HEAL THE SICK
and say to them The Kingdom of God is at hand Luke 10:9-10
MISSION DOCTORS ASSOCIATION

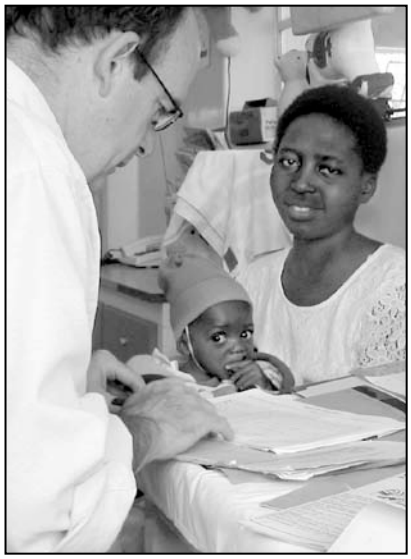
Sustained by Faith Beneath the Southern Cross

By Tim Cavanagh, M.D.

It is hard to think that it has been almost 2 1/2 years since Sheila and I came to St. Theresa's Mission Hospital in rural Zimbabwe. Even though we have half a year left with the mission here, it is hard not to look back on where the last two years have taken us.

There have been many challenges; the greatest cross to bear has been being away from our family, especially our children. We were blessed to be able to come back earlier this year for the wedding of our daughter, Megan. (It was also nice to meet Scott, our

(please see Cavanaugh on pg 3)



Dr. Cavanagh attending to a young patient

Beyond the Headlines — You Make the Difference

A newsletter from Mission Doctors may be expected to have some unusual headlines and moving stories, and this one will not disappoint. But going deeper than the headlines you will find our Mission Doctors making innovative approaches and new partnerships that are building bridges to a future of sustainable health care, and it is **your** support that makes this possible.

- **Thirty-Year-Old Mother of Two, Farai, Gained 65 Pounds and Couldn't be Happier!**
  Not the kind of thing we hear too often here at home, but Farai is one of the many patients whose lives have been turned around — one of the fortunate receiving Anti-RetroViral drugs at St. Theresa's Hospital, Zimbabwe.
- **Man Recovering From Surgery After Hippo Attack.**
  Of course, this would be a rare headline in the US, but it might also have been impossible for this man in Uganda if our Mission Doctor, Bill Walsh, wasn't serving there.
- **Cataract Surgery for $6 per Patient.**
  This announcement over Ghanaian radio promises to bring throngs of patients to the eye camp to receive vision saving surgery performed by Dr. James Guzek in Ghana.
- **US Medical Students and Residents Witness and Participate in 'Resource-Poor-Medicine' in Africa and Latin America.**
  In Guatemala and Cameroon, Mission Doctors are mentoring groups of US medical students and residents who come to serve and learn.

When you support Mission Doctors you make all this work possible today. Please help us be there tomorrow, too.

Elise Frederick, Executive Director
Mission Doctors Association

2006
IN THIS ISSUE

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.

St. Theresa Hospital

Rural Zimbabwe ARV Experience

Dick and Loretta Stoughton continue to serve the people of rural Zimbabwe, having served from 1970-1975, and returning after retirement in 2001 to present.

In a country where so many of the professionals have sought greener pastures, St. Theresa's has been able to locate and hire Dr. Murungu, a Zimbabwean doctor to serve with Mission Doctors, Dick Stoughton and Tim Cavanagh. The three doctors now work in partnership to provide the daily care for the 180-bed hospital as well as the large outpatient department, which includes the ongoing treatment for the fortunate who are now on Anti-RetroViral drugs to treat AIDS – with the hope that this treatment can be expanded to include many more patients in the future.

By Richard Stoughton, M.D.

