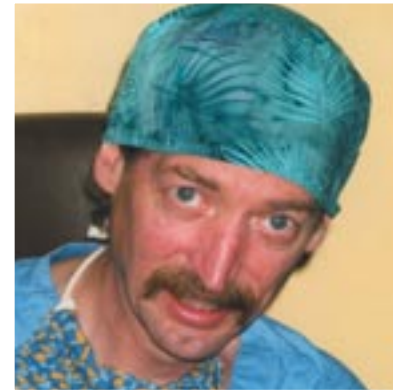


# Medical Missionaries

Connected by a common purpose, these Canisius alumni make rounds in Third World countries to provide quality health care to those most in need.

by Audrey R. Browka and Eileen C. Herbert



Dr. Brian J. Bauer '76 (left)  
Dr. Daniel P. Schaefer '75 (center)  
Dr. Brendan D. Thomson '66 (right)

THEY ARE CONSIDERED AMONG the poorest regions in the world: Honduras, Guatemala, Nicaragua and Nepal. Native residents of such countries live in extreme poverty and disease. Oftentimes, the small towns and villages, in which they live, lack organized government and infrastructure. Basic necessities like plumbing, electricity and telephone service work marginally, at best, if they exist at all.

While few would consider these areas tourist destinations, teams of American medical professionals make annual pilgrimages to such countries, to provide a wide-range of health-related services to the medically

under-served. Commonly referred to as medical missionaries, their work includes both direct medical care and health-related education. Their work also takes them to some of the most destitute and in some instances, dangerous places in the world. Just this past December, three American medical missionaries were shot and killed when a lone gunman from an Islamic militant group broke into Yemen's Jibla Baptist Hospital and opened fire. Yet despite the political and social strife, and primitive conditions, few medical missionaries are deterred from what they believe is their duty, as doctors, to help heal those less fortunate.

"As a result of my Jesuit education, I feel

responsible, to some degree, for the world condition," says **Dr. Brian J. Bauer '76**, an orthopedic surgeon at Holy Name Hospital in Teaneck, NJ. Bauer is one of several Canisius alumni in the medical profession who makes rounds in Third World countries to provide quality health care to those most in need. At least once a year, he leaves his practice at Holy Name and travels to Tela, Honduras, to treat children with muscular skeletal deformities. The northern coastal town is one of the least developed regions in Central America and fraught with crime. So when Bauer and the medical staff he travels with land in Honduras they are shepherd

to Tela by local authorities armed with hand and machine guns. Upon arrival at the clinic, hundreds of Honduran residents are lined up in the hopes of receiving medical attention from 'El médico americano.'

"It's just a mob scene when we arrive. We'll see as many as 400 residents waiting outside the clinic. Some have traveled from as far as 200 miles away."

Many residents suffer from medical problems considered common by American standards. All too often, however, the medical



care they need is either not available or the local doctors are not trained to recognize and treat such afflictions. Certainly, Bauer's one-week stay doesn't allot enough time for him to treat all the children who need his help so he screens patients and schedules surgeries for those suffering from the most severe deformities. Most commonly, this is something called 'club foot,' a developmental problem in which the bottom of the foot faces upwards.

"In the U.S., if your child is born with 'club foot,' you would simply call an orthopedist and he would put a cast on in the nursery. The cast would get changed in 10 days and that would solve the problem," states Bauer. "But in Honduras, these people live in the hills and they think when their child is born with this deformity that they did something wrong; that God sent this problem to them. If they don't address it, these children grow up to be outcast adults because, other than menial labor, they can't contribute in their society."

Throughout the course of Bauer's day,

which begins at 5:00 a.m. and ends around 2:00 p.m., he will operate on as many as eight children with 'club foot.' Were it not for the stifling afternoon heat and the limited availability of sterilized equipment, Bauer says he could treat even more children. He notes, each time his team makes a trip to Honduras, they must bring a massive amount of supplies including sterile drapes, bandages, casts, braces, medicine, antibiotics and equipment.

"In the U.S., everything we need is readily available to us and the medical equipment we work with is technologically advanced, top notch and the best in the world," explains Bauer. "In Honduras, the conditions are substandard and the equipment is substandard but the people are truly grateful for what you do." Bauer recalls once receiving a carton of Orange Aid from the mother of a little girl he treated. "At first, I didn't understand the significance until one of the American Hondurans said to me that it cost the woman two weeks pay to purchase this gift."

