOCIATION

2005

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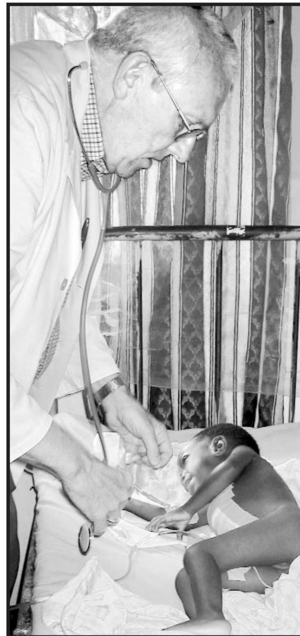
Bill and Kate Walsh Face Challenges with Faith

Bill and Kate Walsh began their three-year assignment at Karol Lwanga Hospital — in Nyakibale, Uganda in January. I had the privilege to visit them and see them at work as well as speak with the people who they are working with at the hospital.

Did the formation program prepare you for the missions?

Kate: When we were in Los Angeles during our training period Bill kept asking me, "What do we need all this religion for, we are not going to be preaching?" After we arrived we both said, "Oh, without the grace of God and a lot of prayers there is no way we are going to survive!" Even though we were prepared for the cultural differences in our classes, it is hard to erase 60 plus years of American culture. Our living quarters are the most luxurious on the hospital campus and very functional, and the people are welcoming and friendly and have made us feel at home.

(please see WALSH on pg 2)



Bill Walsh with young patient at Karol Lwanga Hospital, Uganda

Mission Doctors Bring Health and Hope

In this newsletter; Dick Stoughton shares some of the remarkable successes already witnessed as antiretroviral drugs start to be distributed at St. Theresa's hospital in Zimbabwe; Jim Hake writes about how much he and Terry enjoyed their first experience in Cameroon; Tim and Sheila Cavanagh reflect on being half-way thru a three-year assignment; Bill and Kate Walsh answer a few questions about their first impressions at Karol Lwanga Hospital in Uganda; and the Kummer family reflects on their time in Guatemala.

Mission Doctors Association is also blessed with many who support this work, and 2005 marks a new way that we will recognize your generosity. As Friends, Partners and Members of our Founder's Society — YOU make the work of doctors and their families possible.

I would also like to invite you to read about the newest addition — the Legacy Society — and read what Dr. Peter Meade wrote — sharing why this was something he had to do for the future of MDA, and his invitation to join him (see page 8).

Bishops and hospital administrators tell us that there is a difference in the people that come from our organization — and they want more. MDA is more than a humanitarian organization, Mission doctors and their families serve at mission hospitals and clinics offering not only quality health care — but care that is offered in response to a call of faith. Does it make a difference? Yes it does, every day, with every patient. Please contact me if you have any questions about how you can serve or support this unique ministry of service motivated by faith.

Elise Frederick, Executive Director
Mission Doctors Association

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This newsletter is published annually. Additionally, an online newsletter is circulated quarterly by e-mail to those who have requested it. To request this newsletter, please drop a note by e-mail to: **missiondrs@earthlink.net** We will be happy to add your name to the list of those receiving our quarterly online newsletter. Of course, your names will never be shared with any other organization or business.

Walsh continued from page 1

Who was your most memorable patient so far?

Kate: My favorite patient was a little two-year-old girl who was admitted in a coma with rigid extremities, apparently suffering from meningitis. There are no physical therapy or auxiliary departments here at the hospital. My forty-year-old St. Francis Hospital School of Nursing training kicked in and I began passive range of motion on the child's joints. I taught the mother to do it and actually saw some relaxation. After the exercises, I would apply improvised cardboard splints; to keep the little fingers open for at least a while. The family finally took the child home. Unfortunately due to nature of the illness and the lack of professionals skilled in rehabilitation she will receive little help to regain the ability to walk, or talk.

Bill and Kate study Runyakore — the local language — three evenings a week to help them communicate with their patients.

