

SAMPLE PAGES - NARRATIVE HISTORY



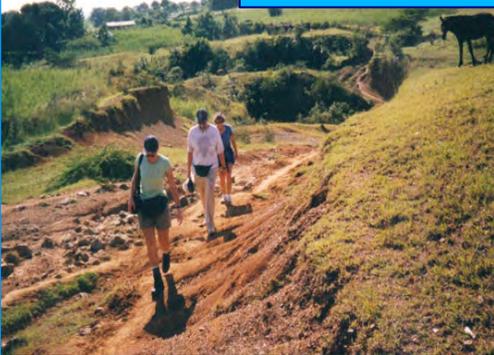
MEDICAL MISSIONARIES

*People of all Faiths
Helping the
Poorest of the Poor*



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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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*

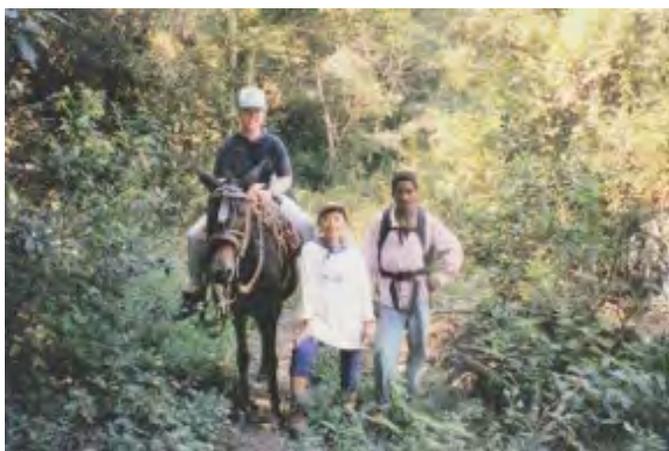
As a child and young student I was always sympathetic to people in need. In addition to random acts of helping people in my community in Northern New Jersey, in my senior year in high school I organized a town fundraiser for Dr. Tom Dooley. He was trying to get the U.S. government involved in direct 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, DC, 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.



Normal Travel To Some Villages

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 real 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 welcome 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.



Dr. Montero On Way To Village

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. Another miracle occurred. We 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.