"These people don't have anything, yet they will bring us fruits and vegetables or chickens from their farms as a gift," adds

**Dr. Daniel P. Schaefer '75**, an Amherst ophthalmologist who makes house calls in Nuevo Progreso, Guatemala. A specialist in oculo plastic orbital facial reconstructive



surgery, Schaefer volunteers with Hospital de La Familia, an organization that provides medical services to the needy in Guatemala. Every other year, he spends two weeks in Nuevo Progreso treating people who suffer from severe eye traumas. Located in southwestern Guatemala, the hilltop village is an eight-hour bus ride up narrow and winding dirt roads. Once there, Schaefer works from "sun up" to "sun down," performing as many as 10 to 15 eye surgeries a day.

"The patients we treat have an unusually high incidence of eye trauma," Schaefer explains. "Most live in just one-room houses and their means for heat and cooking is just



A Guatemalan family brings bananas to Dr. Schaefer as payment and thank you for caring for their three-year old girl.



Dr. Dan Schaefer checks in on his eye patients at Hospital de La Familia in Nuevo, Progreso.

a fire in the center of the room. So we see a lot of burns. We also see a high incidence of machete wounds, which residents get from walking through the jungles.”

Similar to the clinic in Honduras, Schaefer works in conditions that would be considered far

below U.S. standards. He notes, it is not uncommon during surgery for a generator to lose power and the lights to go out. If this happens, medical assistants are prepared with flashlights so the surgery may continue virtually uninterrupted.

“These people are among the poorest in the world, so you learn to get by with what you have,” says Schaefer. In doing so, he and his team are able to provide a substantial amount of quality medical care in a short period of time. But, Schaefer is convinced more can be done to help heal the medically under-served. He believes the best treatment is health education and that is why Schaefer also travels to places like Murlidhar and Hyderabad, India or Managua, Nicaragua to teach local doctors common surgical procedures.

“I teach oculo plastic reconstructive work to ophthalmologists. They’re trained ophthalmologists but not trained for certain types of procedures or techniques,” explains Schaefer. “I walk them

through a few cases in which I’ll do part of a procedure and then they’ll do part of a procedure. That way, I’m teaching them the

“For me, this type of service work is my way of giving back. It just makes you feel better about why you chose it as a career because if you’re just in it to make money, buy a bigger house or go on a bigger vacation, that only goes so far and there’s not much fulfillment in that.” — Dr. Brian J. Bauer ’76

techniques needed so they can continue to perform the procedures after I leave.”

Much like Schaefer, **Dr. Brendan D. Thomson ’66** leads a similar medical crusade. The medical director of geriatrics in Arizona is also a pulmonologist and critical care specialist who co-founded the America-Nepal Medical Foundation (ANMF), a non-profit organization committed to the advancement of medical training and practice in Nepal. The country, which sits landlocked between China and India, is home to nearly 22 million people and among the poorest in the world with an average per capita income of \$170 annually. By North American standards, health care conditions in Nepal are abysmal and reflected by low life expectancy, high infant mortality and a wide prevalence of infectious diseases. Additionally, Nepal has one of the worst physician-to-population ratios in the

world at roughly one doctor per 20,000.

It was during a 1985 visit to this country, its orphanages and hospitals, that Thomson first witnessed the impoverished living conditions and decades-old medical practices. “Nepal is a very complex society,” explains Thomson. “The people and their culture are in many ways third century.” It was on this same visit that Thomson met Buddha Basnyat, a young Nepali physician who aspired to obtain medical training in the United States so he could provide improved care to patients in his native country. After more than a year, Thomas secured Basnyat with a three-year fellowship to practice internal medicine at a Phoenix hospital. The successful outcome served as their inspiration to co-found the America-Nepal Medical Foundation.

“It was our belief that the primary responsibility of resolving Nepal’s health problems lied with the Nepali people, including their medical professionals,” explains Thomson.

“So the foundation was established to help improve the quality of medical care, medical education and medical research in Nepal.”

Since its inception 17 years ago, the foundation has arranged

for individual American physicians to volunteer their medical expertise through treatment and teaching, in Nepal. Additionally, when Basnyat became a U.S. board-certified internist, the foundation was able to send family practice and internal medicine residents from the states,



(This page) Dr. Brendan D. Thomson (right) poses with his colleague and friend, Buddha Basnyat, in Nepal. (Opposite page) Nepali medical students train under the direction of Basnyat.

to Nepal, to work and study medicine, under Basynat, in a Third World country. ANMF has also arranged for qualified Nepali medical professionals to obtain short-term training at U.S. and Canadian medical institutions; fostered the collaboration of medical research between Nepali and North American researchers; supplied Nepali physicians with educational resource materials; and provided medical relief during natural disasters and public health emergencies.