How are you finding surgery in Uganda?

Bill: Surgery for acute abdomens here is like a box of chocolate, you never know what you are going to find! (Sorry, Forrest Gump). The first few cases that I thought were acute appendicitis were: inflammatory process in the right colon and terminal illium (typhoid?), a small bowel obstruction, hemorrhagic pancreatitis and an older man with severe abdominal pain, weight loss, who turned out to have intrasussepsion. Yesterday, I operated on a young woman with a ruptured uterus and an expired twenty-week fetus along with a small bowel "post-op" obstruction from another hospital. I have had several perforated ulcers and the reverse — some that presented like perforated ulcers that were appendices. Needless to say, everybody gets a long midline incision!

Bill and Kate began three-year assignment in January

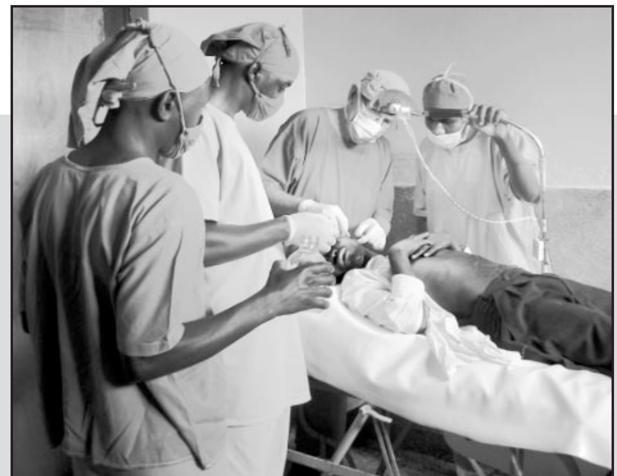
Were there any patients who have stood out for you?

Bill: My favorite patient is four-year-old Rita, who was assaulted (along with another family member) with a ponga (machete), shortly before I arrived in January. She had a head wound, large facial laceration that extended from her ear to her mouth and lacerations on her arm with an underlying fracture. Unfortunately, the arm wounds became infected and required a long period of debridement under anesthesia. For a while it looked that the arm would have to be amputated above the elbow. By the grace of God, the wound finally healed. I have seen her twice since discharge and she is doing well. She has a beautiful smile and seems happy in spite of what happened to her.

I also visited with the Bishop and the administration of the hospital. Both Bishop Callistus Rubaramira and Dr. Anthony Mussisi, Chief Medical Officer, thanked Mission Doctors for sending these two dedicated lay missionaries to work in Uganda.

Please keep them in your prayers — and if you can help us get some much-needed supplies to them — we will be most grateful.

— Elise Frederick †



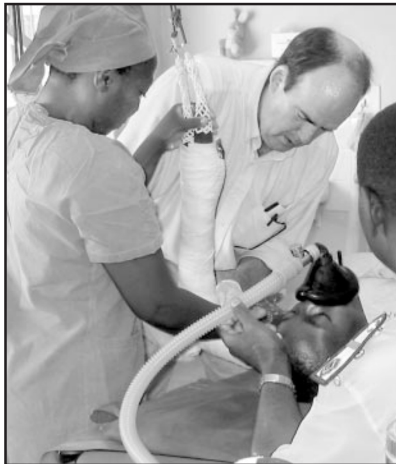
URGENT NEED

Most US surgeons wouldn't consider stepping into an operating room with a broken table and small gooseneck lamp that is held together with surgical tape! However other priorities in Uganda have left this need unfilled.

MDA has been offered a donation of an adjustable table for Nyakibale Hospital, — but we need to get it there — crating and shipping has been estimated at $5,300. The hospital in Uganda has committed to transport the table from Entebbe, and has been able to — in their words "squeeze their budget" to contribute $2,150 of the shipping cost — ***will you help us raise the balance?***

Improvements in Zimbabwe Marks Half-way Point for Cavanaghs

Greetings to the Mission Doctors Association family!



