

The Peace Corps Staff Physician

An Adventure in Medicine



Two Years of Challenge and a Lifetime of Reward

How Salaried Staff Doctors Care for Peace Corps Volunteers

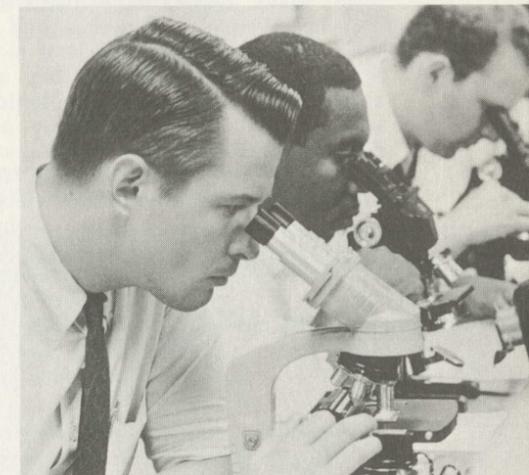
In India, Peace Corps staff physician Dr. William Grossman (right) assists Boston-trained surgeon Dr. R. S. Gupta perform a pilonidal cyst excision on a Peace Corps Volunteer.



In Morocco, Dottie Thorne, wife of Peace Corps staff doctor Melvyn C. Thorne, talks with pregnant women receiving American surplus milk at a Moroccan government milk distribution center.



In Washington, D.C., staff doctors become familiar with diseases such as dengue and schistosomiasis as part of their orientation before departure overseas.



In Nepal, an airport becomes a clinic when staff doctor Harry Berman inoculates Peace Corps Volunteers before they depart to the villages they will live in for their two years of service.



The first director of the Peace Corps, R. Sargent Shriver, recounts that, just as the Peace Corps was getting started in 1961, "I used to wake up in the middle of the night with the question tearing at me: How are we ever going to protect the health of Peace Corps Volunteers? This question seemed to have no ready answer. And yet, could we go to the parents of this nation and say to them, yes, we want your sons and daughters, and admit at the same time that for two years they would be overseas — many of them in primitive and remote towns and villages — with no medical assistance?"

"In retrospect, it seems only a lucky chance that someone mentioned to me that the Coast Guard has no medical service of its own. The Public Health Service takes care of the health of Coast Guardsmen.

"I put in a call to Dr. Luther Terry, who was then Surgeon-General of the United States and head of the Public Health Service. To my huge relief, Dr. Terry said, 'Yes, we would like to take on the Peace Corps.'

"Since then, the knowledge, vision and dedication of Peace Corps staff physicians has created a unique med-

ical service keyed to Peace Corps ideals. The result? Peace Corps Volunteers have been healthier than a corresponding sample of stay-at-homes!"

Until mid-1967, all Peace Corps staff physicians were Public Health Service commissioned officers detailed to the Peace Corps, most of them completing their two years of military obligations.

But Congress has recently changed the draft laws concerning doctors. The Military Selective Service Act of 1967 stipulates that staff physicians assigned to the Peace Corps can no longer satisfy their military obligations by serving two years with the Peace Corps.

The Peace Corps has, therefore, turned to the entire medical community to recruit physicians to care for the 14,000 Peace Corps Volunteers serving in 58 countries around the world.

Today, there are about 140 staff physicians overseas. Another 170 doctors, who have served with the Peace Corps since its beginning in 1961, have completed their two years of service and returned home.

Their experience has been one unique in medicine.

And in many ways, their responsibilities have surpassed the traditional duties of the physician.

The Peace Corps doctor's primary responsibility is taking care of the physical and mental health of Peace Corps Volunteers abroad. Usually based in a country's capital city or in a large provincial city, he makes all arrangements for the clinical and preventive medical care of the Volunteers. This may include evacuation to the United States if necessary.

In an orientation session in Washington before departure to his Peace Corps country, the doctor studies an extensive country medical report detailing the prevalent local diseases and disease vectors, describing the hospitals and clinics and evaluating the adequacy of local medical practice. Upon arrival in the country, he begins immediately to take care of the Volunteers. At the same time, he tries to meet as many local physicians and visit as many hospitals and clinics as he can.

If he is the doctor for a new Peace Corps program, he travels extensively around the countryside before the Volunteers arrive, making on-the-site surveys of all areas in which they will be living.

The Peace Corps staff physician learns about the difficulties in communication and transportation to which he will have to accommodate himself on visits to Volunteers. He

gets to know the terrain of the country, the customs and eating habits of the people, the local diseases and parasites.

