



HEAL THE SICK

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

MISSION DOCTORS ASSOCIATION

Patient Stories From Zimbabwe Facing Great Hardship with Great Dignity

By Jim & Terry Hake

Terry and I spent two months at St. Theresa Hospital in Zimbabwe. We felt honored to work along side Dick and Loretta Stoughton who enter their twelfth year of service to Zimbabwe through MDA.

The ravages of HIV and governmental policies have turned a prosperous country into one with the lowest life expectancy in the world, dropping below 36 years.

Under Dick's leadership St. Theresa's 188 bed facility offers hope to the local people. The hospital is clean, well equipped and provides compassionate care under the guidance of the Dominican Sisters. A new three year Nursing School will continue to provide competent staff for years to come. St. Theresa's is one of the limited numbers of facilities in the country providing Antiretrovirals (ARVs) for HIV. Over 700 patients have begun treatment in the last 2¹/₂ years and 2²/₃ are doing well. Being able

(please see HAKE on page 2)



Dr. Jim Hake tends to an infant in Zimbabwe.

A Story Can be Told from Many Points of View

In the case of the work of Mission Doctors in Zimbabwe, this newsletter offers the story of the difference being made at St. Theresa Hospital from the view of patients, doctors, and non-medical spouses as well as information about the ongoing efforts of Dr. and Mrs. Stoughton. Most of the news one reads about Zimbabwe is pessimistic – these are stories of hope.

You too are part of the story. You are the one who makes this work, and the work of all our Mission Doctors, possible. Your generous support is transformed into direct patient care, training and hope. Please share this story with others. If you know someone who would enjoy receiving a copy of our newsletter, please let us know. Unfortunately, not all stories have a happy ending, but they can all transform us from passive to active members of this unique ministry. Your prayers, your generous financial support, and your help sharing this work with others *can* make a world of difference.

Elise Frederick, Executive Director
Mission Doctors Association

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This newsletter is published annually. Additionally, an online newsletter is circulated 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 online newsletter. Of course, your names will never be shared with any other organization or business.

to treat the overwhelming number of HIV patients has created a very positive attitude among St. Theresa's staff and patients.

Life at St. Theresa's is best told thru it's patients stories

Simbarashe is a smiling 11-year-old who's mother died from HIV. He walked three hours to the hospital with his sister. His HIV caused a severe rash with numerous open infected sores over his entire body. He left after treatment with much improved skin and an even bigger smile.



He will be added to the number on ARV's for his HIV and will repeat his walk monthly.

Kudakuasle was a 12-year-old boy with HIV and cryptococcus meningitis. Despite three months of treatment, he experienced severe headaches and became blind. His grandmother chose to take him home to die. He was her last living relative. HIV had already taken her entire family. Despite her

heartbreak, she was thankful for the treatment provided.

Christopher, a 35-year-old, was admitted bedridden and non-speaking with HIV and TB meningitis. Within one week after TB medications were begun he was smiling, talking and ambulating. He will be eligible for ARV's after nine months of TB treatment.

Webster, 32-years-old, was admitted with severe headache from HIV and cryptocollus meningitis. Within days of treatment initiation, he appeared very healthy and was pushing to go home. Unfortunately, he became suddenly comatose, and Webster died three days later. The ever present reminder that HIV is deadly.

Phillip, a 71-year-old with HIV and chronic diarrhea was severely ill and dehydrated on admission with an extremely poor prognosis. After four days of IV fluids, this patient gradually began improving and two weeks later was doing so well HIV treatment was initiated. Phillips family was extremely grateful.

Then there are patients arriving for other emergencies.

Patience, 24-years-old and seven months pregnant, came to St. Theresa's after 24 hours of bleeding from a Placenta Previa. She arrived after an eight-hour ride in an ox drawn cart over primitive roads. By emergency C-section, a healthy four-pound baby girl, who was anything but patient, was delivered.

Agnes was a 31-year-old with a difficult precipitous breech delivery. The baby had an Apgar of 1/10 and suddenly responded after 30 minutes of resuscitation. A happy mom and baby were discharged three days later and are doing well. All involved had tears in our eyes



Dr. Jim and Terry Hake experience the joys and heartbreaks of mission work during their service in Zimbabwe.

after experiencing this miracle.