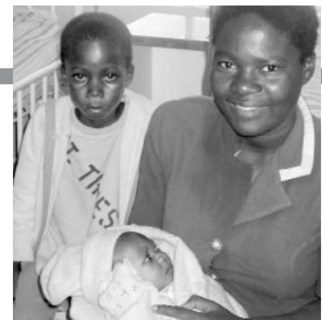
It is hard to think that Sheila and I are approaching the half-way point of our mission in Zimbabwe at St. Theresa's Hospital with the Dominican Sisters. The days seem to go slowly, but the months fly by. It has been an amazing journey to date. We keep waiting for the point when we will have things "figured out," but that time just hasn't come. We continue to learn more about our host country and it's people each day. We are still learning the Shona language at an agonizingly-slow pace and expect to be fluent in about 300 years.

The mood at the hospital continues to change in a wonderful way with the hospital's participation in the Zimbabwe government's HIV medication program. It is becoming a common sight to see people returning to the outpatient department who had previously been dying in the inpatient wards. There is a young boy who had been ill for months in the pediatric ward of the hospital who is now back in school and barely recognizable because of the weight he has gained. Our major problem with him now is that we must continually remind him that he is not allowed to play in the pharmacy while he is waiting in clinic. We are beginning to give HIV medications to pregnant women who are ill and our first young mother went home with a healthy baby and a smile on her face! It makes for more work for all the staff each day but there is not one complaint heard in the hospital about it. It has caused a hopefulness in people's thinking about HIV unlike anything Sheila and I could ever have imagined.

The practice of medicine has continued to be a joy. I plan to sit down some day soon and make a list of all the new illnesses I have seen and learned about in the last year. We have had two Zimbabwean medical students here for the last couple of weeks. They have been a great addition to the staff and it has added an extra reward to the practice of medicine for Dr. Stoughton and me to be able to teach.

We have been blessed by a visit from our two youngest daughters, Katelyn and Bridget, who are here for three months during the summer break at Arizona State University. They have made friends quickly and within two weeks are teaching Sheila and me things about Africa which we have not learned in over a year here. They have been helping at the hospital in the sorting of donated clothing, have been able to go out with the Dominican Sisters to make home visits to ill community members with HIV, help Sheila with an art class at the elementary school, and were able to see a mother giving birth to her baby (they gave us some "mixed reviews" on that experience!).

We keep waiting for the point when we will have things "figured out," but that time just hasn't come. We continue to learn more about our host country and it's people each day.



Happy mother with young patient - St. Theresa's

Sheila and I want to let you all know that the work done by Mission Doctors Association is truly making a difference. It is helping provide medical care, extending a hand of friendship, and giving a clear answer for suffering people to the question, "Does anyone care?" I extend an invitation to any physician thinking about such a mission to contact MDA and consider making this leap of faith. We remain steadfast in this endeavor by the prayers, work, and gifts of the many people associated with MDA. Know that you remain in our prayers each day.

God Bless,
Tim and Sheila

Sheila heads to the market with daughters, Katelyn and Bridget

Antiretroviral Drug Therapy in Resource Poor Zimbabwe St. Theresa Hospital

Dick and Loretta Stoughton and Tim and Sheila Cavanagh continue to work at St. Theresa's Hospital in Zimbabwe. ***Your support of Mission Doctors makes their service possible.*** Because they are there, the hospital has received additional support from other international agencies and even from the government of Zimbabwe.