The staff physician gives the Volunteers lessons in health practices and provides them with continuous care, keeping their immunizations up to date, making frequent visits to their working sites, advising and counseling them so that they will live in optimum physical and psychological health in their new environment.

Peace Corps Volunteers are highly immunized and medical selection standards are high, but Volunteers still risk unusual health hazards. This is because they often make immediate contact with the people they have come to work with by living in slums and rural backwoods villages. They are exposed to a host of health problems that arise from little or no sanitation, meager diets and parasite-laden food.

In addition, Volunteers' immersion in a new culture produces the tension and frustration, the inevitable "culture shock" common to everyone who lives in a foreign land. It can hit a Peace Corps Volunteer doubly hard as he undertakes to help solve problems that have challenged the world for centuries, problems of ignorance, hunger and stunted economic growth whose solutions are incalculably difficult and important.

For these reasons, doctors in the Peace Corps find that in some ways

taking care of Volunteers comes close to fulfilling the role that most physicians desire: the role of treating the whole person. For, aside from the clinical treatment of infections, parasites and injuries from minor accidents, the Peace Corps physician finds that one of his greatest contributions is giving the Volunteer the emotional support he needs while undergoing the adjustment that is a necessary but often painful part of his growth; the psychological maturing of emotional maturity. Physicians in the Peace Corps have found immeasurable satisfaction in helping, in times of trouble and stress, these idealistic young people full of optimism and new ideas.

One physician who served two years in Turkey remarked that, "Working with Peace Corps Volunteers is extremely interesting and exciting in many ways, and not always necessarily from the sicknesses they get but also from their attitudes and feelings." Another doctor stated that, "I felt that I was getting from and contributing to the program just what the Peace Corps Volunteers were."

The Peace Corps physician works with a minimum of the sophisticated tools of the modern American medical center. Although specialized consultation is available, it may take several days to procure. It is interesting to note that the first director of medical programs for the Peace Corps was identified, in an early publication, as a "specialist in handling illness and

COVER — Dr. Michael Weintraub sets up a "bush" clinic under a tree in the heart of Otadie, Togo (see pages 13-16).

injury where professional medical facilities are not available." The doctor who took care of the Peace Corps' first group of Volunteers in Nigeria remarked that, "For some of us, it is the first time that we have such responsibility; it is the first time that we don't have specialists and sophisticated equipment with which to make diagnoses. We have to depend upon our innate abilities as physicians. There are few experiences in the United States to compare to this."

In the process of gathering knowledge about the country in which he is posted, the Peace Corps doctor is inevitably confronted with the glaring problems of sanitation, nutrition, health education and medical practice that plague developing countries. It is usually not long before he has thought of ways to help cope with these problems.

The Peace Corps encourages doctors to create new programs or to "plug in" to established ones with the time left from caring for Volunteers. Many doctors have found that they can devote a third or a half of their time to voluntary medical work in the country to which they are assigned. A large part of voluntary work consists of programming and directing preventive medical programs carried out by Volunteers, programs ranging from family planning to large-scale immunization projects. (Voluntary programs are described on pages 10, 11, 12.) Peace Corps doctors have assisted in charity clinics in the hearts of ancient cities, served as consultants to large hospitals, planned nursing programs and given health education courses to schoolchildren.

This sort of health improvement is a "natural" for the Peace Corps because it is beyond politics and ideologies, essential for economic and educational advance and a universal need. It is also uniquely susceptible to the people-to-people approach in which the Peace Corps is most successful.

His great amount of personal responsibility, together with learning a new language and culture, traveling extensively and often ruggedly, associating with local physicians, and the chance to learn at the grass roots level of mankind that disease and health problems can sap the human resources of developing nations, make medicine for the Peace Corps staff physician not an isolated, academic discipline but a part of all human life—social, political and economic.



Volunteers Thrive on Finding New Ways to Solve Old Problems

After almost seven years, the Peace Corps has become an accepted institution on the American scene. The original fuss, feathers and fame it caused have died down to be replaced by a stable, solid and continuing contribution to a world in need. Some 30,000 Volunteers have served in that time; 15,000 have already returned home. By 1970, there will have been 50,000 Peace Corps Volunteers who have worked in the slow and delicate process of stringing basic lines of communication between the peoples of the earth.

The Peace Corps has appealed to a wide variety of Americans, from ages 18 to 80, from college professors, lawyers, doctors and engineers to hog-farmers and truck drivers. Statistically, however, the "typical" Volunteer emerges as college-educated (96 per cent have attended some college, 80 per cent have at least a B.A. degree), a liberal arts major (85 per cent)

and about 24 years old (although nearly 200 are over 50 and another 200 are under 20). Sixty per cent of the Volunteers are male and about 20 per cent are married to another Volunteer.