We pray daily that life will improve for the people of Zimbabwe and ask God to keep watch over Dick and Loretta as they carry out his work. Our thanks to all of you who have supported and continue to support MDA and the Stoughton's.

ANOTHER VIEWPOINT

A non-clinical perspective, from Terry

Jim and I had an opportunity to spend two months at St. Theresa's Hospital in Zimbabwe. As our second short-term mission, we were blessed with Dick and Loretta Stoughton. They opened their home and hearts to us. We shared life—stories, burdens, games, and fun. For that we are so grateful and thank them.

The hospital and the healthcare needs of the people, however, are only part of the story. I would like to share my experience as the non-medical partner on this journey. My initial impression was that this was a very beautiful country. The scenery was breathtaking. But it did not take long to realize that the real beauty was in the people of Zimbabwe. It was in their eyes and in their smiles.

While I had an opportunity to work with Jim at the hospital most days, I was also able to spend some time in other work as well. I spent a day out in the countryside visiting the home-based orphans. These are the children who have lost one or both parents to HIV. Many of them are living with a grandmother or an aunt. Sadly, some of them have no family at all. They are living in small thatch-roofed huts with other children in the same situation. On the day that I was there, we were distributing a small jar of peanut butter, 3 lbs. of sugar, and a pint of cooking oil to the poorest of these orphans. For each of the children, we also had homemade

(please see HAKE on page 8)

the challenge of trying to provide for her family, she also tries to talk with other people in the family about HIV in a way they can understand. Agnes said that when she was a small girl, you went to your aunt (the sister of your father) when you wanted to get married and asked permission. She was told by her aunt, "you don't get under the sheets until you get married." I told her that I couldn't have put the advice better!

There are many groups and individuals who help make the work at St. Theresa's Hospital possible. Some of the organizations are well known (Dominican Sisters, St. Paul Brothers, Mission Doctors Association). Others are individuals from the local community. **Ms. Mutero** has been working as an HIV counselor, and HIV educator for young children. I have been on many home visits with her and also worked on the orphan Christmas parties with her. Ms. Mutero said that their lives changed when Mission Doctors Association started sending doctors to the hospital. The care and medications provided have helped people who were ill return to their lives and jobs. She talks about how hard it is for the children orphaned from HIV to get food, clothing, and school fees. As she talked about the effects of HIV, she also spoke of hope in that there is a growing acceptance of the people suffering with the disease in the community. People gather together and start money-making projects such as sewing and knitting to help provide for orphaned children in the community. She feels that the medical care provided through MDA, the HIV education, and the efforts of community members to help support children orphaned by HIV, will result in healthier people and fewer people getting HIV.

The list of good people Tim and I met during our years on mission just goes on and on. I will miss them all, spend a bit more money on international postage on my letters, and have a longer prayer list in the evening from now on. It is hard to describe how much good is done through the work and prayers of all the people associated with Mission Doctors Association. It is one thing, and a very good thing, to donate medications and medical supplies. There is something deeper that touches the heart of



Sheila Cavanagh among friends in Zimbabwe.

people being served when an organization sends people. It has been a wonderful thing to see, and a hard thing to leave. I guess I am leaving part of my heart there with the friends we made. Thanks again to everyone who helps make the work of Mission Doctors Association possible.

God Bless,
Sheila Cavanagh

The Rich Experience of Mission Work

By Kathryn J. Bolton, M.D., F.A.A.P.

Along with my American Academy of Pediatrics Fellowship certificate, I also have a very special certificate declaring I am a Medical Missionary. This seems to be somewhat of a rarity. I guess few pediatricians opt for the rich experience of medical mission work. I have gone on both short- and long-term trips from as little as a week to as long as 2-½ years, visiting most of the world's continents. What draws me back each time are



Dr. Kate Bolton says what keeps drawing her back to mission work are the children.

the children. A child struggling with severe anemia can die even as you push in the red blood cells as quickly as humanly possible, but the joy of seeing the one that survived go home with his little hand in papa's big one balances the sorrow. The challenge of treating a newborn with tetanus with no equipment except a basic IV, the rate set by counting drops with your wristwatch, teaches the skill of physical exam and interpreting the subtle interlinking dynamics of the human body.