HIV/AIDS is by far the biggest health problem facing all of Zimbabwe. It is estimated that over 20% of adults, ages 18 to 45, have the virus. During my 4 ½ years here at St. Theresa Hospital, I have seen patient after patient come in with end-stage disease, and gradually (or sometimes rapidly) die. It has been a frustrating experience to not be able to do anything to change the progress of their disease, other than try to treat their current "opportunistic infection."

Patients waiting to see Dr. Stoughton

We began treating a very few patients with Anti-RetroViral drugs (ARVs) in April 2004, but then in January 2005 we were able to rapidly "ramp up" our treatment program, due to the fact that the Zimbabwe Ministry of Health started supplying us with the ARV drugs free of charge. We treat on a clinical basis, treating only those AIDS patients with Clinical Stage III and IV disease – those who are quite far advanced in their disease status. We are only able to do the most basic laboratory tests: HIV testing; blood counts; urine tests; and occasionally some liver tests. It has been quite satisfying to see some of the results.

Since April 2004, we have started 406 patients on ARVs. Here are the results:

- 264 (65%) are alive and well at this time.
- 54 (13%) have died. 40 died within the first three months of treatment. It takes at least three months for the ARVs to have a full effect on the immune system.
- 66 (16%) have defaulted treatment or been lost to follow-up.
- 12 (3%) have had to stop ARVs due to serious side effects.
- 7 (2%) have had to stop ARVs because of developing TB and our lack of ARV drugs that can be used together with the TB treatment. Some of these have restarted ARVs after completing their TB treatment.
- 8 (2%) have transferred their care to other treatment centers.
- 60% of patients are female (a high percentage of them widows); 40% are male.
- 22 (5%) that are still on treatment and doing well are children under the age of 15.

At first glance, one might say: *"You really have a lot of people dying, defaulting or stopping treatment (33%)."* On the other hand, IF we had not started this program, then nearly ALL of these patients would have either died by now or been increasingly ill during the interval. Just a few case histories (names have been changed to protect confidentiality):

1 **DAKARAI:** *She is 38, the mother of four children. Her husband has died. She has no job and is a peasant farmer. She was hospitalized in April 2005 very ill with pneumonia and Clinical Stage IV AIDS. She has to walk four hours to get to the hospital. She lives with her mother, who gives her good support. After treating her pneumonia, we started her on ARVs. She has gained 50 pounds and is totally healthy. Each time she comes to the hospital she has a big smile on her face, and is very thankful she can get the ARVs. She is very faithful in taking her ARVs twice a day as instructed.*

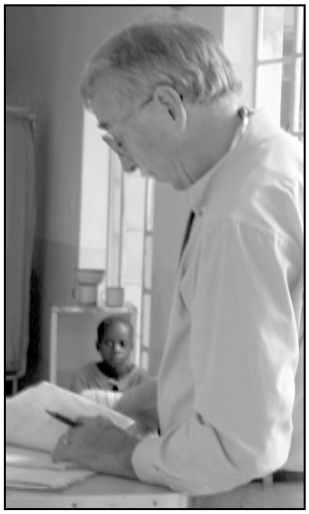
2 **FARAI:** *She is 30, a widow and the mother of two children, and comes from very far. Normally we would not start such a person on ARVs because of the fear of defaulting treatment, due to the great distance. Her parents live near here, and with all family members strongly stating they would see that she would come for follow-up, we started her on ARVs. She was severely ill when admitted in March 2004. After treating her severe diarrhea, we started her on ARVs. She has faithfully come for all of her appointments. She is completely normal and has gained 65 pounds! She also is tremendously thankful for being able to be on ARVs.*

(please see STOUGHTON on pg 3)

Stoughton continued from page 2

3 **RUTENDO:** *He is married, his wife is HIV positive but not ill at this time. He has four children. He was Clinical Stage IV and very ill at the start of ARVs. He has gained 45 pounds and is now completely well, and can work in the fields and do all normal activities. He comes faithfully for all follow-up visits.*

These are just a few of the 264 patients who remain on treatment, but we could give many, many more examples of such successes. It indicates that with a good program, a very large percentage of patients can be evaluated and started on ARVs, with expectations of good compliance, good follow-up and good results. Our goal within the next three years is to have about 800 to 1000 patients in this area on ARVs. It greatly stretches our staff resources, but it is also decreasing the number of very ill patients in the hospital. It gives all of us a feeling of hope and satisfaction that so many AIDS patients are doing so well.



