Twenty Years Of Service To The Poorest Of The Poor:
The History of Medical Missionaries
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The History Of Medical Missionaries:
Twenty Years Of Service To The Poorest Of The Poor

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A Portrait Of Medical Missionaries

Over the years, Medical Missionaries has come to focus on improving healthcare for the poorest of the poor throughout the world by developing programs in four areas:

- **Collection And Distribution Of Medical Supplies** - Medical Missionaries collects goods from community organizations, hospitals, pharmaceutical companies, businesses, churches, other non-profit organizations, and individuals, and sends them to impoverished areas of the U.S. and worldwide. Most of the supplies are gathered in the Mid-Atlantic States, from Baltimore to Richmond, and are provided by a network of hospitals, nursing homes, and medical equipment supply companies with whom Medical Missionaries has developed a relationship over the years.

- **Organization And Deployment Of Medical Teams** - Medical Missionaries organizes and sponsors trips by volunteer medical, surgical, and dental teams to places that lack critically needed medical care, primarily in Haiti and the Dominican Republic, and occasionally to Asia, Africa, and other parts of Latin America and the Caribbean. The teams work with local doctors and nurses by treating patients, and helping the local medical staff establish or improve medical facilities and care in their areas.

- **Model Clinic** - Through its construction and support of St. Joseph Clinic in Thomassique, Haiti, Medical Missionaries provides a model of how it is possible to introduce appropriate healthcare services in very poor areas, given continuity and sustained commitment.

- **Medical Education** - Medical Missionaries periodically organizes and hosts a symposium for practicing medical professionals in the U.S. to provide in-service education on practices and procedures for serving in countries with limited resources. Additional education is provided to foreign medical professionals by visiting team members as they travel to poor countries. Through its Global Health Fellowship Program, Medical Missionaries offers field-based educational opportunities to pre-med and public health students who serve at St. Joseph Clinic each year.

Medical Missionaries did not start out with four so clearly defined missions. The current structure has evolved over the past 20 years. This is the story of that evolution.

PREVIEW - PAGE 3 OF BOOK

Part One - The Early Years

**Origins Of The Organization – “A Personal Calling”**

By Dr. Gil Irwin, Founder and President of Medical Missionaries, sharing his story of the founding of Medical Missionaries and its early years

As a child and young student I was always sympathetic to people in need. In addition to random acts of helping people in my community in Northern New Jersey, in my senior year in high school I organized a town fundraiser for Dr. Tom Dooley. He was trying to get the U.S. government involved in direct help for people in the Third World who were victimized by war, politics, famine, and lack of healthcare. This local campaign brought me in contact with school officials, the Mayor, the local newspaper, and many others as we raised several thousand dollars for his work. I learned from that experience that a simple idea can become very complex, yet the need to act makes it worth the effort.

Within one year of acquiring my MD degree, and training in internal medicine at Georgetown Medical Division of DC General Hospital in Washington, D.C., I became intimately involved in improving the quality of healthcare for the poor. The city had neglected the hospital equipment, supplies, and pharmacy for many years. After a year of working within the political system, we were successful in procuring a budget increase for direct care of patients in the hospital. These were exciting times to be doing positive things for very needy inner city poor people and learning about the daily management of government. Again, I learned that a simple obvious direct need could become a complex issue.

For a period of six years I became heavily involved in medical research (particularly with the hepatitis B virus that had recently been discovered), and thought I would make that my career. However, family obligations caused me to give up that idea and go into private practice in Manassas, Virginia. I became an integral part of a rapidly developing Prince William Hospital. Through my practice I came to know a number of clergy in the area. I also began to collect donated medicines that otherwise would have been discarded. With the help of the clergy, I shipped the medicines to missions in Thailand and the Philippines and also to Navajo Indian reservations.

I had a small working farm. I would deliver my produce to a local organization called SOME (So Others Might Eat). I also delivered large quantities of school books, children’s clothing, educational supplies, hygiene supplies, and ice skates to St. Joseph Indian School in South Dakota. I was also taking care of most of the AIDS patients in the area. At that time, AIDS had a 100% mortality rate.