Throughout Sub-Saharan Africa, people are struggling with developing programs to bring much-needed ARV therapy to the millions of people suffering from AIDS. The developed world is meeting the challenge by providing funds to accomplish this. However, the delivery of ARVs to those who need them is not so simple. In fact, the problems are daunting:

- Lack of sufficient staff for VCT (Voluntary Counseling and Testing) to even identify those who for sure have the HIV virus.
- Lack of sufficient staff to then counsel these people on compliance, side effects, disclosure, clinic attendance, etc.
- Lack of adequate laboratory facilities and enough personnel to perform the required laboratory tests.
- Lack of sufficient medical staff to properly evaluate and treat with ARVs.
- Lack of sufficient space to make sure that people are counseled and treated in a confidential and professional manner.
- Problems with distances that people on ARVs have to travel to attend clinics, often with no bus or other transport available.
- Problems with lack of sufficient food for those on ARVs, so that they are receiving the necessary nutrition needed for improvement in their condition.
- Problems with ensuring a continued supply of ARV drugs so that there is not an interruption in treatment.
- Problems with an adequate supply of drugs for treating opportunistic infections in people with HIV.

Such a difficult task, and yet I believe that here at St. Theresa's Hospital we are overcoming these obstacles, and moving ahead vigorously in treating more and more people with ARVs. This has come about because of a number of factors, many of which are historical:

Dick Stoughton with patient at St. Theresa's Hospital.

1 A well-managed Home-Based Care program to help care for those suffering from HIV/AIDS was begun at this hospital in 1990, and has continued since that time. HBC helps to identify those people needing ARV treatment, and also greatly helps in caring for AIDS orphans.

2 In October, 2001, a program of PMTCT (Prevention of Mother to Child Transmission) was begun. This began increasing the number of people having HIV testing because there was a method to try to decrease the transmission between mother and child.

3 In early 2003, through funding via Swedish International Aid Association (SIDA) and Canadian International Aid Association (CIDA), a new VCT center was built and staffed to provide adequate counseling, testing, and post-test counseling for all those seeking to know their HIV status. This again greatly increased the number of people knowing their HIV status, and helped to decrease the stigma throughout the area.

4 In 2004, we began to treat a small number of patients with ARVs; people who could afford to pay for the drugs. This gave us the opportunity to gain experience in using ARVs in this setting, and also to develop systems to enlist and follow a much larger group of patients.

5 In late 2004, we were evaluated by a governmental team to determine our readiness in treating larger numbers of patients, and then to receive ARVs free from the Ministry of Health & Child Welfare (MOH&CW). We were approved in January 2005.

6 In February, 2005, we started to treat larger numbers of patients, and are continuing to add people each month. We have started 145 people on ARVs so far this year, and hope to have some 400 to 450 on ARVs by the end of the year. We estimate that there are about 1,000 to 1,200 people in this catchment area of 50,000 people who would meet the clinical criteria for treatment.

Even though it is a short time that we have been using ARVs, it has made a huge difference in our approach to car-

ing for those with AIDS. Rather than looking at those with late-stage disease and saying "there is nothing we can do," we now say, "Let's try to do everything we can to make them well enough to be able to be started on ARVs." For many, it is still too late. And some that we do get well enough to start on ARVs, they still die of their disease. However, we have many, many success stories and it is helping to energize the staff and the community because of the realization that there is help available. Here are some of the success stories:

TENDAI: a 12-year-old girl, both parents have died of HIV. She has been chronically ill for the past 18 months, and has lost about 12 pounds in that time. Her 22 year old brother is her guardian, and he was very interested in her being on ARVs. He participated in the counseling, and brings her to the hospital for each visit. In the first six weeks of treatment, she has gained 12 pounds, has a nice smile on her face, and no longer has a chronic cough.

EMILY: a 30-year-old mother of three, whose husband died of HIV four years ago. She has to walk for three hours to get to the hospital. She was severely ill in March, and was admitted to the hospital with diarrhea, respiratory infection, and dehydration. She was treated with IV fluids and antibiotics, and improved enough to start on ARVs while in the hospital. She improved in the hospital, went home on ARVs, and now returns each month. Her three-hour walk is now only 11/2 hours because she is so much healthier. She has gained 22 pounds! She has the energy to work in the fields and to take care of her three children, and has renewed hope that she will live long enough to see each of her children married!

These are just a couple of the cases that are returning each month with success stories. Of course, there are some who default, or who forget their pills and thus run the risk of developing a resistant virus – but that problem exists all over the world and is not unique to Africa. In fact, I believe that we will be pleasantly surprised that the rural African might be much better than people in Europe or the US in taking their medicines on a regular basis.

