



HEAL THE SICK

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

MISSION DOCTORS ASSOCIATION

New Priorities Lead to Uganda

Todd and Karen Bell first learned of Mission Doctors Association when attending a Eucharist Conference in Georgia. They said that MDA was the perfect match for what they had already consciously chosen to do; live simply and live their faith.

Todd wrote when applying to Mission Doctors: *"My intermittent "fox hole" prayers have developed into a dialogue with God, searching for His will for me. My connection with others has vastly improved as has my outlook on my life. My priorities have changed. I have been blessed with a gift that I wish to share in a more meaningful way. The American Dream is only a mirage of happiness. I continue to look to help others, to be a true friend, a husband and a father. With God's help this will occur in my own backyard and while serving abroad."*

(please see BELL on page 7)



Bell family commissioned at St. John's for Uganda

Mission Doctors Can't Do It Alone

Catholic doctors and their families have served at refugee camps in Thailand, at hospitals in Papua New Guinea, East and West Africa, and in clinics and villages in Latin America for nearly five decades.

Babies have been delivered; children treated for everything from of diarrhea to dengue fever, surgeries have been performed to treat trauma ranging from auto accidents to hippo attacks. Patients suffering the effects of malaria, TB and HIV/AIDS have received care. Local physicians, nurses, technicians and health promoters have received training.

But, there has not been one baby delivered, one child treated, one surgery performed, or one local health provider trained by a mission doctor that has not been made possible by the vital partnership of support provided of our friends. You are as much a part of this mission as the doctors and their families who serve.

I know that the stories of those who have returned from mission, and those who are just beginning their work will inspire you as they have inspired me. Mission doctors and their families make many sacrifices to live simply and work in resource poor settings. Their daily service is truly a reflection of their faith, and ***it is your prayers and financial support that make their service a 'mission possible.'***

Elise Frederick
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.

Last Night On Call

Dr. Stephen & Mrs. Kathryn Schmid along with their daughter Emily spent one month in Uganda last fall — here he recounts the last case he saw, not something he might have seen in Idaho.

It's my last night on call. Joseph, the night guard at the hospital knocks on the door and hands me a note from Sister Assumpta, the emergency room nurse. "Dr. Stephen, please come now. There is a man with arm and head injuries from a hippo attack." I'm thinking "last night on call, this must be a joke." But I put on my white coat and follow Joseph down to the hospital watching my step with a flashlight. It's no joke, the man's right arm is lacerated and fractured. He has a large scalp laceration but is otherwise alert and stable.

Dave Calloway, the emergency medicine resident from Harvard has recently arrived at Nyakibale and helps suture lacerations, perform a fasciotomy on the arm and place a back slab splint. This fisherman from Lake Edward, 100 kilometers away, was lucky. Last month two patients were brought in from the Queen Elizabeth Game Park after a leopard attack. A baby was killed. This is Africa.

Probably the most common injuries I saw at Nyakibale Hospital were from "boda-boda" accidents. These little motorcycles are the main means of transportation, carrying two or three riders at a time. Everyone drives too fast. Ponga (machete) injuries are also common. I treated open fractures, tendon injuries, electrical burns, spinal cord injuries, intracranial bleeds; an amazing assortment of severe injuries.

Dr. Bill Walsh and his wife, Kate have been at Nyakibale for three years. I just can't say enough about this caring couple from Chicago. Through Bill's efforts, the operating room and surgical wards are now functioning well. He has personally trained the surgical staff and continues to teach new groups of nursing students every month. There are many nights that he's called to see patients, there are

no days off. Kate takes care of Bill. She is also a staff nurse and nursing instructor at Nyakibale.

There are other long-term volunteers at the hospital who have my admiration and respect. Jeff Caiola from North Carolina has been Chief Administrator for a year and a half and has things running smoothly. His wife, Courtney, has recently taken on the job of administrating the nursing school and continues to instruct. Their three children, Ellis, Marie and Gabby are all well adjusted in the local schools and becoming fluent in Ruyencori, the local language. Diana Sherrod from California is six months into a three year commitment teaching at the nursing school. Trish Hopkins from Tasmania is also there for three years as a head nurse on the surgical wards.

My wife Kate, my daughter Emily and I were there for a month; nothing



Patients at Karoli Lwanga Hospital



Dr. Bill Walsh with Dr. Stephen Schmid



Stephen and Kathryn Schmid

compared to these dedicated folks. They all took wonderful care of us. Back at home in Twin Falls, Idaho, the Gospel reading at Mass today spoke of the rich man and Lazarus. Lazarus would have been happy with just the scraps from the rich man's table. We throw away better stuff at my hospital here in Twin Falls than anything we had to work with in Nyakibale.