Volunteers are engaged in a wide variety of activities. These include improving farming techniques, teaching, engineering, family planning, health programs, public works, public administration, sparking "self-help" community action programs, developing cooperatives and even developing educational television. In India, Volunteers have introduced poultry farming to a starving country. In Jamaica and the eastern Caribbean Islands, Volunteers have begun programs to train local teachers in modern teaching skills. In Niger, Volunteers have established nursing schools and given health education courses to whole villages.

Volunteers do not come into a country as high-powered experts ready to

Volunteer Jeff Boyer greets a young boy in the favelas of Salvador, Brazil. Jeff is helping families to rebuild homes in Latin America's largest program — community development.

give directions to an ignorant populace. As a matter of fact, very few are skilled specialists. Most are young college graduates whose liberal arts background has resulted in a developed sensibility and imagination and who are at an unparalleled peak of energy, curiosity, flexibility, optimism and learning ability.

What they lack in specialized training they make up for in resourcefulness. For the most part they are an inventive, individualistic and always lively group of people bent on finding new ways to solve old problems. This once prompted Vice President Hubert Humphrey to tell a group that "part of your charm is your iconoclasm, and the other part is a kind of pragmatism."

Volunteers thrive on spotting needs and trying to fill them. In Ghana, one Volunteer climbs into his jeep after several hours of teaching each day and drives to a nearby village where people of all ages gather to improve their English.

In Ethiopia, a Volunteer enlisted the aid of a fellow Volunteer and the local community to rebuild a school. Professional contractors estimated that it would cost several thousand dollars for a first-rate refurbishing. But this Volunteer "drafted" other Volunteers, men, women, children and soldiers stationed nearby, got a local firm to contribute materials, and the school was rebuilt.

Volunteers have a refreshingly direct approach to people. This is apparent in the story of the girl from Connecticut who, while shopping in a market in the country in which she was serving, was hit in the back of the head by a dead fish which a man threw at her while muttering something about her under his breath. Several people in the market grabbed the man and saw to it that he was arrested. The Volunteer surprised all concerned by requesting her assailant's release and while shaking his hand and grinning said, "I prefer his type to persons who hate silently."

The energy, forthrightness and high ideals of the Peace Corps, as well as its concrete successes, promise a future as strong as its past. As one commentator said recently, "The Peace Corps hasn't lost its effervescence, it's just rechanneling its bubbles."

A Natural Profession for Women

"The male Volunteers used to get sick just so they could go to Dr. Leas," jokes one Volunteer who served in Thailand while Dr. Martha Leas was the Peace Corps physician there.

Dr. Leas graduated from Western Reserve School of Medicine and took an internship and two years of residency in internal medicine at North Carolina Memorial Hospital in Chapel Hill, N. C. Before becoming the Peace Corps physician in Thailand, she studied for two and a half years at Harvard University, doing research in virology and clinical work at Peter Bent Brigham Hospital.

She is presently the family planning consultant on the Washington staff of the Peace Corps.

In Thailand, Dr. Leas devoted about 40 per cent of her time to programming health projects for Peace Corps Volunteers. She worked with Volunteers and government officials in a malaria eradication program and a laboratory technician program. She found that, "Working in the whole new world of medical programming and public health was fascinating."

Dr. Leas learned that, "Medicine is a natural profession for women in Thailand, since between 40 and 50 per cent of the doctors there are women."

Dr. Leas found her experience a stimulating and satisfying one. She enjoyed the contrast between the beauty and comforts of Bangkok (the capital of Thailand), and the adventurous treks to visit Volunteers.

"When you go on trips to visit Volunteers, you learn to rough it," she remarked.

Dr. Leas prepares Volunteer Margurette Norton for an inoculation in Bangkok, Thailand.



QUERIES & ANSWERS

Here are answers to some questions you may have about the particulars of a two-year tour with the Peace Corps.

Q. Do I Qualify?

- A. You do if you:
- ▶ are willing to serve two years
 - ▶ are licensed to practice medicine in any of the 50 states, or the equivalent
 - ▶ have not served in any capacity with government or military intelligence agencies
 - ▶ are a U.S. citizen
 - ▶ are able to meet physical requirements for a vigorous, active life.

Q. What Are the Salary and Benefits?

- A. **SALARY** will start at \$11,500 and range upward depending on experience, training and present earnings.
- HOUSING, FURNITURE, UTILITIES AND TRANSPORTATION** for you and your family will be provided by the Peace Corps.
- MEDICAL SUPPLIES** and a modest medical library will be supplied to you by the Peace Corps.
- TRAVEL** to and from your post of duty for you and your family will be paid for by the Peace Corps.
- ANNUAL LEAVE** arrangements are generous.
- EDUCATIONAL ALLOWANCES** are provided for children in elementary and secondary school.