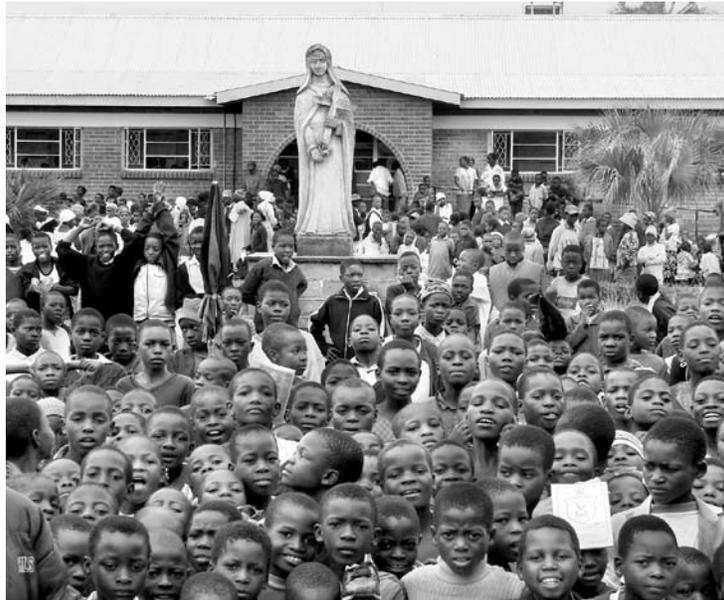
Caring for a child with severe pneumonia or end-stage cardiomyopathy without machines like a ventilator or monitors to separate you from the reality of the child's suffering, teaches the true art of medicine—how to hold a mother's hand, caress an infant's cheek and be with that family through their suffering; giving hope when you can, comfort and support when you can't. I couldn't find potassium supplements anywhere in Ghana for a 15-year-old who was dying—but I could try to make him comfortable and give him a treat of chocolate from my bag of Tootsie Rolls. I will always remember the honor of his request that I be the one to hold his hand during an exacerbation of pain, shortness of breath and hypoxia. I left the next day to return to the land of medicine tempered by lawyers and insurance companies. He died the next week—but will always live in my heart.

Sheila Cavanagh Reflects on Completing Three Years in Zimbabwe

By Sheila Cavanagh

As Tim and I have entered the final days in our mission with MDA at St. Theresa's Hospital in Zimbabwe, I wanted to take time to tell you all about a few people I have met over the three years here who will stay in my heart and my thoughts long after we leave. There are so many stories here that give me hope, and affirm the work done here by Mission Doctors Association.

We met **Tino**, a 10-year-old-boy, shortly after arriving. His mother died of complications of HIV acquired after she married, leaving Tino and his sister **Precious**, to make their way together in the world with such help as the extended family could provide. I met the children's mother who never thought of herself, only worrying about what would become of her children after she died. The children did well at first. Dr. Lynch, a physician on a short-term mission from Mission Doctors Association, saw Tino when he began to lose weight and recommended an HIV test which was positive. HIV



Orphans gather outside St. Theresa Hospital where they receive health care, food, clothing and school fees.

She [Ms. Mutero] feels that the medical care provided through MDA, the HIV education, and the efforts of community members to help support children orphaned by HIV, will result in healthier people and fewer people getting HIV.

medications obtained from the Zimbabwe HIV program through the efforts of Dr. Stoughton were begun and he is doing remarkably well.

Tino and Precious work together to maintain the small patch of land that was their mother's. One will start cooking while the other one fetches water and wood. They both work the garden together. After all the work is done, they do their school homework by the light of a fire. Like all

small boys, Tino likes to play tricks on Precious. One time I sent some small, jelly candies back home with them. There were two small holes in this candy, so Tino told Precious that they were buttons. Precious replied that they were two soft for buttons, but Tino told her that they were designed to get hard after they were sewed on. Precious began sewing the candy onto some old clothing but finely got suspicious and licked one of the "buttons." Tino still teases Precious about the trick.

The children's aunt goes to visit the children as often as she can, teaching them how to plant crops, manage their affairs, and how to pray. The children spend time each night praying for the people who have helped them. It is a very hard life, but much better than their life would be without a supportive extended family and the medical care given by the long- and short-term physicians from Mission Doctors Association.