There are so many ways to help. Hats off to Bill and Kate, the other Mzungus and the staff at Nyakibale Hospital who are responding to Christ's call. — *Dr. Stephen Schmid*

"Dr. Stephen, please come now. There is a man with arm and head injuries from a hippo attack." I'm thinking "last night on call, this must be a joke."

A Better Person, A Better Doctor

Dr. Lawrence Klee spent one month at St. Martin de Porres Hospital in the highlands of Cameroon. He recounts this trip and is already looking forward to the next.

Every seven years, physicians in my clinic are given the option of taking a 6 week sabbatical, which can be spent however one desires. It was perhaps a mid-life or mid-career crisis that prompted me to consider spending this time living and working in a third world country. I had assumed that I would find a place where I could work within my specialty of urology. I became aware of a short-term program with MDA in Njinikom, Cameroon and was very interested in this based on what I had heard from others who had been there. The biggest drawback I saw was the fact there would realistically be only minimal need for a urologist in this rural mission hospital. If I was going to be busy and provide any benefit to the local people, I would have to be prepared to practice medicine well outside the realm of urology. Although I was initially intimidated by this prospect, I eventually became intrigued and excited by this challenge.

When I was first planning this trip I was advised that the purpose was to fulfill a need within me, not necessarily a need in the local population. This was very true. I recognize that the people there got along fine without me before I arrived and will continue to do so long after I left. Of the many people I treated there, probably only a small minority really benefited from my presence — those with specific problems that could best be evaluated and treated by a urologist (and there are precious few in the country). The majority of my patients would have been well managed by the three experienced docs already there. My being there did result in shorter wait times and a lighter work load on the local docs. I was very impressed with the broad knowledge base these doctors had. I hopefully improved their understanding and ability to treat some common urinary tract diseases and at the same time I learned much from them in terms of management of many tropical diseases



Dr. Klee converses with a patient at St. Martin de Porres

in an environment with limited resources. I also personally benefited by being able to do things there that I could never do in my practice back home. I was encouraged and expected to treat patients with conditions that would be considered unusual or even exotic in America (e.g. malaria, amoebiasis, typhoid) as well as more common everyday medical (e.g. HIV, peptic ulcer disease, diabetes, HTN) and surgical (e.g. c -section, hernioraphy, bowel obstruction, D&C) problems which I'd never see back home since they are outside the realm of urology. The other challenge, sometimes fun, sometimes frustrating, was to practice medicine without many diagnostic and treatment tools that are taken for granted back home. Improvisation proved to be a necessary and valuable skill. I would encourage any specialist considering a short-term medical mission to take advantage of the opportunity to practice outside your normal comfort zone. Two books I found invaluable in preparing for this were *Oxford Handbook of Tropical Medicine* and *Surgical Care at the District Hospital*.

From a distance, Njinikom appears as a quaint mountain top village nestled within lush tropical forest and fields. However on closer inspection, there is abundant poverty, hardship and misfortune. In spite of this, the people here are probably the most friendly, warm and welcoming that I've ever met anywhere. I am embarrassed to imagine how many of these people would be received if they were walking down one of our streets back home.

My experiences in Cameroon made me appreciate being born into a family and an environment where hard work and discipline were encouraged and rewarded. Unfortunately, hard work and discipline by talented, intelligent and motivated people in Cameroon is met with little promise of reward or self advancement.

I believe I've returned home a better person and a better doctor as a result of my time in Cameroon. It was a rewarding experience in many ways and I look forward to participating in other short-term mission programs in the future.

— Dr. Lawrence Klee



Happy mother, happy babies



Dr. Klee teaching a procedure to a local doctor

Finding Hope and Progress in Nyakibale

Dr. Marcia Smith-Bourain and family spent a month in Uganda. This year they are traveling to Guatemala to once again share their skills, but before heading off, I have asked her to recount their time in Uganda.

My family and I traveled to Uganda to work in a small rural hospital in Nyakibale, in the southwestern part of the country. We traveled to this hospital as part of the Mission Doctors short-term physician placement program.

Upon arrival, we could see the immediate needs. While Nyakibale and Rukunjiri, the neighboring trading center, had a brand new road, the infrastructure of the country is inadequate. Most of the roads are unpaved. The two lane main highway connecting the capital to the south was rife with pot holes. The pedestrians shared the road with the crowded, speeding Kamikaze bus drivers. Accidents, overturned vehicles, injured at the side of the road lying on banana leaves are common.