We are treating people with a minimum of laboratory tests, because it is what we have to work with. It is not optimal, but we feel that we can still give quality care by using clinical skills in evaluating people for their initial treatment and for their follow-up. If we have to wait until we can do CD4 counts, viral loads, multiple chemistry analysis, etc., then we will just be standing by as more and more people die. By using the resources we have, we are able to start a large number of people on appropriate treatment, and truly hold out new hope for these people.

A prayer by Archbishop Romero of San Salvador, who was martyred in 1980 for speaking out for the poor, says this: " . . . We cannot do everything and there is a sense of liberation in realizing that. This enables us to do something, and to do it very well. It may be incomplete, but it is a beginning, a step along the way, an opportunity for the Lord's Grace to enter and do the rest." In Sub-Saharan Africa, we cannot do everything, be we can do something in the treatment of HIV/AIDS, and we CAN do it very well, and we should all strive to be doing just that.

— Dick Stoughton, St. Theresa Hospital, Pvt. Bag 7015
Mvuma, Zimbabwe

Completing three-years in Guatemala the Kummer family reflect on the sacrifices and the blessings this time has been to their family. As they continue to discern their next steps we keep the entire family in our prayers.

Looking Back on How the Mission Life Affected our Family

By Debra Moore Kummer • Edited by Betsi Kummer

We all agree that for the time all five of us were together in Guatemala we became closer as a family. Initially we spent more time (more intense time) together than we had in the States, partly because we were not yet involved in other activities and were all home more, versus each one caught up in their own interests. Anna and Betsi became (and still are) really close buddies. We knew well the work each of us was doing and we shared in it; the ideas, the problems, and the joys as well. In general, everyone became more flexible, adaptable, tolerant, and accepting. Cultural differences, some foods, material things, time and space weren't so important anymore. It was supportive to experience it all (culture, work, and change) together as a family, especially when we hadn't yet developed friendships and connections there. The family was a place one fit in.

Kummers in Guatemala

"It was good when we were together and bad when we were apart."

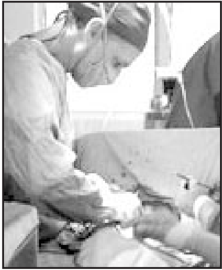
Of course, there are also the obvious benefits of language skills, cultural diversity, awareness of other world views and a commitment to helping others. This affected each individual and the entire family.

It was a difficult time when we were separated. The first year of our mission Emma, our oldest daughter, was in college in the states. Communication systems to our area were almost nonexistent, making it difficult to keep in touch with her and guide and support her. Emma was lonely and developed not-so-good relationships because of it. Later, Anna too went back to study in college. Communication was better, but she felt like an orphan, abandoned. It was overwhelming for her to take on the responsibility of paying rent and taxes, selling stocks to pay tuition, etc. They did grow in independence and decision-making, but at a price.

Later, into our third year, Mark and I entered more and more into our areas of work. This drew us geographically and emotionally apart. Betsi no longer had her sisters close and we had to move away from her friends, making her lonely (but closer to us). The upside during this end period was the coming of internet and internet phone in the house, making communication with our girls frequent and inexpensive.

So now we're in this transitional period of discernment. It is difficult planning a return in mid-career. It is difficult determining how and where to use this commitment in the future. It is difficult finding a place to "fit in" there or here. It is difficult to obtain a balance between family (the heart) and the project (the call). "Trust in the Lord your God."

Dr. Peter Meade:
Planned Giving



I have decided to donate part of my estate to Mission Doctors because MDA sends Catholic physicians overseas to be of service to others, and the service is good — very good. We've got good people out there doing great things as living examples of God's Hands at work.

I consider myself a Christian and that my life is devoted to God. I go to church on Sunday and I try to be nice to everyone. And I ask myself — does it stop there? When I am gone and all of the material things that I have now will no longer be of use to me, where will they go?