HOUSEHOLD ITEMS will be shipped by the Peace Corps to the country of assignment.

STORAGE of possessions left in the States will be paid for by the Peace Corps.

IN-COUNTRY TRAVEL for wives who travel for specific Peace Corps assignments will be paid for by the Peace Corps.

Q. What is the Relation Between the Draft and the Peace Corps?

- A. In the past, all Peace Corps physicians were U.S. Public Health Service Officers and many of them completed their two-year military obligation with their Peace Corps service. This is no longer the case. No service in the Peace Corps completes a military obligation (see page 2).

Q. Which Country Will I Go To?

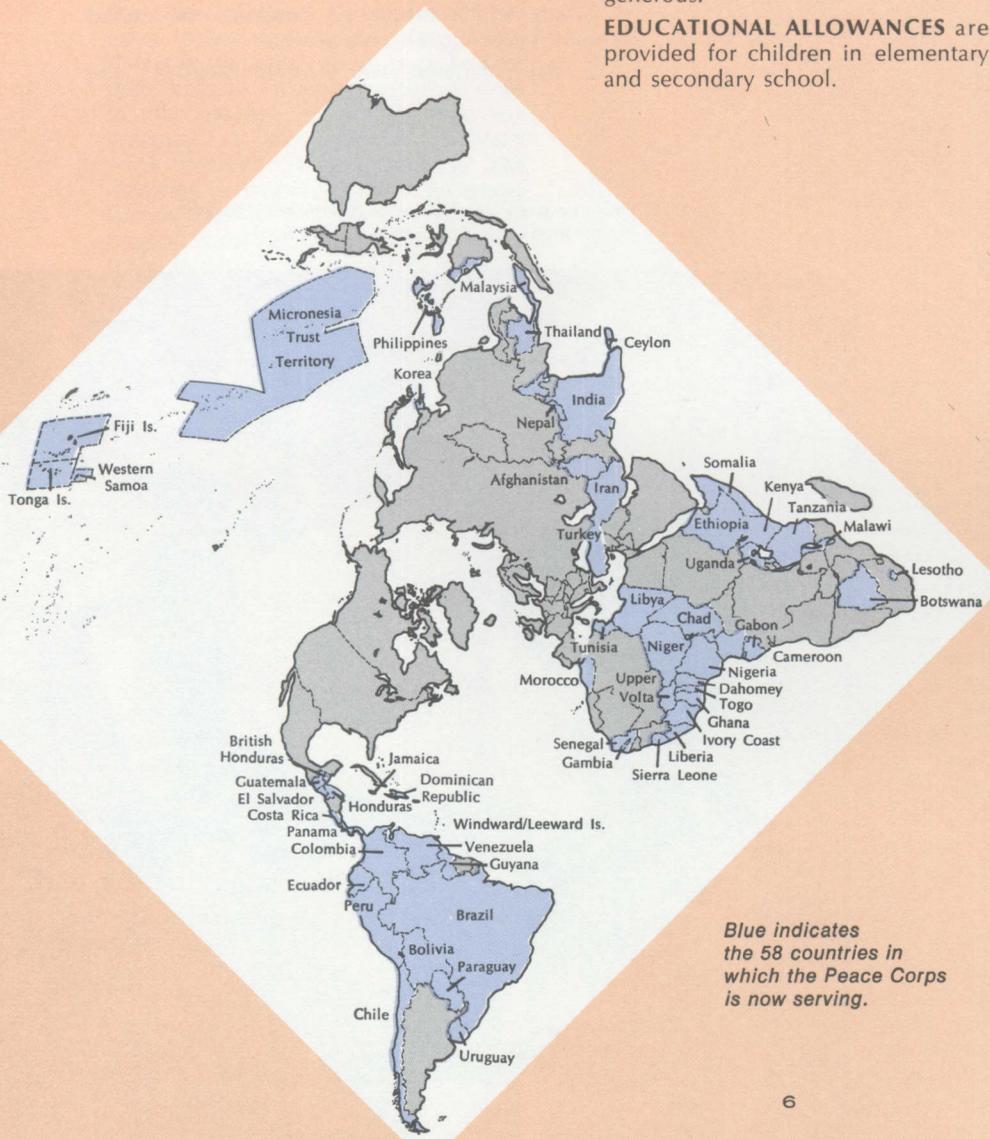
- A. The Peace Corps spans Latin America, the Pacific, Asia and Africa. Every effort is made to assign a doctor to the country he requests. However, the needs of the Peace Corps change constantly, and often suddenly, and it is these needs which determine the country of assignment. Therefore, willingness to be posted anywhere can prevent disappointment on your part and facilitate the Peace Corps in placing you where you are most needed.