We were highly impressed by the people. They were strong, cheery, and polite. In the capital, we would ask directions and the person would politely escort us to our destination. It happened so often that we felt we were imposing to ask directions though the people were extremely enthusiastic and asked nothing in return. We were warmly welcomed by the people of Nyakibale.

Dr. Ronnie, a Ugandan physician, impressed me because

The work and the problems of Uganda are endless but the people are strong and optimistic. They show a graciousness and basic sense of happiness in the face of nearly overwhelming problems.



Amazing transformation — a before and after of a patient treated with antiretroviral drugs

of his AIDS clinic. HIV in the US is very specialized and removed from the general mainstream practice. In Uganda, it is so widespread, everyone who was not diagnosed with AIDS is worried that they have it. They refused to be tested since it is a death sentence in their mind. Positive HIV status causes isolation and in many cases, abandonment. With Dr. Ronnie's clinic, people are being restored to health who had come to the hospital with end stage HIV. He diligently sees people once a month, takes pictures of them, reviews their side effects and refills their meds for free through the clinic. He is also sending data to Johns Hopkins, and the Clinton Foundation.



Joanna Smith-Bourain, daughter of Dr. Marcia Smith-Bourain visits patients in the pediatric ward

There is a group of recovering HIV patients who have started outreach to the villages to try to encourage the people to get diagnosed earlier; to show that with proper treatment they no longer need to be a burden to their families. He recently sent me follow-up photos of a woman I cared for who was dying of HIV. As can be seen by the photos, she was cadaveric, barely able to stand, suffering from a hepatic abscess which had to be drained. She had no money and her family was nowhere around to help her. Eventually, money was found for her surgery and for further HIV testing. (The HIV test is free, but the CD4 test costs \$20 and has to be done to qualify people for antiretroviral therapy). She solemnly promised to follow-up and continue her HIV meds which she did. The pictures show her actually becoming a little fat over time. She is smiling in her last picture and looks quite healthy. Dr. Ronnie introduced me to many of these people while I worked in his clinic. He has much to be proud of in his work with these patients.

The work and the problems of Uganda are endless but the people are strong and optimistic. They show a graciousness and basic sense of happiness in the face of nearly overwhelming problems. They crave education and are determined to better themselves. Our family was so moved and we will always remember our time in Nyakibale, the stories we heard and the people we met. — *Dr. Marcia Smith-Bourain*

What Price 'MISSIONARY?'

Even though our hearts and minds and souls are still at St. Theresa Hospital, we are physically in the Midwest, USA. Because of the escalating violence occurring in the country, we decided to leave Zimbabwe early for our annual trip to visit our family. Watching the news about Zimbabwe



Dr. Richard and Mrs. Loretta Stoughton

is painful and depressing. I have been able to talk with people at the hospital nearly every week since returning to the US, and it is good to hear that the "normal work of the hospital" continues as before, although many of the staff are working under a lot of stress and even under threats of violence. Just yesterday it was announced that the opposition MDC had decided to NOT participate in the elections scheduled for June 27th — because of the increasing violence and the certainty of no chance for a free election, along with the high probability of people who want to vote for the MDC being at risk of being killed or severely injured. We are glad to see that the election will not occur, but are worried that the violence will continue. WHEN it will be safe to return is problematic.

So, "What Price Missionary?" It is truly a difficult decision to make. The price of leaving family and friends to work in a foreign country is already a large price. However, the satisfaction of knowing and realizing that you can truly make a big difference in the lives of the people you work with, makes it very worthwhile. Now, when you factor into the equation the possibility of violence, it becomes much more difficult. When we returned to Zimbabwe in 2001, many thought we were "crazy" for going to such a country. And yet, we have felt totally safe until just recently, and have travelled throughout the entire country during these seven years without incident. Many close friends are still there, doing their daily work and living under the very difficult conditions. It makes us want to return — but not until there is at least a semblance of "law and order."

It is quite ironic that when we left Zimbabwe (then Rhodesia) in 1975, it was because the Ian Smith Regime (who was at war with the Freedom Fighters) wanted me to serve in the Rhodesian Army — which I refused; I was told, "then we will put you in jail," and so we left. Now, with those same Freedom Fighters in power, and severely threatening nearly all expatriates (along with all of its own citizens who are against the current corrupt regime), it is again necessary to think about the threat to us if we are in the country.

