



HEAL THE SICK

and say to them
The Kingdom
of God is at hand

St. Luke
10: 9-10

MISSION DOCTORS ASSOCIATION

Miracle in Ghana

By Kate Bolton, M.D.

Henry was just fine the day before, but that morning he woke with a fever and bad headache. As he got worse, his parents and he started on the long journey to Margaret Marquart Hospital, a trip of several hours in crowded public minibuses over dusty, bumpy, poorly paved roads, then a canoe ride across the Volta River, and another bus ride. Headache and fever usually means malaria in many tropical countries. Malaria can just make you feel



Dr. Bolton examines Henry at Margaret Marquart Catholic Hospital, Ghana.

really awful for awhile... or it can kill you. For Henry, the second possibility was looking more and more likely. He was becoming increasingly unresponsive along the journey. By the time he reached the hospital, he was in a coma. When I saw him, he barely responded to a painful knuckle rub of his sternum (breast bone) and he had a very stiff neck.

(please see "Miracle" on page 2)

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Association

Doctors serve short-term for Summer 2002

Dr. Leo Brown, Dr. Rosie Labrador, and Dr. Kevin Murphy are giving part of their summer to Shisong General Hospital in Cameroon this year.

Dr. and Mrs. Phil Hawley, along with their two children will be serving during the summer at San Luis Clinic in Guatemala, joining the Kummer family who began their three-year assignment in January 2002.

Additionally, Dr. James Guzek is making plans to spend a month at Margaret Marquart Catholic Hospital this

fall, helping at the eye clinic he established during the years he and his wife served in Ghana.

At the dinner to honor Dr. Brent Burket and Dr. Jennifer Thoene upon their return from Ghana, they thanked the many doctors who had recently served short term; Dr. Brown, Dr. and Mrs. Perea, Dr. Meade, Dr. Cook, Dr. Bolton and Mr. John Ruley, Dr. and Mrs. Pat Ryan, and noted the tremendous contribution made by each and every one who gave of their time. †

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 on-line newsletter. Of course, your names will never be shared with any other organization or business.

Severe cerebral malaria and bacterial meningitis can present with all the same signs and symptoms, can be extremely difficult to tell apart, and both are deadly. A blood smear for the malaria parasite may help, but I've found even the kids admitted for overnight observation of a newly casted broken bone will many times have a positive smear the next day (due to stressing the system perhaps).

I attempted to perform a spinal tap, but the sample came out bloody so I couldn't tell if the cerebral spinal fluid was clear like water or cloudy, a telltale sign of meningitis; and our lab was incapable of

"...my heart sank as I listened to his slow ragged breathing. The only times I've heard that particular type of breathing, the child was dead in a few hours."

doing any kind of culture. The obvious choice, but an expensive and sometimes impossible one for these people, was to treat both possibilities. Quinine is hard to obtain in Ghana so we rarely had it at Margaret Marquart, but that day we did. We also had IV ampicillin, but no chloramphenicol or gentamicin. We gave what we could and waited.



When I went to check on Henry about two hours later, my heart sank as I listened to his slow, ragged breathing. The only times I've heard that particular type of breathing, the child was dead in a few hours.

There was only one other thing I could think of to do for him and his family. I asked the family if they were Catholic. They weren't, but they were open to having the parish priest who said daily Mass for the hospital come to pray with them. It was late at night and a long, dark, muddy walk for him, but the parish priest came willingly. While he was there, he blessed the other three children in the room (no private ICU beds here!): Courage, who had a broken femur and most of his skin torn from his back in an accident when a truck hit him and dragged him a ways, Godwin, a fifteen year old with an unbeatable spirit and will to live and a failing heart about to beat its' last with no hope of a transplant in a country that couldn't even provide any potassium salt supplement, and Gifty, a very sweet, very sick little four-year old girl who had just been diagnosed with AIDS.

I went to bed that night fairly sure the problem of Henry would sadly be solved by morning. Early the next morning, I hurried to the Children's Ward and peeked in Room 2. Henry was still there! Better yet, over the next day and a half, he came out of his coma, speaking, recognizing his parents, essentially normal neurologically. What I thought was certain death had been blessed and transformed to life after the Anointing of the Sick and God's intervention.

My month in Ghana was up the next day, but I returned home humbled and thankful for the presence of God in our lives. He doesn't always save our lives in this world (Godwin died the next week) but He does give us the love and support most needed for the health of each soul in its own uniqueness. †



A boy named Courage lives up to his name.

Why Missionary Work in Retirement?

By Richard Stoughton, M.D.