Q. Do I Need a Language?

- A. One doctor on the Peace Corps staff in Latin America wrote that, "Most of my time this month was spent traveling through the wilds of the state of Goias, being the first American physician seen in these places and most of the time the only physician — Brazilian or American."

Though not all physicians encounter such dramatic situations, simply finding out where people and places are and how to get there makes knowledge of the local language a necessity for the Peace Corps doctor. Because much of his time is concerned with making arrangements for Volunteer medical care and with working in voluntary health projects, the Peace Corps provides its doctors with language training before their departure and during their stay abroad.

Knowing that the doctor's wife will be shopping and keeping house in a new culture, accompanying her husband on some of his trips and perhaps doing her own voluntary work (see pages 17-19), the Peace Corps will teach her the local language too.



Blue indicates the 58 countries in which the Peace Corps is now serving.



Nepal's rice terraces, framed above against the Himalayas, help support a population of ten million people largely unaware of the 20th century style of life.

TELLING IT LIKE IT IS . . .

A Story of Grass Roots Medicine

By Stephen C. Joseph, M. D.

Dr. Joseph, a graduate of Yale University School of Medicine, received his training in pediatrics at Children's Hospital Medical Center in Boston. Currently pursuing a master's degree in public health at Johns Hopkins University, he plans a career in international health. The following notes are from "Two Years in Nepal: Reflections Beyond Kathmandu," which originally appeared in Yale Medicine, winter, 1967.

To one who had come of medical age in the sheltered environment of American academic medicine, a two-year tour as the Peace Corps physician in Nepal provided a continual series of problems, all the more

tempting for their seeming insolubility. At one level was the task of providing medical care (preventive, diagnostic and curative) to some 150 Peace Corps Volunteers scattered over a near-roadless country of 50,000 square miles, where travel time is measured by days on foot or minutes by helicopter, and communication time by 48-hour-old garbled wireless messages.

It was, in essence, a general practice in a "tropical medicine" setting, with g.i. problems leading the list (bacterial and viral diarrheas, amebiasis, roundworm, hookworm, whipworm, giardiasis) followed by minor and major psychiatric problems, and then the usual run of respiratory and skin infections, g.u. problems, minor

and occasionally major trauma and a smattering of malaria, or diagnostic puzzles.

There was also a constant round of routine physicals and immunizations, and much time spent in administering and planning the medical aspects of current and future Peace Corps programs.

All this was set against a background of patients in isolated rural settings, with only minimal transport and communication facilities. Many routine visits were made by long treks on foot through the hills; this gave bonus opportunities to get to know the country well and practice a little "bush medicine" along the way.

The lack of sophisticated laboratory facilities, even in Kathmandu, the capital city in which the Peace Corps offices are located, paid a dividend in forcing one to depend on his own clinical acumen, ingenuity and, at

times, imagination. Numerous incidents of medical and logistic complexity occurred, such as emergency helicopter evacuations, or the differential diagnosis of acute appendicitis by wireless, and a range of others of the sort described on pages 10, 11 and 12.

Medically, Nepal presents a tropical disease spectrum including malaria, leprosy, filariasis, kala-azar, and cholera, as well as more prosaic entities. The lack of roads and communications aggravates the illiteracy, the bare-subsistence agriculture, the periodic local food shortages, and the resistance to technological improvement that drives up the infant mortality, the morbidity from TB, dysentery and other infections that in turn make it difficult to attain economic and social progress.

One finds widespread iodine deficiency goiter, echinococcosis, the ubiquitous tubercle or, should one be

Infections such as that on the Sherpa boy below may go untreated in Nepal where only 200 physicians, less than 100 nurses and approximately 75 hospitals and dispensaries exist to care for a dozen diverse tribal groups.



more esoteric-minded, frostbite or pulmonary edema in Western mountaineers.

There are significant and other deeply moving lessons to be learned by working with and observing the medical problems of a developing country.

Nepal's population of some ten million has not been suitably defined as to life expectancy, morbidity and mortality statistics or disease prevalence data.

Nevertheless, one sees enough malnutrition, enough deaths from summer diarrhea and tuberculous meningitis, enough scars of smallpox; hears enough early-morning coughing; feels enough enlarged spleens; and sees enough "young" women worn out prematurely by disease, field labor and repetitive childbearing to understand how technologic and economic change and progress in raising health standards are inextricably interdependent.