Dr. Stoughton working at St. Theresa Hospital

It indicates that with a good program, a very large percentage of patients can be evaluated and started on ARVs, with expectations of good compliance, good follow-up and good results.

Besides this treatment program, we also are greatly involved in education of all of the people in this area about HIV/AIDS: what it is; how it is spread; what can be done about it. Prevention is the only way that we are going to do anything about stopping the spread of this virus. However, without any treatment options, it is difficult to talk with people who are very ill with the disease about any further prevention. Once they are on treatment and doing well, each and every follow-up visit serves as an opportunity to discuss these issues with them, and to ask them if they are talking with their children and relatives about the disease. We have many teachers on treatment and ask them to be greatly involved in educating the children in their schools. Every patient encounter should be an opportunity for education. †

Cavanaugh continued from page 1

new son-in-law, and talk with him before he married our daughter!) Strengthening of our prayer life has helped us meet these challenges; a gift we know will remain with us for the rest of our lives. We have also been strengthened by the prayers of others — we know without question that there are people praying for us in our daily work here — and for the work of MDA.

We have learned so much working with the people of Zimbabwe. Their great faith has been an example to us. Their strength of spirit has inspired us in the way they face the many hardships of life in southern Africa. We find it very hard to complain about anything in our own life when witnessing the daily struggle many people here have with HIV, drought, and economic hardships. Our whole experience here has been colored by the pandemic of HIV. It has been especially difficult to see the suffering and death among children and young adults this illness causes. We continue to treat more-and-more people with Anti-RetroViral medications. It has been quite gratifying to see people who were on the verge of death returning to their families and lives.

A few days ago I saw a 10-year-old boy for the first time. He came to the hospital last week with severe fatigue, and feeling non-specifically ill. His examination and subsequent blood tests showed that he is suffering from acute leukemia. We were all concerned that there was nothing to be done given the prohibitive expense of cancer chemotherapy and the long distance from the central hospital. Two days spent trying to talk with the cancer specialist there were rewarded with a very helpful and kind physician who said that he had access to donated cancer treatment drugs, which can be used to treat the boy's illness. We are now giving him blood transfusions and medications to stabilize him, his father is home arranging for transportation to the central hospital, and within two days he should be getting proper evaluation and treatment of his cancer. I mention this young boy because it reminded me how none of us are the entire answer for most problems we face here, but all of us can be part of God's plan for good if we just try a bit.

If the cancer doctor at the central hospital had not taken time from his busy day to help us, if a donor somewhere in the world had not donated the chemotherapy, if the father had not been willing to bear additional financial hardships to get his son to the central hospital, or if Mission Doctors Association had not been able to support the work of this hospital, the boy would not be receiving the medical care he needs.

We have started talking about what we plan to do when we go home. The first thing on our lists is to spend time with our family. Absence does really make the heart grow fonder, and our time here has helped us focus on what is really important in life. We also are already talking about the possibility of doing another mission with MDA but then have to bring ourselves back and remind ourselves that we are not through with this mission yet!

Anyway, Sheila and I have six more months of looking up in wonder each night at the Southern Cross. We wanted to once again tell you all that you remain in our prayers each day. We thank you all for your prayers, contributions, and hard work that makes everything MDA does possible. †

God Bless — Tim and Sheila Cavanagh

Path to a Career Altering Experience

By Mark Bisanzo, M.D.