On Christmas Day in 1993, during an ice storm, I was called to see an AIDS patient in the local ICU. While there, I happened to hear the nurses talking about running a marathon race. Having run the Marine Corps Marathon 10 years earlier, I joined in the conversation. One of the nurses, Carolyn Jeans, said she hoped to run the marathon the following year. Since I was still running and well aware of the motivation and endurance that training for a marathon requires, I offered to help her train. Carolyn proved to have all the necessary qualities. She completed the Marine Corps Marathon in 1994 and again in 1996. Not only that, but Carolyn became a devoted Medical Missionaries volunteer and has been with us from the beginning of our medical trips to the Dominican Republic and Haiti.
packs between them. The thought crossed my mind that we were a healthcare team here to help the poor but based on the sequential mishaps of the last 24 hours we could not help anyone including ourselves. By the time we reached the other side of the mountain a muddy trickle of water was found. Having a small hand-held water filter in my pack I was able to fill all the water bottles and suggested to the guide that the team, being exhausted and dehydrated, should stay there for the night. He stated that if we stayed there the Haitian bandits would get us. Needless to say this information empowered all to walk with flashlights in the dark until we got to the first village.

Once we got to the village, several of us took 5-gallon containers to the river and filtered water for an hour to fill all canteens. Gathered in what was a wooden shed with a dirt floor, we put down tarps and prepared to finally rest. I suggested to all that whenever they awoke during the night to sip water from their canteens. That night the team was a sorry sight, desperately trying to save themselves, just before treating people who have never seen a doctor.

At daybreak we realized we had been through a very difficult exercise but looked forward to reaching out to the people that we were here to serve. With daybreak came the many people who had heard American doctors and nurses would be there. All of the villages we visited consisted of a few dirt floor and thatched roof huts but hundreds of people would appear, some walking 2 to 3 days to be seen and have their families seen. We worked in that the village for 3 days, giving us a chance to rest and rehydrate without the physical stress of hiking.

As we gathered for dinner we reviewed our last two weeks: 7

Normal Travel To Some Villages

We had immunized over 2500 children and seen approximately 3000 medical and dental consultations.

Dr. Montero On Way To Village

A as the trip was now in its fourth day we prepared to move to a second village. We all hydrated before, during, and after the 7-hour hike. The humidity and heat were still very stifling but we were starting to acclimate. At the next village, in addition to doing medical consultations, immunizations, and dentistry, we planned to assess the status of tuberculosis in the area. TB was known to be endemic and it was routine to burn down the hut of a person dying of TB. No one had received the BCG vaccine in these remote areas. All lived in extreme poverty being subsistence farmers with perhaps a few chickens and if really lucky a mule to their name. (Interestingly TB skin tests were almost 100% positive thus adding to the risk of endemic TB to all in the area.) Despite being welcomed to sleep in village huts we decided that it would be safer for the team to sleep outside on the ground under a tarp.

The scenario of hiking to a village, staying 2 to 3 nights, and then going on to one of 6 different villages was repeated for 14 days. As the team acclimated and adapted to being flexible, we gained more confidence in our abilities as more people sought our help.

Several anecdotal stories come to mind:

In one village a leader came down from a mountain top area requesting that the team come to the top of the mountain to see about 160 residents. Several team members were given the luxury of riding mules to the top of the mountain.

As seen time and again, small miracles do occur. Coming down the mountain I was riding a mule along a ridge with about a 1000-foot drop off to the left. The mule turned to the right and its front legs collapsed, hitting an eroded stream bed, throwing me head over heels and landing on my shoulders. Fortunately, this rodeo event occurred just beyond the ridge, otherwise the story would have ended there. As seen time and again small miracles do occur.

In another village we found that 100% of the residents had a thyroid goiter. This was due to the lack of iodine in the salt and lack of fish in the diet.

After 2 weeks in mountainous terrain, we finally arrived back in Banica and were glad to spend the night with a metal roof over our heads. A mother miracle occurred. I had not had any rain in the mountains for the 2 weeks we were there despite it being the rainy season. The night we returned to Banica there was a major downpour. That would have created treacherous conditions for us in the mountains.

As we gathered for dinner we reviewed our last two weeks:

- We had immunized over 2500 children and seen approximately 3000 medical and dental consultations.