I would like to propose a challenge to all of those medical personnel who we find are retiring in their mid-fifties to mid-sixties. First, I want you to ask yourself this question: "Now, what am I really going to do with the rest of my life?" Or, "Is there a need out there for my talents, at this stage of my life?" Or, "Can I really play golf (or fish; or play bridge; or garden; or just travel) every day for the rest of my life?" If I think I can, "Will I really get satisfaction from that?"

The United States and Canada and much of Europe has become so wealthy, that men and women are retiring at the prime of their lives, and at a time when they would have so much to offer the developing world. God has given us such a privilege to have been born, educated, and have practiced medicine in this prosperous, developed world, and yet there is such a great need for medical expertise in the developing world. It is my opinion that everyone that still has good health and does not have other serious family obligations has a responsibility to at least investigate the possibilities of doing short-term or long-term "missionary" work. Certainly many people do this type of work because of religious beliefs and affiliations. However, anyone with a belief in God and the realization that as a member of the world community we have obligations to all of the poor people of the earth — this person can truly be a "missionary." My wife and I (and our family) have been involved in medical missionary work on two occasions.

"...men and women are retiring at the prime of their lives, and at a time when they would have so much to offer the developing world."

We first spent five and a half years in then Rhodesia (Zimbabwe) with our entire family. This was at the beginning of my medical career after I had completed a Family Practice Residency. We then returned to Wisconsin to a traditional small town



Dr. Stoughton examines a three-year-old boy with second and third degree burns of neck and shoulders from a hot water burn.

Family Practice Group, to earn money to raise seven children and provide education for all of them, and also to provide us with a very good life. When retirement came at age 64, I knew that I was too young to be really "retired." We then made the decision to return to Zimbabwe, first for a few months to "see how it would go," and then for a long-term commitment, that is "as long as health and energy lasts." I believe that it is at these two times in our professional lives that we are most likely to do missionary work, either at the beginning of our career shortly after completing our training, or at the end of our career.

Loretta and I, simplified our lives by selling our house, giving all of our furnishings and assorted possessions to our children, and getting rid of all of those "extraneous things" that someone is going to have a hard time deciding what to do with when we finally leave this world. We now live and work at St. Theresa's Hospital in rural Zimbabwe. It is a hospital with an average census of about 100 patients, a staff of 80, serving a population of 50,000, and right now I am the only doctor. Do you think that I feel needed? Or useful? Or satisfied? The answer is a resounding YES to all of those questions. Am I over worked? NO. I truly cannot think of anything that I would rather be doing at this stage of my life, and my wife shares those convictions.

(please see "Retirement" on page 4)

Benefits Outweigh Challenges

This is not to say that there are no problems. We live in a rural area, so sometimes there is no telephone service; we sometimes are without electricity for long periods of time; we have problems getting enough medications, enough lab reagents, enough other medical supplies, and have to rely on help from friends and benefactors to be able to afford them. We have trouble balancing our books, and have to rely on donations to help us to keep going. The people in the area are extremely poor; there is much malnutrition; and many people are unable to pay even small amounts for medical care. And then there is the tremendous problem of the AIDS pandemic.

"I truly cannot think of anything that I would rather be doing at this stage of my life, and my wife shares those convictions."



Dr. Stoughton on rounds at the women's ward.

Sub-Saharan Africa is suffering the greatest burden in the world-wide AIDS problem. Each year, it is estimated that there are 450,000 babies born in Sub-Saharan Africa that are HIV positive. The current population of Zimbabwe of eleven million people is estimated to decrease to nine million by the year 2025. Life expectancy, which had reached the low 60s in the early 1980s, is now 39 and continuing to fall.

Fortunately, we have the satisfaction of being involved in a project to help prevent the transmission of HIV from mother to baby. Because of our rural area, we have problems attracting and retain-

ing qualified staff. Like any hospital community, there are always some personality problems and "turf wars" to be solved. These "problems" are the same problems throughout the developing world, and are not unique to us.

The Time is Right

So, why keep procrastinating? Why not decide that this is really what you want to do with the next few years of your life? Because there is a tremendous need. Because you have the talent and ability to do a great amount of good. Because the poor people of the world are calling and begging you to come. Because God has been so good to you that it is time to give something back. You can spend a few weeks, a few months, or a few years, and whatever amount of time that it is, I can guarantee that you will be a better person because of it.

You do not really give; you receive. You receive all of the benefits, and in so doing, you help the people that you work with. And then, besides you receiving the benefits, you spread the word about what you are doing, and others start thinking "Maybe I could do that also," and that keeps the ball rolling and people coming to help. We find that our work has inspired family and friends in the U.S. to become involved in fundraising, in sending medicines, medical supplies, school supplies, and used clothing. We continue to be humbled by the response to our continued begging for the poor of our area.