When the Peace Corps staff doctor arrives in a helicopter to visit a Volunteer, Nepalese crowd around. Many of them have never seen a wheeled vehicle.



Dr. Joseph (right) visits a Nepali father and son.

If a practice in the States can become predictable . . .

Extracts from monthly reports written by Peace Corps staff doctors around the world testify that the work of a Peace Corps staff physician is rarely routine.

WHERE THE ACTION IS

It can be hectic . . .

Ivory Coast

Activities this month included giving smallpox vaccinations and a second round of gamma globulin shots to 35 Volunteers located in 12 different cities in the country. This involved traveling about 1,600 miles by jeep over a period of some ten days.

It can be frustrating . . .

Ethiopia

The problem we are running into in this area is cases of high fever for which we can find no etiology whatsoever. I'm particularly familiar with this problem since I had it myself and it knocked me out for about two weeks. Malaria smears were consistently negative, cultures were consistently negative, as were other symptoms consistently absent. Fever may go up to 104 in one patient; in my case it stayed above 103 for four or five days before gradually returning to normal. We are getting acute convalescent serum on these cases but as yet have not come up with anything.

It constantly presents challenges . . .

Somalia

For the next two months several Volunteers and I will be treating people with trachoma in the towns of Northern Somalia. It should be very successful if we can get the patients to take the full course of treatment. A big IF.

Micronesia/Mariana District

The Peace Corps physician in Micronesia is an integral part of the Peace Corps-Trust Territory Public Health Program. The survey work for TB, filariasis and leprosy is beginning and I am spending a significant amount of time working with the Volunteers on this project. I continue to spend about 50 per cent of my time taking care of patients at the local hospital. Recently I have also begun to make frequent trips to the nearby island of Tinian to take care of patients in the dispensary there. With essentially three jobs I keep pretty busy — caring for Volunteers, working in the local hospital and supervising the public health program in the district.

Ecuador

We were kept very busy with a number of evacuations and problem cases — intestinal amebiasis refractory to all therapy, breast cancer, severe serum hepatitis, etc. We also had quite a scare when one of the Peace Corps Volunteers showed up with a Reduviid bug — or what we thought was one, and which he had been bitten by. As it turned out, it wasn't one, but nevertheless it was a bit frightening. As a result, we're in the process of really trying to improve our prophylactic program against Chagas.

Uganda

I have plans in the works for vacation medical projects, including work in a leprosy center and a course in protein-calorie malnutrition for informal work in Volunteers' local villages. There has been some talk of immunization programs in the villages.

Senegal

We had a case of appendicitis this month in a girl who was in a town about 200 miles south of Dakar (about 12 hours away by car because all of the ferries across the Gambia river were shut down and one would have to go all the way around to the upper waters of the river). Fortunately I was able to get the military attaché to take me down in his DC-4; we took the girl by plane from Zinguincho to Bathurst and got the appendix out before it popped.

It is often filled with puzzles . . .

Senegal

Once again the problem of an unexplained eosinophilia has plagued Peace Corps/Senegal. A Volunteer who was to terminate in May had a persistent eosinophilia at termination. Aside from occasional abdominal cramping pain, the Volunteer was essentially asymptomatic. Physical exam was negative except for the incidental finding of diffuse bilateral non-nodular, non-toxic thyroid enlargement. Other blood studies were within normal limits as were several serial stool exams. Multiple blood smears for filaria and other parasites were negative. I finally located a supply of skin-testing antigen for parasites. And sure enough the Volunteer had a positive intradermal test for echinococcus cyst. Unfortunately, the antigen for the compliment fixation test for echinococcus cyst was not available in Dakar. The Volunteer returned directly to Washington for medical termination and care.

Panama

I am continuing to work three mornings a week at the psychiatric hospital. On these days I deal with any general medical illness or wound that has come to the attention of the nurses who are in charge of a pavilion housing 300 patients. When I have time I try to do at least one complete history and physical examination on a patient with convulsions. Together with two of the more progressive doctors I am trying to transfer the epileptics with a good prognosis to a separate ward where we can institute a trial of Dilantin and increasing doses of phenobarbital.

And rewards of many kinds . . .

Nigeria

The slack this month in Peace Corps illnesses has been taken up by sick Nigerians. Cases of pneumonia, ascariasis, ancylostomiasis, trichuriasis, filariasis, hypertension and trauma have kept me feeling like a doctor.