After 10 years of schooling and post-graduate medical training, the light was finally visible at the end of the tunnel. However, I was lost. Although in the past the next step always seemed clear, I just was not satisfied that I had found my niche as the end of residency approached. Over the course of the next year, I thought about a lesson I learned from a professor early in medical school. The lesson was not about how to treat a disease or interpret a test. It was about medical training. He told us of extensive literature showing a degradation in idealism that occurs throughout medical training. Although at the time, I thought that would never happen to me, I realized now it had. I realized that the reason I was lost was that I was not fulfilling the goals and hopes I had set for myself upon entering medical school. Suddenly, I didn't seem to be making the difference I thought I would. I searched long and hard for a chance to get back on track and eventually found out about the Mission Doctors Association. Through a fortuitous series of events, I got matched for a seemingly short-term mission with an MDA site that was hoping to establish an emergency department. So last fall, I left for Nyakibale Hospital in Uganda, not really knowing what to expect. What transpired over my five-week stint at the hospital altered my outlook on medicine and changed the entire direction of my career.

Dr. Bisanzo with Ugandan nurses

It didn't take long for me to realize the impact that the planned emergency department could have on patient care. Throughout the month, there were countless cases of patients with acute illness being cared for by compassionate, smart doctors and nurses, who were working in a system lacking a crucial component. With the paving of a main road in front of the hospital, we saw numerous patients involved in road traffic accidents, but didn't have the space to care for them or even to triage which ones needed care the most urgently. We also saw cases of young women who ended up having ectopic pregnancies, while waiting in the long lines at the clinic alongside patients who were there for outpatient check-ups of stable conditions. Although the diagnosis was often made quickly once they were seen, the patients were often critically ill by the time they got to the MDA surgeon, Bill Walsh. With skill and precision, he was able to operate on and save these sick patients, who were being supported and resuscitated by the Ugandan nurse anesthetists, but it was clear that there had to be a better way to get these patients the needed care before they were so close to death.

Drs. Bisanzo and Walsh in surgery

The days seemed to fly by. We were often busy seeing patients from morning until late into the night. Everyday I felt that I was learning more and more about clinical medicine. There were no CT scanners or fancy tests; in fact, the x-ray machine had not been functioning for months. We did have basic laboratory tests and ultrasound, but relied mostly on the clinical exam to make the diagnosis and initiate treatment. This was something the Ugandan doctors were clearly more comfortable and skilled at than I was. I kept thinking throughout the month, that although I came here to help and make a difference for patients, I was really the one gaining all the benefits from this trip.

As the time went by, I got to explore the region around the hospital. We had our Saturday ritual of going into Rukungiri, the closest town, to buy food for the week. Often times while we were in town, a person would approach Bill and thank him for taking care of him, showing off the injured hand Bill had repaired or how well he or she could walk on the leg Bill had casted. Other days I would go for short runs in the villages around the hospital, which usually attracted some attention from the locals, as there are few white people in the area. Sometimes, as I would run by, a group of local children would line up by the edge of the road and run along with me for a few hundred yards, smiling and laughing as we tried to out-run each other down the path.

I also got to spend a lot of time learning about the area from the students and nurses we worked with in the theatre. One of the nurses had me over for lunch several times so I could sample the local food. This kind of generosity was typical among the local people. In fact, every day when the students would bring food for a mid-morning snack, they would offer some to Bill and me.

As the time approached for me to head back home and finish out the last months of residency, the nursing students kept asking whether I would return. Although I was not quite

(please see BISANZO on pg 8)

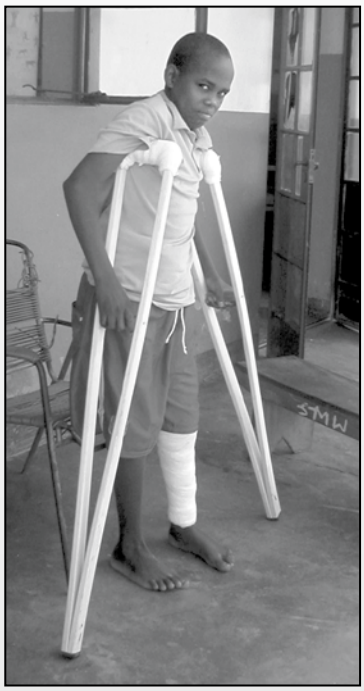
Chicago Surgeon and RN Care for Ill and Injured in Uganda

No Lacking in Patients

By Bill Walsh, M.D.