After we returned from Africa in the mid-'70s, we talked with many people about our work. It was not uncommon for doctors to say: "I always wanted to do something like that, but I am caught up in this need to pay for a house; pay for children's' education; pay for my building; pay for this; pay for that, etc." I agree with those needs and necessities. That is why I challenge you to look forward to your retirement years and see just how easy it really is at that time of your life to make a commitment.

When we made the decision to return to Africa, it was with our families blessing, but only if we assured them that we would return at least once or twice a year to see them, especially to see all of our grandchildren. We can afford to do just that, and our hospital is only too happy to have us for the 10 to 11 months per year that we're here, and then arrange for "locum tenens" help for the time when we are gone. Of course, if there were two doctors here, then this would not be a problem. If I could convince some of you soon-to-retire

doctors out there to make this type of commitment, then our returning to see our family would be much simpler.

I recently read a poem by Jessica Powers. She was a Carmelite Nun, who grew up on a farm in rural Wisconsin, and her poems seem to be changing my life. The poem is "The Leftovers."

With twenty loaves of bread Elisha fed
the one hundred till they were satisfied,
and Scripture tells us there was bread left over.
Jesus did more: with five small barley loaves
and two dried fish he fed five thousand men,
together with their wives and children, all
neatly arranged upon the cushioned grass.
The awed disciples, when the crowd had eaten,
Gathered up what was left: twelve baskets full.
Who then received these fragments? Hopefully,
the least (though not less favored) and the poor.
I think of those who always seem to get
the leavings from the banqueting of others,
the scraps of bread, of life, that goodness saves.
I pray that they come proudly when invited,
make merry at their meal, and have their fill,
and rise up thankfully, remembering
the fragment, too were miracles of love.¹

Our missionary work in retirement can be considered "fragments," because the main course was given to those in the U.S. But this fragment is given with love, and the people in the underserved, developing world do "come proudly when invited, and make merry at their meal." They are tremendously grateful for the work that we do among them.

Steps to Making the Commitment

How do you find the resources to assist you in such a decision? There are many organizations that support both short-term and long-term medical missionary work. We are associated with Mission Doctors Association, a Catholic Lay Mission organization in Los Angeles. Their address is: 3424 Wilshire Blvd., Los Angeles, CA 90010; e-mail: missiondrs@earthlink.net. Another organization is Catholic Medical Mission Board, 10 West 17th St., New York, NY 10011-5765.

I am sure that you can find many other organizations on the Internet. I would encourage you to seek out someone that has done missionary work, so that they can give you a realistic view of what to expect. If an organization requires you to spend a few days or months in preparation, I would say that would be time very well spent. The challenge all missionaries face is how to effectively live in another culture, how to not create problems, and how to work effectively with the resources and staff that will be available.

If I have been able to stimulate some interest, some introspection, some questioning of "How can I help?," then I have been successful. If anyone would like to contact me, I am available at rstoten@att.net or at domhama@mweb.co.zw. I would be happy to answer any and all questions.

Cell phones and laptop computers have truly made the world smaller. Being "connected" to family and friends is a tremendous benefit, and one for which we are truly grateful. Please say a prayer for our work and for us, and then say a prayer for yourself that you will be open to the possibility of a "Call to Medical Missionary Work." †

¹ *Selected Poetry of Jessica Powers, edited by Regina Siegfried & Robert Morneau, (Kansas City, Sheed & Ward, 1989), p. 112.*

IN MEMORIAM

Veteran Mission Doctor and Former MDA President Dies of Brain Cancer

James C. Carey, Jr., MD, passed away on May 8, 2002, after a courageous battle with brain cancer.

Born February 1, 1932 in Chicago, Illinois, James completed his undergraduate work at Yale University in three years and entered Northwestern University Medical School. In 1963, he completed his general surgery residency at Cook County Hospital in Chicago.

In 1964, after a year of training with the Catholic Mission Doctors Association in Los Angeles, Dr. and Mrs. Carey relocated their five children to Zimbabwe, Africa. There he served as sole physician for a 100-bed mission hospital and a 300-bed tuberculosis sanitarium, visited clinics, and trained local student nurses. The family, now numbering nine, returned to the United States in 1967 and settled in Santa Barbara, California.