“There are four things I tell people when they go with me over to Nepal,” says Thomson. “One is that they will get back safe. Two is that they will enjoy themselves. Three – they’ll want to go back. And four, that no one will ever understand why they go back.”

**Tom Cumbo '95** is proof of that. The chief medical resident with Johns Hopkins University/Sinai Hospital Program in Internal Medicine has traveled to Nepal three times, under the America-Nepal Medical Foundation.

“A lot of the people we see haven’t had any medical care and therefore have advanced illnesses,” says Cumbo. “It’s not uncommon either for a sick child to be left orphaned. So the work we do is very satisfying because you can actually save someone a life of misery.”

Cumbo first learned about Thomson’s foundation from an article in a medical magazine. Shortly after, he called Thomson to volunteer and while speaking, the two discovered they were both Canisius alumni. “I have to be honest,” notes Cumbo, “I think a driving force behind my willingness to serve came from my Jesuit background.”

On past trips to Nepal, Cumbo shadowed

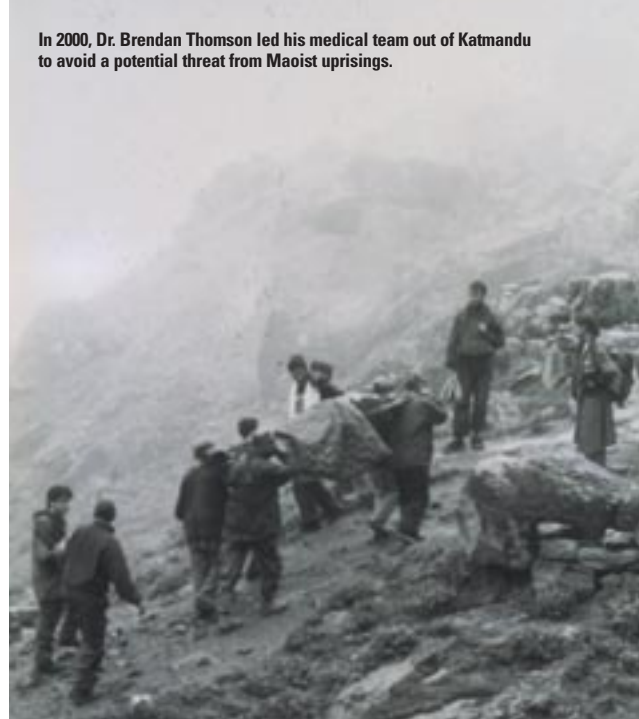
Basnyat at his medical clinic and lectured at the Himalayan Rescue Association, an organization run by Basnyat. Currently, Cumbo is assisting Basnyat in a research project in the Langtang Region of the Himalayas, just north of Katmandu.

“There is a lot of physical risk with this research because it’s done during monsoon season and the chance of landslides up in the mountains is significant,” states Cumbo. But Mother Nature isn’t the only force that threatens the work of medical missionaries. Rampant crime, cultural conflicts and political unrest also endanger these doctors.

“On one occasion I had to lead my group out of Katmandu in the middle of the night,” recalls Thomson. “They were having a lot of trouble with Maoist uprisings and a general strike was being planned for the next day. A general strike means nothing with wheels is allowed to move. So we woke up at two in the morning and walked to a main road to find a vehicle to get out, before the strike went into effect.”

Still, the potential risks that can sometimes accompany these medical missionary trips are far outweighed by the personal fulfillment these doctors receive from being able to practice medicine in, what some call, “its purest form.”

“From a practical standpoint, it is a lot more difficult to deliver care in places like Nepal,” says Cumbo. “But at the same time, you don’t run into the same problems that



you do in delivering care in America.” Bauer concurs. “In the states, doctors have to deal with all the bureaucratic problems that accompany the profession. You’re faced with high malpractice rates, HMOs and insurance plans.”

In fact, some physicians estimate they spend 50 percent of their time conducting non-patient care. Before too long, the experience of healing another human being can get lost in piles of paperwork, legal documents and insurance forms. As a result, many medical professionals fear that even the most dedicated doctors will lose sight of why they were attracted to medicine in the first place. But for the Canisius alumni who volunteer as medical missionaries, they believe their tour-of-duty in a Third World country is vital in reviving the true meaning of the profession.

“For me, this type of service work is my way of giving back,” says Bauer. “It just makes you feel better about why you chose it as a career because if you’re just in it to make money, buy a bigger house or go on a bigger vacation, that only goes so far and there’s not much fulfillment in that.”

“The work I do enables me to do something that I like while providing care to people who really, really need it,” adds Schaefer. “You’re helping your fellow man and that’s why you go into medicine in the first place.” ■