Our days are fairly peaceful — there are few worldly distractions. We live a simple life and are grateful to God and MDA for allowing us to do His work.

I have seen some unusual cases for a Chicago surgeon. In early February there was a fisherman who was bitten by a hippo 8 hours before arriving. He had multiple puncture wounds of the back and chest and a sucking chest wound. We debrided his wounds, closed the hole in his chest, and put in a chest tube. He survived by the grace of God.



Karist now on crutches

Less fortunate was the 14-year-old boy who came in 8 hours after being attacked by a cape buffalo. He had numerous puncture wounds of the abdomen, flank and was disemboweled. We did operate but he died because of hemorrhage and lack of available blood.

A few of my most memorable patients have been the young ones. A 7-year-old boy had been admitted with a severe burn to his left arm a few days before I returned from Kampala. The lower arm was so infected — it sloughed off. After cleaning the wound for a few days, I did a proper amputation and eventually a skin graft. Trish, a nurse volunteer from Tasmania, became his guardian angel and paid his medical bill and his school fees. She certainly showed us Christian values in action.

Then there was 14-year-old Karist who was being chased by bigger boys and fell into a pit and fractured his left femur. He had to be in traction for two months. To help him with the boredom, I would "quiz" him every morning about history, geography, etc. (of course only things that I knew the answers to). He was very bright and was always prepared. We both looked forward to the daily lessons. He complimented me by writing in one of my books (under my name) Dr. Karuhange Karist. Who knows, perhaps some day Karist will be Dr. Karist, and will be here at Karoli Lwanga Hospital caring for other young Ugandan patients. †

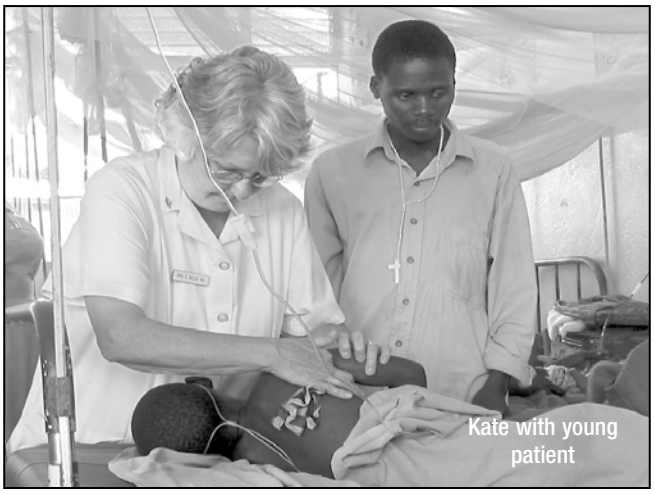
Caring for Babies with a Soft Touch

By Kate Walsh, R.N.

Below is a photo of 1 ½ year old Owen. His mother brought him to the hospital and told us that she had left the child with her husband and had gone to Kampala. When she returned she found Owen in this condition. The poor little boy was really neglected. He was malnourished, anemic, swollen and caked with dirt all over his body.

When we gave him a bath, the skin under his arms and around his groin all came off. It was difficult to get IV access, so we put a large needle in the bone marrow of his leg to give him blood. I took this photo because my cousin sent these wonderful soft pediatric hospital gowns and it made me feel a little better that he had the softness against his skin. Unfortunately, it was too late for this little guy and he died a day after admission. It is so very unusual for the children to be neglected like this in Uganda.