Dr. Carey continued to pursue his humanitarian interests. He became a board member of Direct Relief International and served two terms as President of the Mission Doctors Association of Los Angeles. He undertook the medical directorship for the Santa Barbara chapter of Amigos de Las Americas, which took him to Guatemala in 1973. Dr. Carey also traveled to Nicaragua on two occasions in 1987 to share medical expertise and equipment with plastic surgeons in Managua.

Dr. Carey will be most remembered for his dedication to family and friends, and his positive outlook on life. He will be dearly missed by all.

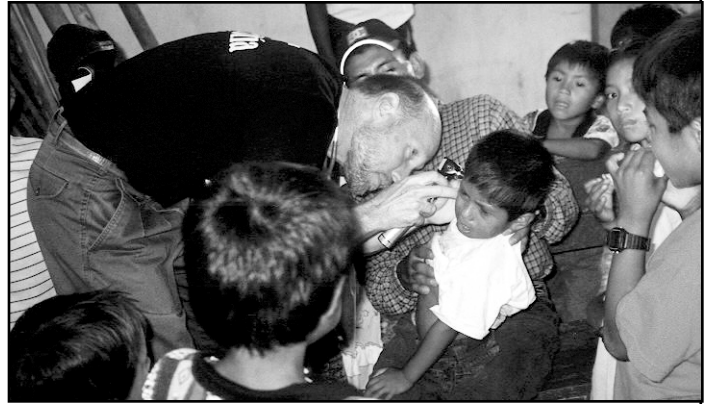
Kummer Family Begins Work in Guatemala

The Kummer family arrived in Guatemala in January and began with three months of language school in the Capitol. Mark is a Pediatric Endocrinologist who has begun working with the clinics in the region, and Deb is a teacher who, along with their two daughters, will be working at the Asuncion Women's Center, a vocational school for young Mayan women.



The Kummer family finds satisfaction and learning in Guatemala.

They are working with three Maryknoll Priests at the St. Luis Parish. In the July/August Maryknoll Magazine, Mark is quoted, prior to his departure: "Pediatrics and nutrition are very needed in Guatemala, which has the highest infant mortality rate in North America. Sixty percent of Guatemalan children are malnourished, and there are no pediatri-



Dr. Kummer examining a patient.

cians in the area we are going."

They have now begun their work and Mark shared some of their first impressions:

"We have moved into our house. It is really very comfortable. It is about a mile walk to the clinic and school.

(please see "Kummer" on page 7)



Following are excerpts from a recent letter from Anna (16-year-old daughter of Dr. and Mrs. Mark Kummer)

Today was the most amazing storm I have ever seen in my life. We were trying to teach a computer class at the time. It started with a light rain that soon turned into a torrent so hard that we could not see the upper part of the school. We quickly turned off the computers so they wouldn't blow up. I'm glad that we did, because after about five minutes of rain the lightening began. As we sat in a circle trying to teach over the roar of the rain, the lightening grew closer. All of the sudden, a bolt of lightening hit about 100 feet from the classroom building. I have never seen lightening that close. You could feel the electricity running through the air. The trees were blowing like it was a hurricane.

It's really interesting to be in a foreign country as a missionary at my age. I mean, a lot of almost 17-year-old girls are sneaking out, lying to their parents and always having fights and disagreements about who gets the car and who they can go out with. Instead of that life, I am working with my parents, teaching classes, helping people, learning a new language and culture and trying to be a paradigm to the other teens my age. It's really cool.

Sometimes I think that I would like to be like the other "normal" teenagers with a boyfriend, a car to cruise around in and a good job with lots of friends, but I'm glad to be where I am, and it's not like I can't be a teenager here.

The indigenous women do not have a lot of options for education or any life other than marriage at 17 (or younger) and carrying water and cooking over open fires. For this reason, it's so exciting to see El Centro Maya – a school run by the Asuncion sisters where my mom and I are working. The center gives them a grade school education in three or four years. That doesn't sound like a lot but considering that people with a high school education are qualified to be grade school teachers, that's a pretty big step. At The Center, they also teach practical skills that can help the girls get jobs and ameliorate their lives. In computer class, they are learning how to make spreadsheets! Is that incredible or what? A lot of their houses have dirt floors and thatch roofs and they can make spreadsheets!

If any of you happen to be in Guatemala, please stop in. We have an extra hammock and more than enough black beans and rice. Maybe the sun will even come out to welcome you – just like all the other 365 days of the year.

"Que Dios bendigales en todo su trabajo y vida" (God bless you in all your work and life)

Anna

"During the week, I continue to go out to the aldeas (villages) with Fr. Mullan and usually Dr. Roberto or Dr. Glenda. Clinic in San Luis is held on Saturday and Sunday.

