



Meeting Needs in the
Philippines

by E. William Jackson, M.D.

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SHORTLY AFTER I WAS CALLED AS PRESIDENT OF THE PHILIPPINE MANILA MISSION IN 1986, I BEGAN AN INFORMAL PROGRAM TO ASSIST LOCAL LDS CHURCH LEADERS IN TAKING CARE OF CHURCH MEMBERS WITH CERTAIN CONGENITAL HEALTH PROBLEMS PREVALENT IN THE CHILDREN OF THE PHILIPPINES (NEGLECTED CLEFT LIP/PALATE AND CLUBBED FEET). THE IMPETUS FOR A MORE FORMAL STRUCTURE AND FUNDING CAME WHEN WE WERE ASKED BY BISHOPS AND MEMBERS IF WE WOULD ALSO HELP NONMEMBER CHILDREN WITH SIMILAR NEEDS. AS MISSIONARIES FOR THE CHURCH, WE KNEW THERE WAS ONLY ONE REASONABLE RESPONSE: "WE WOULD."

While the fast offering funds of the Church were available to help pay the costs of members' care, we had to find other sources to handle the costs incurred by nonmembers. As the word of our dilemma spread, private donations, both large and small, answered our prayers.

Shortly after arriving in the Philippines, I was asked to serve on the governing board of St. Luke's Medical Center, a highly respected, 500-bed, private hospital in Manila. This appointment lent credibility and opened many doors for us in the Philippine medical community.

In 1987 we registered as the Mabuhay-Deseret Foundation, a nonprofit, tax-exempt, charitable institution in the Philippines. We developed our own philosophy for providing assistance to the poor of the country, whether members of the Church or not. Our goal was to collaborate with the local health providers to establish an ongoing program that would meet a need and make a difference in people's lives throughout the islands. To accomplish this it was decided:

1. We would limit our main thrust to patients who had obvious, easily diagnosed problems, particularly requiring a single operation to correct, and which would change a life. Today we have expanded our criteria a bit, but are mainly involved with cleft lip/palate, club feet, postpolio corrections, strabismus procedures, corneal transplants, and cataracts with lens replacement. There are some obvious reasons for our case selection. First, in a population of 60 million people, there are tens of thousands of patients hopelessly suffering from these problems. Second, most of these diagnoses can be made without sophisticated tools and are easy for our missionaries or local Church leaders to identify and refer to our office. In addition, the costs, course of treatment, and post-op care are predictable.
2. We would work with local physicians and facilities as

much as possible to assist them in doing the actual work; it had to be their program too. Today we have over 300 doctors who participate annually. Many are among the world's best in dealing with the kinds of cases we accept.

3. All medical care would be done by volunteers. We also negotiated the lowest costs with participating hospitals, some of the finest in Manila. At the most, we were billed out-of-pocket costs, and in some cases, we were given large monthly write-offs. The U.S.-based foundation pays no salaries, provides no "expense accounts," and budgets nothing for public relations or fund raising; all moneys go to patient-related activities.
4. Mabuhay-Deseret would handle all referrals, provide food and lodging for all patients being cared for, make sure that medicines were given and appointments kept, etc.
5. We would provide and sponsor upgrade training and technical help where needed, often using local specialists to work with their own colleagues. Visiting U.S. physicians who came to demonstrate a specific technique or new instrument were welcomed. We also provided some of the more expensive supplies required in eye and plastic work (IOLs, suture, etc.).

The following accomplishments illustrate how the program has grown and developed in the past five years.

- *In 1994 alone nearly two thousand patients will have undergone the corrective surgeries outlined above.*
- *We have a monthly budget of \$10,000 covering all expenses.*
- *The program has been extended into the cities of Cebu and Davao, becoming the largest charity of its kind in the islands.*
- *Arrangements for extremely inexpensive airfreighting of*

supplies are in place.

- The only eye bank in the nation was opened by Mabuhay-Deseret three years ago. We provide it with fresh corneas every two weeks, allowing almost 200 corneal transplants per year to be performed.
- The majority of our referrals come from LDS Church sources, but we also receive requests from Catholic priests, barangay (village) leaders, and government officials. No one who meets our criteria is turned away.
- There are absolutely no strings or special requirements attached to our offer of help, which is given expeditiously.
- We found that, in addition to the patient's medical care, it was easiest and appropriate for the foundation to also cover the costs of the food, lodging, and travel home needed by the patient's family. Though it not a requirement, the family is encouraged to donate any amount to the fund in order to help others receive medical care.

Statistics may provide a measure of accomplishments, but, as my wife always reminds me, numbers represent real people whose lives are changed, whose quality of life is better. It's the real people that count.

Today, using Deseret International as a U.S.-based foundation, we have endeavored to replicate the Philippine experience in other countries such as India, Zimbabwe, Uganda, Ghana, Indonesia, Tonga, Guatemala, Bolivia,

Brazil (Belo Horizonte), and El Salvador. Though each country has its own unique needs and requires a slightly different approach, we maintain the same basic philosophy of helping them to help themselves. Many need much more professional training and support, and this has been voluntarily provided by many LDS doctors and medical supply houses.* More recently we have become active in providing dental training (some rather sophisticated) in areas of the world.

Join with us. We are always on the lookout for additional partners, particularly those who can assist with material and financial donations. At times we also need special professional training. Someone recently said that we are in the market not to provide short-term care but to offer a "franchise" to provide ongoing help in medical/surgical specialties to areas of the world where no such help has been offered before: Not a bad label for the LDS health community. □

* WE TRY TO DO MORE THAN JUST "TEACH A MAN TO FISH." WE NEED TO PROVIDE THE HOOK AND LINE FOR A PERIOD OF TIME.

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MABUHAY-DESERET FOUNDATION

SURGERIES DONE FROM 1988 TO 1994

CASE	1988	1989	1990	1991	1992	1993	1994	TOTAL
OPHTHALMOLOGY ¹	20	42	221	682	734	1314	1553	4566
PLASTIC REPAIRS ²	50	126	111	194	197	209	258	1145
ORTHOPEDIC ³	14	38	51	74	76	46	63	362
PROSTHESIS ⁴	4	20	29	53	43	52	78	279
EARS ⁵	4	8	32	21	8	14	45	132
NEURO ⁶	7	18	9	8	3	0	0	45
OTHERS ⁷	0	37	16	10	0	2	2	67
CARDIAC ⁸	9	5	2	2	0	0	0	18
TOTAL	108	294	471	1044	1061	1637	1999	6614

1994 ACTUAL STATISTICS

CASE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
OPH	116	127	155	130	121	150	118	170	102	213	112	39	1553
PLA	10	15	28	31	31	29	33	23	27	14	11	6	258
ORT	9	6	5	8	8	9	7	4	2	1	2	2	63
PRO	2	2	6	7	6	5	15	8	7	3	10	7	78
EAR	1	3	4	4	4	6	9	4	2	0	7	1	45
OTH	0	2	0	0	0	0	0	0	0	0	0	0	2
TOTAL	138	155	198	180	170	199	182	209	140	231	142	55	1999

¹ Mostly cataract excision with IOL, crosseyes, corneal transplants

² Harelip, cleft lip, cleft palate, burn contractures

³ Polio repair, bracing, clubfoot repair

⁴ Artificial leg, below knee

⁵ Deaf and dumb children

⁶ Congenital meningoceles

⁷ Kwashiorkor malnutrition, goiters, etc.

⁸ Valve replacement, balloon operation