Bolivia

Recently the chief internist at the American clinic (a mission-run hospital here) left for further training in the States. The Director (who is an American and board-certified surgeon) has asked me to be their "chief medicine man." During these closing months of service here in Bolivia this is providing me with varied case material and helping to lubricate my intellect in preparation for return to residency in medicine. Among our recent cases has been a man with classical Addison's Disease coupled with generalized tuberculosis.

India

One Volunteer recently wrote me the following account of his bout with amebiasis: "I did have a little soft stool difficulty for awhile, even after I took your pills and had a stool test that showed negative. In that modern medicine could not meet my needs, I referred my case to the Yoga Institute. They diagnosed the problem and came to the conclusion that the cause was due to a misplaced belly-button. The way the theory goes is that if the 72,000 veins behind your navel are below your navel, then you have soft stools, and if they are above, then you have constipation. So they laid me out on the table, massaged my navel area, banged my right heel a couple of times, had me do a few exercises, and eat a banana, and then rest. My first firm stool in a month came the next day." Gives one pause for thought, doesn't it?

Gabon

I spent a week this month at the Schweitzer Hospital in Lambarene mostly helping the lone (and excellent) pediatrician with his charges though I did spend one day in the operating room. Mothers and children occupy a neat simple frame ward. There is a door between every two beds along each wall, just outside of which the mother cooks and harbors the rest of her brood. Each mother must stand inspection every morning, for cleanliness of child, bedding and cooking utensils — and they try during this time to begin filling the Gabonese mothers' vast void of ignorance regarding nutrition and cleanliness.

Windward/Leeward Islands and Barbados

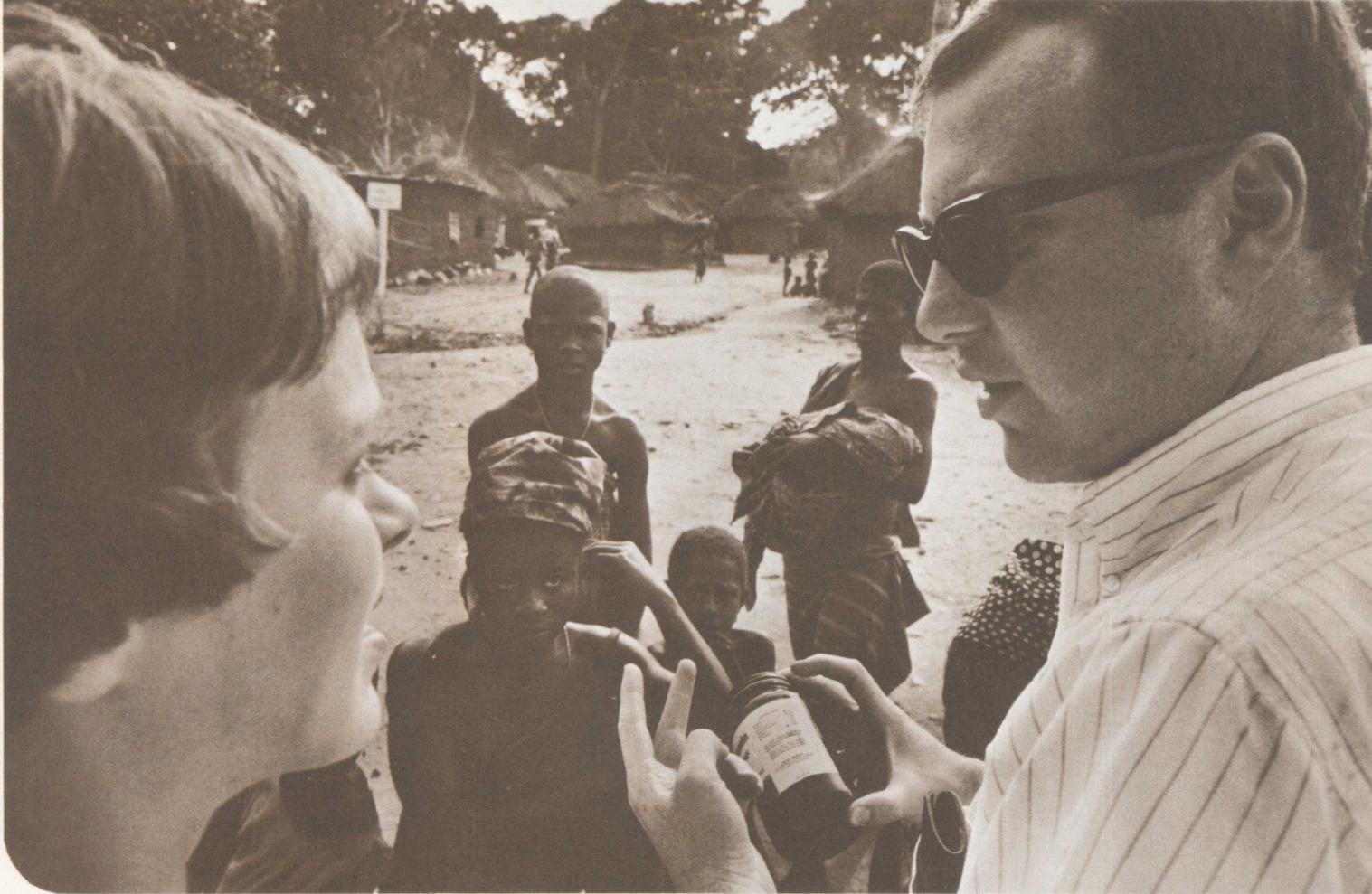
I have been working in close liaison with the World Health Organization and the Pan American Health Organization officials in the area and, as a consequence, have been able to set up what appears to be a good health program particularly in the fields of nursing education and health education.