Today, there was a two-week-old baby that was admitted. At first when I saw the baby, I thought she had necrosis all over her skin from some kind of rash. It turned out that in the family's village; the people had used traditional medicine, putting "herbs" all over the baby. They were caked on her, everywhere. We bathed her, the skin was burned, peeling off, very red, but there was no blood. Fortunately, I am certain that this little girl will have a much better outcome than little Owen. †



Kate with young patient

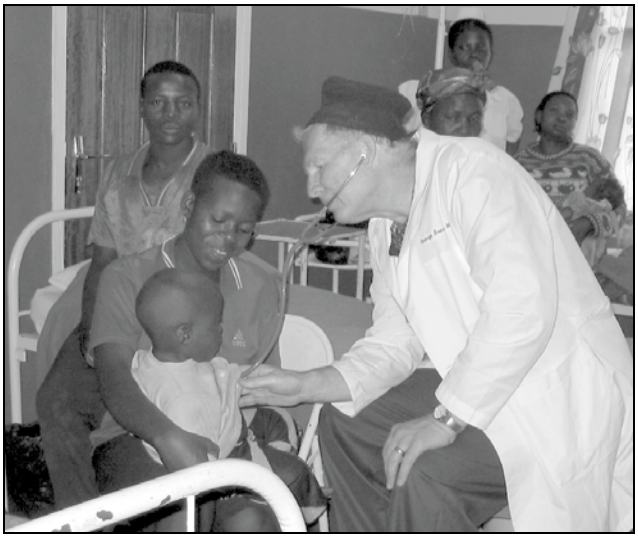
Partnerships for Cameroon

Dr. George and Mrs. Carolyn Brannen are once again in Cameroon. They served at Shisong Catholic Hospital in Cameroon from 1991-1994 and have continued their involvement with the people of Cameroon in some very unique and amazing ways.

George received an MSc from the London School of Hygiene and Tropical Medicine in 2004 and is currently a professor at the Department of Urology, University of Washington School of Medicine where he also teaches a course in Medical Anthropology. He and Carolyn now spend six months each year in Cameroon, but his involvement goes well beyond direct patient care.

George notes that "Ninety-eight percent of the burden of disease in the developing world is infection related; however, the goal to visit and treat a definable number of patients limits any sustainable impact." This reason drives George to dedicate so much of his efforts toward teaching — both students that come to work from the United States alongside this experienced Mission Doctor, as well as Cameroonian medical and allied health care professionals. George is currently involved with:

- Urology Residents from University of Washington
- Medical Students from the Cameroon University in Yaounde
- University of Washington's recently developed International Health Group — MS-1 and MS-4 students
- University of Washington's Anthropology and other undergraduate students
- Cameroonian Nursing School students
- Students in the regional School of Clinical Laboratory Technology



Dr. Brannen with young patient

Assisting George with this teaching are a few professors from the University of Yaounde who have agreed to mentor some of the students in their dissertations. Physician members of Mission Doctors Association who serve short-term in Cameroon have also provided some of the student supervision.

George and Carolyn's ongoing work in Cameroon continues to be a collaboration of many diverse individuals, organizations, and programs. Their local Maple Valley Rotary Club, from Washington State, helps by providing scholarships for local Cameroonian students. George stresses one of the reasons this work is so important "The World Fertility Survey suggests that a child has twice the chance of surviving to age 5 if the mother has completed 3 years of primary school."

The University of Washington is pleased with the broad response from both undergraduate and medical students. "Sustainability appears promising from the standpoint of two-way education. Education sustains impact and interest sustains education. 'Resource Limited Medicine' is a specialty, and may be reasonably effective when skills are properly directed." This unique partnership is one of many where Mission Doctors are creating new ways to respond to the health needs of people of the missions. Going further than that most basic need George and Carolyn also recognize and value the gifts that the people of Cameroon have for those who come to serve. It may sound like a cliché but all who serve know it to be true; "Those who serve receive much more than they give!" †

Bringing together different cultures in Cameroon.