Agnes is a woman I talk with frequently. I met her through one of the many prayer groups started by Loretta Stoughton. She was born in Matabeleland and is of the minority Ndebele tribe. Her first language is Ndebele, which made it difficult for her moving to a Shona-speaking area over 20 years ago with her husband. They have five children and three grandchildren. One of the boys is in nurses training. The youngest child is still in grade school. I asked her how they provide for their family and she said most of the money comes from the garden they have. The garden provides food and, in good years, there is still enough to sell and provide food for cooking oil and soap. She gets up early every morning to volunteer doing community work, in addition to all the other tasks of the day. Agnes talked about what an important blessing it has been for her and her family to have doctors from Mission Doctors Association working at the hospital. She has lost several brothers and sisters to HIV and is now caring for their children, in addition to her own children and grandchildren. She says that, in addition to

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Kate Walsh Finds Joy in the Comfort She Can Offer Children in Uganda

By Kate Walsh

We continue to be grateful for being able to alleviate some of the suffering of the patients we see. It continually amazes us how very sick the patients are; they usually have more than one health problem.

The pediatric ward has numerous malnutrition patients. One, a two-year-old girl named Rita, was seriously ill. We did what we could with regards to feeding and medication, and giving blood for anemia. Like many of the little ones, Rita's little body was swollen and covered with sores.

Bathing these children and putting soft blankets on their skin seems to relax them and gives them some comfort. Sadly, Rita died after being in the hospital one day. The day before, another malnourished two year old, HIV-positive child, died after being in the hospital three days. Sometimes it seems hopeless, but I guess all we can do is what we know, and hope to make their last hours comfortable.



Dr. Bill and Kate Walsh have humbly served in the missions and over the past two years they have come to see Uganda as their home.

Amos a fifteen-year-old boy, who looked about nine, was cachectic though his HIV status was negative. He was admitted with osteomyelitis. His mother gave a history of swelling of the legs for one week. His pain was so great; he could not move either of his lower limbs, he just lay in bed with his legs flexed.

After about three months of daily dressing changes, limited physical therapy, regular meals and daily baths, he gained weight and was able to sit up in a chair and also straighten his legs, although he still could not do weight

It continually amazes us how very sick the patients are; they usually have more than one health problem.

bearing. It was so gratifying that he went home with less pain; we really had not thought he would survive.

Being human, we tend to pat ourselves on the back because we are here serving, but then we have a daily reading like Luke 17, 7-10.

"Who among you would say to your servant who has just come in from plowing or tending sheep in the field, 'Come here immediately and take your place at table?'

Would he not rather say to him, 'Prepare something for me to eat. Put on your apron and wait on me while I eat and drink. You may eat and drink when I am finished?' Is he grateful to that servant because he did what was commanded?

So should it be with you. When you have done all you have been commanded, say, 'We are unprofitable servants; we have done what we were obliged to do.'"

I am very grateful to Cherrea Moffett who has faithfully sent care packages of pillowcases, hospital gowns, and wonderfully soft blankets. She has sent crayons and activity books, pads of paper and construction paper. She has sent little bracelets to cheer the kids. Her grandson even sent one of his t-shirts because he had three. It is amazing how crayons and something to do has lifted the spirits of the children and the mothers.

On the home front, we missed the arrival of our newest grandson, Edmund Joseph Harrigan. We thank God for continually watching over our family while we are gone. We have enjoyed the two years here in Uganda; we have met many wonderful people and feel like this is home. Our life is peaceful and quiet. We enjoy our monthly "Rest & Relaxation" trips.

Bill has been very busy. When we were home in Chicago, he had to cook his own dinner for five years because I was working 3pm-11pm. Here in Uganda, I return home before him so Bill is in heaven because he has his home-cooked meals again.

We continue to be grateful for the people who support us monetarily and those that support us with kind thoughts and prayers. God bless all of you.

St. Theresa Hospital Dr. Stoughton's Progress Report

By Richard Stoughton, M.D.

Elise has asked me to write an article for the Newsletter. I have especially been thinking about the disciples on the road to Emmaus, and having Jesus walk with them. They personally knew Jesus well, and yet they did not recognize Him until "the breaking of the bread." Why was that? But maybe even more important, how often do we not recognize Jesus in the people we come in contact with? Especially the very poor; especially those dying from AIDS; especially the orphans who seem to always be in need of "something more." It is probably the biggest challenge that all of us here in Zimbabwe (and even all over the world) face. How do we bring the compassion of Christ into our everyday work, and how do we recognize Christ in each and every person we come in contact with? The day-to-day "grind" is where the rubber hits the road, and where we need to constantly remind ourselves how important it is to keep Christ in the forefront of all of our work.