"Sixty percent of Guatemalan children are malnourished, and there are no pediatricians in the area we are going."

— Mark Kummer

"We three doctors and Fr. Mullen met for the first time this week to discuss goals and ideas for implementation, which we all have. Essentially all of us will be leaving by January 1, 2005. Many ideas were put on the table and over the next few weeks and months we will need to prioritize and develop the ideas.



Patients waiting at San Luis Clinic.

"Language is still difficult for me. I can understand most of what the Spanish-speaking patients say but little of the Q'egchi even when they speak Spanish. Most of the women do not speak Spanish and since I see mostly women and children, their mothers are not able to communicate directly. Therefore I have decided to press on and begin learning at least basic phrases in Q'egchi." †

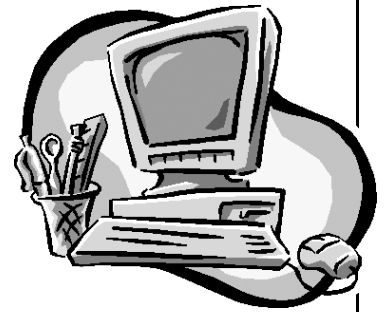
FREE

**Sign up to receive
our quarterly online
newsletter by e-mail.**

In our October newsletter read the reflections of some of the doctors who have served short term this summer, and follow the latest news on our doctors serving in Africa and Latin America.

Send an e-mail to: missiondrs@earthlink.net
and ask to be added to the e-mail newsletter list.

Let us know your ideas and thoughts
on our newsletter, too!



I've just returned from a visit to a hospital in the Philippines that has been built for the benefit of the poor living in squatter housing around Manila. Sister Eva Fidela Maamo, a member of the St. Paul de Chartes Sisters, and a surgeon, has been working on this project for the past ten years. This complete and modern hospital will be blessed and opened this summer. She has shared that she will be seeking doctors willing to come one to three months to help teach residents. Interested? Give us a call, learn more about the possibilities!

*Elise Frederick
Program Coordinator
Mission Doctors Association*

Seven Ways you can help Mission Doctors Association

1) PRAYERS

Please, remember our doctors and their families in your prayers. Our updated web site, which will be available in the Fall, will offer the ability to sign a prayer card for our doctors. In the mean time, any prayer cards received will be forwarded.

2) VOLUNTEER

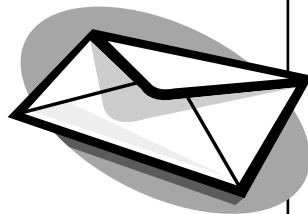


Service opportunities exist for doctors wishing to serve one to three months, and also for those able to serve three years. You can learn more about the requirements, the formation, and the locations where MDA serves by visiting the web site: www.MissionDoctors.org, or by writing to Mission Doctors Association at: 3424 Wilshire Blvd., Los Angeles, CA 90010, Attention: Program Coordinator.

For other professionals, medical or others interested in serving in the Missions, contact the Lay Mission-Helpers Association, 3424 Wilshire Blvd., Los Angeles, CA 90010, or visit the Lay Mission-Helpers website: www.LayMissionHelpers.org

3) DIRECT SUPPORT

Donations can be mailed to:
Mission Doctors Association, 3424 Wilshire Blvd., or can be made online using a check or credit card at:
www.MissionDoctors.org



4) MISSION DOCTORS AUXILIARY

Mission Doctors Association is blessed with a dedicated Auxiliary. The membership of the Auxiliary sponsors an Annual Benefit which is the primary fundraising event for MDA. If you would like to participate in the Mission Doctors Auxiliary please contact us for more information.

5) SUPPORT AN ENDOWMENT

Mission Doctors Association has been striving to establish an endowment for the ongoing needs of the program. Donations designated for this purpose will be placed into an account which will provide for the future needs of MDA.

6) DO YOU SHOP ON-LINE?

You can shop "For goodness sake!" by signing up at the Charity Mall – iGive.com at: www.igive.com. Your online purchases from nearly 400 stores including Amazon Books, JC Penny and Land's End, offer a percentage to Mission Doctors Association at no additional cost to you! Information on this can also be found on our website.



7) REMEMBER MISSION DOCTORS ASSOCIATION IN A WILL OR TRUST

There are many tax benefits for the establishment of Charitable Remainder Trusts, and designations to charity in ones will. We invite you to consult your own accountant or tax attorney for more information. If we can offer any help in this area please contact us directly. MDA is a non-profit organization designated by the IRS as a 501(c)3.

Our full legal title is: Mission Doctors Association