Still, we DO plan to return some time during this next year — if and when there is enough safety in the country to be fairly certain of us being safe. We have agreed to be there until May, 2009, and we greatly desire to be able to finish some of the projects we have started, and to be able to say a proper "goodbye" to so many of our friends. Please pray for us, and for all of our friends in Zimbabwe, and especially for all of the very poor in the country who are suffering so much.

God Bless,
Dick and Loretta Stoughton

More Prepare to Serve in 2008, Join Us in 2009

The MDA 2008 Retreat / Seminar was the largest to date, with more than 40 in attendance. Included in this group were 14 doctors and spouses who came to learn how they can become involved in serving short-term. Also attending were mission doctors and their spouses who have served both long- and short-term who came to share their experience. Dr. Kate Bolton, Dr. Lou Coda and Mrs. Martha Coda, Dr. Philip Hawley, Dr. Peter Meade, Dr. Marcia and Mr. Richard Smith-Bourain, Mr. John Ruley, Dr. Pat and Mrs. Nora Ryan, and members of the board of directors.

The gathering at Loyola Marymount University is designed to provide both spiritual and practical preparation for short-term medical mission service, providing opportunities for those considering service to interact with those who have the experience to share.

Since 1997 MDA has sponsored this annual gathering and a growing number of doctors are becoming involved in short-term service. Many are not able to commit to the long-term (three-year) program at this point in their professional careers, others note that they want to have this experience before they can consider a long-term commitment.

In 2009 MDA will once again sponsor a Retreat / Seminar, March 20 - 22 at Loyola Marymount. If this is something you are considering, or would just like to learn more about the possibilities, the weekend is a great place to start. For reservations or additional information contact Elise Frederick at (213) 368-1875.



2008 Retreat / Seminar



An Emergency Room for Uganda

Although in the United States, we take for granted that medical care is available any time of the day or night, this is not true in most places around the world. Most hospitals in developing nations lack the infrastructure and resources to care for emergencies adequately. As a result, many lives that could have been saved are lost everyday.

This reality comes as quite a shock to US trained physicians who serve in mission hospitals in these countries. Shortly after his arrival at Nyakibale Hospital in Uganda in 2005, Dr. William Walsh, a MDA surgeon from Chicago, identified the lack of an emergency department as a significant barrier to treating acutely ill and injured patients. As the road leading to the hospital was paved, making access to the hospital easier for patients, the need for the emergency department became more pressing. During this time, an emer-



The first ER patient (left) and the ER in full swing (above)

two very generous donations from the Tom Dooley Heritage Foundation and Dr. and Mrs. Clyde Von der Ahe.

With the funding for the emergency department secured and the support and blessing of the hospital administration, an architect was hired to draw up plans and the emergency department construction began just after the first of the year. Jeff Caiola worked diligently throughout the spring to keep the construction on track and he was the key element to turning the idea into a reality. When Dr. Bisanzo arrived for his fifth stint working at Nyakibale in mid-May, three rooms, which had fallen into disrepair over the years, had been transformed into a beautiful new emergency department. Over the ensuing two weeks, the construction was finished and supplies were bought with donations from the friends and family of Dr. Bisanzo and another emergency physician, Dr. Heather Hammerstedt, who had worked at Nyakibale in 2007 and was returning this year.

Finally, on June 2nd, 2008, the Nyakibale Emergency Department was opened. Dr. Bisanzo and Dr. Hammerstedt along with another emergency physician, Dr. Stacey Chamberlain, worked throughout June to train the local staff to run the emergency department. According to Jeff Caiola, the hospital administrator, the impact of the emergency department on the quality of care is evident already. In its first month of operation, the emergency department has served over 500 patients, providing timely care for all emergencies ranging from small wounds to congestive heart failure and major trauma.

In late June, MDA physician Todd Bell, who is also an emergency physician, arrived at Nyakibale. Dr. Bell will be serving at Nyakibale over the next three years, working side by side with local staff caring for patients. Together with Dr. Bisanzo, who will continue to visit Nyakibale twice a year to help run the emergency room, Dr. Bell will be implementing a curriculum in emergency medicine to train staff to run the emergency department.

On behalf of the staff and patients of Nyakibale, we want to say "Webale Manunga" (Thank you very much!) to all of you for your prayers and generous support of this MDA endeavor. Your support of Mission Doctors helps to ensure this emergency care can continue.