Personally, I can't think of any better direction for the money from my future estate. Life hasn't exactly given out material things in equal measure, and a little goes a long way in the places where Mission Doctors serve.

We are the Mystical Body of Christ. Dr. Tim Cavanagh, who is presently at St. Theresa's in Zimbabwe, has made reference to this idea. But, our religious faith means nothing unless we practice it. Helping good people do great things for people who really need it, is a wagon that I would like to ride in and be part of. President Kennedy ended his inaugural address by saying that "here on earth, God's work must truly be our own." And it is. †

Join Dr. Meade and become a member of the Legacy Society for the future of MDA ***(see page 7)***

Request For Doctors

We have requests for our doctors in Ecuador, Kenya and Uganda, Cameroon, Zimbabwe and Guatemala.

Will **YOU** be the one who helps us fill these requests?

If you can't go yourself... help us recruit, train, send and support Catholic Mission Doctors for these hospitals and clinics!

Help us meet these growing challenges!

Some give of their time and talent — your generous gifts make it possible.

❑ **YES, I'd like to make a donation in the amount of $** ______________

Name ______________

Address ______________

City ______________ State ______________ Zip ______________

Phone ______________

Please accept my donation in the form of:

❑ Cash ❑ Check ❑ Mastercard ❑ Discover ❑ Visa Exp.Date ______

Signature ______________

You may also donate online at: http://www.MissionDoctors.org

Mission Letter *from* Dr. Jim Hake

Stepping into a New Dimension in Africa

"What an amazing experience it was to leave the comforts of home and settle into the daily routines of a third world country a few days later. Terry spent her days assisting at the orphanage and working at Project Hope, a local HIV/AIDS awareness program. The scope of the HIV/AIDS epidemic in Africa takes on a new dimension when you work with the people who are the victims. There were multiple new cases of HIV daily and its effects are obviously devastating with over one half of the adults in the hospital HIV positive.

My days were spent attending hospitalized patients and staffing the outpatient clinic. malaria, tuberculosis, HIV/AIDS, hepatitis, gastroenteritis and dehydration were the most frequent problems dealt with. The 150 bed, St. Martin De Porres Hospital is currently staffed by three Cameroonian doctors who do an amazing job. The Tertiary Sisters of St. Francis, led by Sister Xaveria provide the leadership to a very dedicated staff. Limited diagnostics (x-ray and lab) and medications provided daily challenges.

The people of Njinikom and St. Anthony's Parish warmly welcomed us. We witnessed a strong presence of the Catholic faith in the community and hospital. The happiness of the people was impressive despite a lack of material wealth. Our lives have been enriched by the experience and we plan to return to Njinikom in the future and continue our association with MDA. Thank you for all your support."

Mission Doctors Auxiliary honored Msgr. Lawrence O'Leary, former Director of the Propagation of the Faith, at the 2005 Annual Benefit.

Msgr. O'Leary recalled the first meeting of the Mission Doctors Auxiliary and the group's first dinner-dance at a local country club. He described the auxiliary as a "wonderful support." Of the lay missionaries he noted "I saw these wonderful people who were willing to sacrifice portions of their life, going overseas and living in conditions that would be very hard, and some spent many years there," he said. "And the doctors giving up their practice to work with people who were carriers of disease, taking that risk with their wives and sometimes children, was a real inspiration. But, somehow or other, God blessed it all."

The pastor emeritus of St. Martin of Tours Church, Brentwood, devoted a quarter century of his priestly life to mission ministry. Msgr. O'Leary noted that his long relationship with the Lay Mission-Helpers and Mission Doctors had affected him "tremendously" as a person and priest. We thank you Msgr. O'Leary for all you have given to us!

SAVE THE DATE

MARCH 10-12, 2006 — Mission Doctors Association Retreat/Seminar for doctors interested in serving short-term

MARCH 12, 2006 — Mission Doctors Annual Mass

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