There is much about Zimbabwe in the International news these days. We are able to get CNN and BBC on our satellite radio, and so we hear what the outside world is saying about the crisis here. I also am able to download from the internet site, www.zimbabwesituation.com, and it sometimes just seems to be overwhelming. Nevertheless, we continue to do our daily work, and continue to try to



Twenty percent of all school-age children are orphans. It is no wonder that the help of the Sisters is in great demand.

do all that we can to help the poor and suffering in this area. In talks that we give, I have frequently quoted from the prayer of Archbishop Romero, who was martyred while saying Mass in San Salvador in 1980. Part of that prayer says: "We cannot do everything, and there is some liberation in realizing that, because it means that we can do something and can do it very well..." We cannot do anything about the increasingly difficult political and economic situation in Zimbabwe (and as expatriates, we should NOT be involved), but we can do something about

the health care in this area, and we can try to do it very well. That is our mantra, and it is what helps to keep us going day after day.

Where are we in this regard? I am hoping that one of the indicators that we are making progress is that our average daily hospital census is about half of what it was two years ago. We feel that it is primarily because of the success with our treatment of AIDS patients with Antiretroviral (ARV) drugs. We have now started over 740 people on ARVs, and have nearly 500 patients who are alive and doing well on the drugs. This means that these people are not being admitted to the hospital every month or two with the opportunistic infections so common in people with AIDS that are not on treatment. We do still see many people coming to the hospital with "end-stage" AIDS, and have come too late for any therapy to be helpful. It is frustrating when we have the treatment, and yet so many just stay at home until the disease is too far down the road to be able to treat. We are doing out-reach programs to educate and test people, and that will hopefully gradually reduce this number. The ARV Clinic is the best place to work in the hospital, because you continuously see patients that are completely well when just a few months ago, they were chronically ill. The patients are happy! Many challenges still face us, but it is rewarding to see the successes that we have seen so far.

Another indicator of success with our ARV program is from comments by our Home Based Care (HBC) Village Volunteers. We have 130 of these volunteers who live within the rural villages and help with the care of people dying from AIDS. They have recently "complained" about the fact

(please see STOUGHTON on page 5)



that there are fewer and fewer people that need home care, because they are now on ARVs and are completely well! Such a nice "problem" to deal with. We are going to get the volunteers more and more involved with helping the more than 3,000 orphans that live in this area.

Orphans and Other Vulnerable Children (OVCs) are a really big challenge for our HBC program. Fully 20% of all school-age children are orphans! Most are cared for by a relative – usually the grandmother – but some are headed by a teenage orphan. Through donor agencies and private benefactors, we try to provide school fees, school uniforms, school supplies, and some supplemental food to these orphans. It is a constant struggle to keep the donor pipeline open so that we can help as many of these unfortunate children as possible. Having a Village Volunteer help with oversight of these orphans will be a big help.

I am hoping that one of the indicators that we are making progress is that our average daily hospital census is about half of what it was two years ago.



Because the Ministry of Health has quite dramatically increased the support to St. Theresa Hospital this year, it means that we have been able to use some of our donor funds for buying school uniforms and school supplies. It is a huge help. These orphans are very grateful for any help that we are able to provide. I think

that we all can agree that as we look at these pictures, we can see Christ present. It is also apparent that even though they live under extremely difficult conditions, it does not take much to bring a big smile to their faces.

Loretta continues to be involved with many prayer groups throughout the district. There are now more than 1,000 in these small prayer groups of 8 to 10 women. They meet weekly to pray for their children, for special intentions, and for the suffering in the country. Through donor funds, she has purchased over 150 bibles to distribute to these groups, and has had an invitation to extend the ministry to the Masvingo area, about 30 miles away.

May God Bless all of you who help support Mission Doctors Association, and by doing that, help to support our work in Zimbabwe.

Many More Stories to Tell

Retreat Seminar

MDA's Annual Retreat Seminar was well attended, and some of the attendees have already scheduled short-term mission service along with others from previous Retreats. Dr. Huh will be serving in Belize, as will Dr. Nunez this year. Dr. Murphy is serving in Guatemala, Dr. Bisanzo, Dr. and Mrs. Schmid, and Dr. Khozam will serve in Uganda with Dr. Bill Walsh. Uganda will also have a visit from a dentist, Dr. Greg Jaso. Later in the year, Dr. Huh plans to serve in Cameroon. Others who plan to serve in 2007 include Dr. Kate Bolton and Mr. John Ruley. Additionally, Dr. and Mrs. Powe will begin their long-term assignment in Uganda.