Patients being treated in a hallway, prior to ER opening

gency physician, Mark Bisanzo, who was in the final year of his residency came to Nyakibale for a five week elective. Dr. Walsh and Jeff Caiola (the hospital administrator and a Lay Mission-Helper) worked directly with the hospital, Dr. Bisanzo, and MDA on a grant proposal. The wheels were soon spinning to bring the first true emergency department to rural Uganda.

During the ensuing two and half years, Dr. Bisanzo, now working as an attending Emergency Physician in Connecticut, continued to travel periodically to Nyakibale to work with Dr. Walsh. Several emergency medicine residents from Boston and Chicago also came to work at Nyakibale and began an on-going relationship with the hospital as well. Together with the hospital administration, the group identified three adjoining rooms that could be converted into the emergency department. The enthusiasm of the doctors was fueled by

In June the Bell family left the US to begin a three-year assignment at Karoli Lwanga Hospital in the diocese of Kabale.

Todd will be the first emergency room physician to be serving long-term at the hospital. The new emergency department has just been completed with the help of donations from the Tom Dooley Heritage Foundation and Dr. and Mrs. Clyde Von der Ahe. This Emergency Department is only the second in all of Uganda. It will provide opportunities to train local health care professionals in the treatment of emergency trauma, something unfortunately seen all too often.

Karen with her MA in education will be teaching children who are hospitalized for a prolonged period of time, working to ensure that when they return to their classrooms they are not behind in their studies.

The boys, Patrick and Miles will join, Ellis, Marie and Gabby, the children of Lay Mission-Helpers Jeff and Courtney Caiola who are also serving at Karoli Lwanga. Together the children will attend school each day, and although classes are in English they will no doubt be fluent in the local Runyankore language before their parents have it mastered.

Karen wrote just after arriving: *"After some long traveling days we are finally in Uganda. We left Houston for an overnight flight to London. After a day in London we were on another overnight to Entebbe. We made it into Entebbe early the next morning. And all our bags (and boxes) actually made it as well. We were picked up by the Lay Mission-Helper family:*

Caiolas, Jeff, Courtney and their kids Ellis, Marie and Gabby, and the other Lay Mission-Helper from our hospital Diana.

We noticed quickly that the sun seemed SO bright. When you are right on the equator it really does feel like you are closest to the sun. The next day we headed into Kampala to do some shopping, exchange money and get our cell phones.

There are no words to describe the traffic in Kampala. It's New York City times 100. I did not see one traffic light. It's all roundabouts and they are a free for all. Mix in every size and shape of car plus 1 million little boda bodas (motorcycles), pedestrians and bicycles. Thank goodness for Ludo our driver. He knows that bus down to the last centimeter of space.

But the drive in town was just preparing us for the drive to Nyakibale. What another fun experience. It was a LONG BUMPY ride all the way in. We stopped for lunch somewhere halfwayish. Four-year-old Gabby Caiola wanted crickets that she saw someone selling in bags. I could not get over her just popping them in like popcorn. There must have been a hundred in a little bag. Wings and legs pulled off and then fried up. Miles said "no way" but Patrick actually tried one and said it wasn't bad and he would have eaten more if he could forget he was eating crickets.

We finally arrived home about 7 pm that night. The location is great, at the top of a small hill with a wonderful view. The Uganda countryside is so beautiful. It's a shade a green that's hard to describe. Everyone has been very friendly."

DID YOU KNOW?

Many financial advisors consider IRAs and other retirement funds to be the best planned gift to make.

Your Individual Retirement Account has provided a way for you to ensure that you will have the necessary assets for your retirement. The money you have contributed over the years has not been taxed. Once you begin taking the payouts, you pay income tax on these funds.

Most people today do not use their entire IRA funds, and may consider whom they should name as the beneficiary. While retirement accounts are excellent tools for amassing funds for the golden years, they make very poor gifts for your heirs.

For example, a \$100,000 IRA could be subject to a very heavy tax burden including:

- (1) Federal estate tax
- (2) State inheritance tax, and
- (3) Federal and state income tax to be paid at the heirs' tax rate.

The net result of this taxation on your next egg can easily approach 60% leaving only 40% for or \$40,000 of the original \$100,000 value.

However, because Mission Doctors Association is a tax exempt organization, 100% of the value of the IRA is available for the work of MDA, and the total amount is removed from the amount that your estate is taxed upon.

Naming Mission Doctors Association as the beneficiary of your IRA or an insurance policy is among the easiest ways to leave a lasting gift. If you have done so, please advise us so we can recognize you as a member of the Legacy Society.