Dr. Linda Novak has a long relationship with the people of Guatemala. She has been traveling to serve there for more than 10 years, offering her professional skills as an ophthalmologist, as well as her unique ability to see the big picture. Working with Mission Doctor, Dr. Mark Kummer, Linda began laying the groundwork for a project that would see students and residents come to work in Guatemala under the direction of US Board Certified physicians in a new service-learning program.

This program is also creating partnerships that work to span the chasm of understanding and knowledge. Loyola University, Chicago, Stritch School of Medicine, is working in partnership with Dr. Novak to bring students and residents to Guatemala where they will experience opportunities for direct patient care while learning about the people and culture.

US Med Students Begin Work in Guatemala

By Linda Novak, M.D.

I am a little overwhelmed at times by the amount of work that has been involved in setting up this program, but the excitement about what it means, both for the people and for the students, overshadows the exhaustion.

Patient at the malnutrition hospital

We have several projects that the fourth-year medical students are involved with when they are here doing an international elective. They see the impact of poverty on health; they have the opportunity to work at the malnutrition hospital; have time in the lab examining some of the infectious diseases endemic to the area; have an opportunity to be involved with a maternal / child health clinic; and learn about the health concerns on the most basic level in the villages.

The work begun with health promoters continues in a very special way in the village of Santa Rita, also known as Salvador Fajardo. A group of my friends from Bend Oregon with the help of Fr. Mike Walsh, OFM, built a blockhouse for the students and physicians to stay in when they come to the village. Brother Marty Shay, a Maryknoll brother lives in this village. Ophelia, the health promoter in Santa Rita, is one of the many who were resettled here during the civil war. Like so many others living here, she lost her father and brother during the war; taken from their homes, her father's body never recovered.

I am so grateful for the Mission Doctors who are helping us with this program in Guatemala. Dr. Kevin Murphy recently served with us, and this year we are looking forward to Mission Doctors, Dr. Jaime and Mrs. Fina Perea, and Dr. Alvaro and Mrs. Millie Rojas being with us, providing both direct patient care and mentoring for the students. I am hopeful more doctors will be excited about the possibilities here and will want to join us also. I'll be happy to answer questions, or send you more photos. Get in touch with Mission Doctors if you are interested — we will make sure you receive the information. †

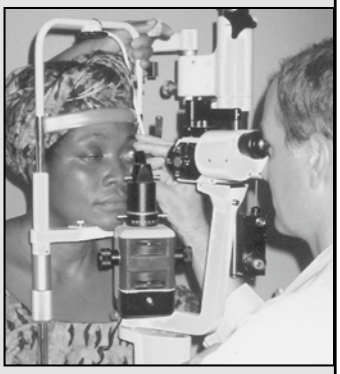
Dr. James Guzek, who served four years in Ghana with his wife Roberta and son James, continues to be involved, making annual trips to treat and restore sight to so many. He has developed partnerships with other US professionals, medical students, his local WA Rotary Club, the Regional Director of Health in Ghana, American ophthalmic companies, even radio stations in Ghana! His commitment didn't end when their long-term assignment was completed; instead it has provided opportunities to continue to bridge the gap for eye care in Ghana.

Ghana Eye Camp Scheduled

By James Guzek, M.D.

This year, I am planning another trip to Ghana and it is perhaps more ambitious than past trips.

An optometrist, ophthalmic technician and one college student will accompany me to Ghana. The college student is in pre-med. This is his third trip to Ghana with me; this time, he wants to assist at surgery! We hope to make this happen. The ophthalmic technician, a recent graduate, hopes that a mission trip will improve her chance to gain acceptance into medical school. The optometrist is thankful for all her blessings and wants to give something back to the poor. I am thankful for all of them.