The dates are set for the 2008 Retreat/Seminar—March 7 – 9. If you are interested in serving short-term we would invite you to complete an application on our web site—www.MissionDoctors.org—and make a reservation for the 2008 Retreat / Seminar.



The 2007 Retreat/Seminar attendees.

Auxiliary work bears 'biggest' support ever!

At the 2007 Annual Mass, Auxiliary President, Midge Russell and Benefit Chairwomen Mary Lou Malphus and Margaret Liautaud presented a big 'big' check which represented the Auxiliary's fundraising efforts of 2006–2007 to President, Dr. Ed Malphus of Mission Doctors Association for \$70,411.00!



Time is running out!

Are you 72 ½ years old? If so you can make a donation, only thru December 2007, directly from your IRA disbursement and have potential tax benefits. We have all the information and documents you need. Contact our office for more information, (213) 368-1875.

dolls, that had been sent from Europe. The joy on their faces when they were given the small toy was truly memorable. Father Victor commented, "They'll be too excited to sleep tonight."

I sat in the hut with a woman who could no longer walk, due to HIV. Her two small children played by the door. Only one was brave enough to come in while we were there. The tidy hut had obviously been constructed with great love as symbolized by the heart built into the cement wall. The children stayed with their very ill mother during the day while their grandmother worked in the fields.

I witnessed daily Loretta's mission work.

Countless times each day, mothers were at her gate asking for help to feed their children or pay school fees for them. Many of the women would weave baskets and bowls. Loretta has developed a program to buy the baskets.

She then sends them to the U.S. and they are sold here. She uses the money from sales of the baskets to help care for the people there. **In a country with 80% unemployment, where one day's wages will buy a loaf of bread, the number that desperately need her help is rapidly growing.**

In addition, Loretta has started over a hundred prayer groups throughout the area. It was my privilege to go with her and her prayer group when they went to witness to the women at a nearby school. When Loretta and her prayer group returned two weeks later to meet with them the small group of 15 women had formed 20 new prayer groups among their neighbors. Indeed, she is spreading the Word of God—one woman at a time.

We have heard so many times from those who have worked through MDA, "You get so much more than you give." That is an immeasurable understatement. This mission was truly a faith growing experience. I was shown first-hand the power of prayer. It is my prayer that the work of these dedicated faith witnesses, Dick and Loretta, continues. The people of Zimbabwe have suffered great hardship with great dignity. I ask God to bless them.

★ Emergency Department for Uganda

MDA is pleased to announce that Dr. and Mrs. Clyde Von der Ahe and the Thomas Dooley Heritage Foundation have funded the construction of an Emergency Department for Karoli Lwanga Hospital in Uganda.

When Dr. Bill Walsh arrived in Uganda more than two years ago we asked how we could be of help. Initially he stated that he needed a surgical table, with your help, we succeeded in obtaining and shipping a table.

Last year he observed, due to the number emergencies at the hospital, the most important improvement that the hospital needed was an Emergency Department.

We are now working on seeking funding for the major equipment. **Can you help?**

Major equipment needed:

(Costs include shipping – exchange and wire transfer fees)

Stationary X-ray and cassettes	\$58,249.
Ultrasound	\$18,300.
4 Free standing OR Lights (\$2,160 each)	\$ 8,640.
Autoclave	\$ 2,323.

SAVE THE DATE

SEPTEMBER 26, 2007 — Auxiliary game party at the Wilshire Country Club

OCTOBER 7, 2007 — "Benefit Piano Concert" at the home of Mr. & Mrs. Calfo. For information, call Margaret Liautaud at (818) 761-0848

NOVEMBER 7, 2007 — Auxiliary "Rummage in Pockets" Extravaganza

FEBRUARY 2008 — Annual Benefit with a twist

MARCH 7-9, 2008 — Retreat / Seminar at the Claretian Renewal Center in Los Angeles for Doctors and their spouses considering short-term service. For more information or reservations contact Elise Frederick at (213) 368-1875

MARCH 9, 2008 — Annual Mass and Brunch Claretian Renewal Center, Los Angeles

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