Consult with your financial advisor to discuss the specific options and benefits of naming Mission Doctors Association as the beneficiary of your IRA.

Walshes Honored

Dr. William and Mrs. Kate Walsh first applied to serve with Mission Doctors in 1974. At the time Dr. Walsh had completed his surgical residency, Kate was working as an R.N., and the couple had five children.

They didn't join Mission Doctors at that time but with their now seven children grown, the desire to serve as medical missionaries resurfaced. The couple re-applied to serve with Mission Doctors Association in 2003 and served a three year assignment at Karoli Lwanga Hospital in Uganda. The first representatives of MDA in Uganda, the Walshes faced the challenges of living simply and practicing resource poor medicine in the rural Catholic hospital.

In February, Little Company of Mary Hospital, in the Walsh's home of Chicago, honored the couple with the Sister Nancy Boyle Award for Excellence at the annual Crystal Heart Ball.



Auxiliary News



Mark your calendar! **February 14, 2009** will be the Gala benefit to honor 50 years of service by Mission Doctors, and the support of the Mission Doctors Auxiliary.

We will honor all of the doctors and their families who have served, and all of the members of our Auxiliary. We know that this is an event you will not want to miss. Visit the web site for additional information and your mailbox for updates.

Note from Auxiliary President, Midge Russell

The Auxiliary is offering us a golden opportunity for a fantastic Valentine's day celebration.

What better way to make your Valentine's day glisten than to join the Auxiliary at the Jonathan Club on the evening of February 14 to commemorate the golden anniversary of the Mission Doctors Association. Co-chairs, Margaret Liataud and Mary Lou Malphus are forming committees to make this event special.

Anniversaries are two way mirrors one looking back to remember, to be proud or sad to give thanks but not to say 'that's all folks.' The anniversary mirror should be flipped to the future to see what else can be done. The Mission Doctors Association's accomplishments are heralded and emblazoned on the faces of the patients they have healed, the halls of the clinics and hospitals where they have served, and the quality of care they provided.

In the past 50 years the worlds needs have exploded and the cries for help have magnified demonstrating that the work of mission doctors is not complete.

With an organization such as the Mission Doctors this golden anniversary should not be a culmination but only the beginning of a new strike of gold. Its reputation is growing and attracting more doctors who would like to be sent to mission fields.

Our Auxiliary will need to do more — we need younger members — to work beside and fill in for our aging members — we must attract our own young adults and introduce them to our Mission Doctors family so when they look into the mirror of gold, as they look for which organization to join and ask which is best; the mirror will flash back Mission Doctors of course.

Frances M. Russell

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SAVE THE DATE

AUGUST 1, 2008: DEADLINE FOR APPLICATION FOR LONG-TERM PROGRAM — Doctors and their spouses considering the long-term program, for the formation program that begins in January 2009, need to have an application in by August 1st and attend a discernment weekend September 19 - 21. Applications available on the web site www.MissionDoctors.org

SEPTEMBER 18, 2008: CARD PARTY / WILSHIRE COUNTRY CLUB — Join the members of the Mission Doctors Auxiliary for a day of bridge, kings in the corner or the game of your choice. The day also includes the sumptuous lunch that was the hit of last year's event. Do you need to be a card master? Not at all, come and learn a new game, have a good time — all for a good cause.

FEBRUARY 14, 2009: 50TH ANNIVERSARY GALA BENEFIT / JONATHAN CLUB — Honoring five decades of medical care in Africa, Asia, the Pacific and Latin America this special evening is sponsored by the Mission Doctors Auxiliary. We return to the Jonathan Club in Los Angeles to honor all the doctors and their families who have served. Mark your calendar now and plan to join us!

MARCH 20 - 22, 2009: RETREAT / SEMINAR FOR SHORT-TERM SERVICE / LOYOLA MARYMOUNT — Doctors and their spouses who are considering short-term service are invited to attend the annual Retreat / Seminar to hear from doctors who have served, to learn about current needs, and to discuss the practical aspects of visas and license etc. complete an application on the web site: www.MissionDoctors.org — indicating short-term program.

MARCH 22, 2009: ANNUAL MASS / SACRED HEART CHAPEL / LMU — Friends and members of the Mission Doctors Auxiliary are invited to come together to celebrate our annual Mass, followed by a brunch and an opportunity to meet the doctors who have come together for the Retreat / Seminar.

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 \$ _____

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City _____ State _____ Zip _____

Phone _____

Please accept my donation in the form of:

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Signature _____

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