Dr. Guzek examines a patient in Ghana

This time, our visit will be advertised on local radio to inform the Ghanaians of the Upper Volta region that we are planning to do cataract surgery nearly free ($6 per surgery). By comparison, cataract surgery here in the USA costs about $3,000 per eye and in Ghana the usual cost is between $80 and $100 per eye. The funds collected will go to the local hospitals so they don't lose money on our visit.

We are blessed that the Regional Director of Health will supply us with vehicles and drivers for this endeavor. Also, American ophthalmic companies are helping us with the needed supplies. Finally, thanks to the generosity of an American optometrist, we'll be taking with us a donated slit lamp, tonometer, keratometer and lensometer which we shall leave in Ghana.

I expect that we shall be swamped with work. We are hoping to do between 50 and 100 cataract and intraocular lens implant surgeries at two sites — St. Joseph Hospital, Nkwanta and Mary-Theresa Hospital, Dodi-Papase. We've done eye camps before but never with radio advertising. It should be interesting. We'll let you know how it goes. †

(We will post Jim's update on this trip on our web site: http://www.MissionDoctors.org)

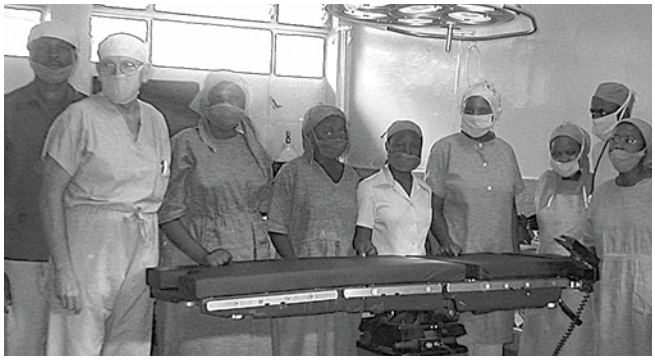
Bisanzo continued from page 4

sure how, I said I would knowing I was going to have to find a way to make it happen. I still felt that I had gained so much from the trip and given so little back. Despite this, as Bill and I ate our lunch on my last day, there was a knock at the door. The son of the nurse I had worked the closest with walked in with a cake decorated with the words "Thanks Dr. Mark." When I thanked her for the cake later that day, she replied, "No, thank you for caring and coming to help us."

Hopefully, over the course of the next twelve months we will succeed in getting the emergency room constructed and functioning.

Back at home and entrenched in my job hunt, I felt at a loss for how to really stay involved with Nyakibale. Although I would have loved to join MDA for a three year mission, financially I couldn't do that at this point, and clinically it would be difficult to work abroad for three years and then return to a US-based job. After a few meetings with some of my more senior colleagues, I settled on a solution. A few months later I signed a contract for an 80% time job that would allow me two blocks of 1 month a piece to go work with Mission Doctors at Nyakibale. Currently, we have a grant in the works with the hope of obtaining funding for the construction and equipment we will need for the new emergency room.

This fall and again next spring, I will return to Nyakibale. Hopefully, over the course of the next twelve months, we will succeed in getting the emergency room constructed and functioning. It is going to be both exciting and gratifying to work with MDA on this project. As for me, after feeling lost for so long, I now have a new direction. Although I am still not sure where this path will lead me, I know now that I have at least found the right path. †



Uganda gets a new surgical table.
We thank all who made this possible!

Mission Doctors Association is working to find funding to build and equip an emergency department for Karoli Lwanga Hospital in Nyakibale, Uganda. If you would like to learn more, or are interested in helping with this important work, please contact Elise Frederick directly at (213) 368-1875.

SAVE THE DATE

OCTOBER 14, 2006 — Dr. and Mrs. Richard Stoughton will speak at the 5:30 pm Mass and Dinner at St. Martin of Tours, Los Angeles

FEBRUARY 17, 2007 — Annual Benefit * Raffle * Silent Auction, Jonathan Club, Los Angeles

MARCH 9 – 11, 2007 — 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 11, 2007 — Annual Mass and Brunch Claretian Renewal Center, Los Angeles

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