Ethiopia

Programming in the health field, which for several years has not ventured beyond the confines of medical aide and other auxiliary health worker education in hospitals, is now adding new dimensions in this country. A useful job for Volunteers has now been defined within the Malaria Eradication Service. Fifteen A.B. generalists will work with Ethiopian counterpart supervisors to expedite office field coordination and work with operational teams to improve effectiveness and efficiency. In a pilot project, two Volunteers will help the leprosy service define the most appropriate method of attacking the disease in this country. Two Volunteers will work with health aides in defining the incidence of leprosy, and working out methods of keeping cases under prolonged therapy. Each project raises larger programming possibilities and exciting additions to the present health programs.

Malawi

To describe the experience of being a Peace Corps physician is difficult. Certainly traveling, working with altruistic, energetic, young adults, living in a foreign culture and assuming large amounts of responsibility are all part of the total job experience. An opportunity to become involved and explore the field of tropical medicine is also part of it. But perhaps the most important benefit of this position is a chance for personal growth. As is true of most jobs we generally take away more from our experience than we are able to give. Unquestionably, this is the case with the Peace Corps. Even though the past year has not been easy, nor settled, nor predictable, it has been great, and without doubt unmatched. At present, I am eagerly awaiting my second.



At a Peace Corps "bush" clinic in Otadie, Togo, Dr. Michael Weintraub instructs Volunteer health worker Gayle Larson on vitamin dosage.

A DOCTOR GOES TO TOGO:

To Cure, to Learn, to Encourage

When the Peace Corps was ordered out of Guinea in December of 1966 (caught in a political cross-fire between Ghana and Guinea), Dr. Michael Weintraub, the staff physician for the Guinea Peace Corps program, was reassigned to the small West African nation of Togo.

One hundred and five Peace Corps Volunteers and a local population almost untouched by modern health education have stimulated Dr. Weintraub's medical wits toward a creative role in which he wears two hats: that

of the "family" physician, caring for and intimately trusted and respected by his patients (Volunteers and villagers alike), and that of architect of programs aimed at changing patterns of hygiene responsible for a centuries-old history of chronic disease and early death.

"You can read about poverty and world conditions, see slides and go to movies, but you can't appreciate it 'til you live among the people," states Dr. Weintraub, who says that the Peace Corps has allowed him to become a "practical idealist."

An Ounce of Prevention Can Mean More than a Pound of Cure



*There's not much difference
in examining youngsters
the world over.*

Peace Corps "bush" clinics, manned by two or three Volunteer health workers, are springing up in Togo today, dispensing medicines and giving inoculations.

The need for curative medicine is great and villagers eagerly swarm around Dr. Weintraub when he pays a visit (above right).

Through such clinics, the Peace Corps establishes credibility, trust and finally the acceptance needed to begin the really crucial task: changing attitudes and habits of personal hygiene, nutrition and child-rearing.

The success of preventive medicine will tell the tale of health in developing nations. The fenced in water supply (upper right) is only a yank in the long pull.



*The Chief of Otadie warmly
approves of the Peace Corps,
especially its staff physician
Dr. Weintraub.*

Photos by Paul Freundlich



*A newly penned-in water supply,
keeping people and animals
out, is proof to the Peace Corps
that Otadie villagers are
relating contamination and disease.*

*Dr. Weintraub, who received his
medical degree from the University
of Pennsylvania and interned
at the University of California,
examines Volunteer Claudia Nobles.*



BACK FROM THE FIELD:

A Quiet Lab,

Dr. Weintraub inspects a blood sample taken from a Volunteer with severe stomach cramps. Above his head are some of the reference works supplied by the Peace Corps to help its doctors identify tropical diseases which they probably have not seen before.

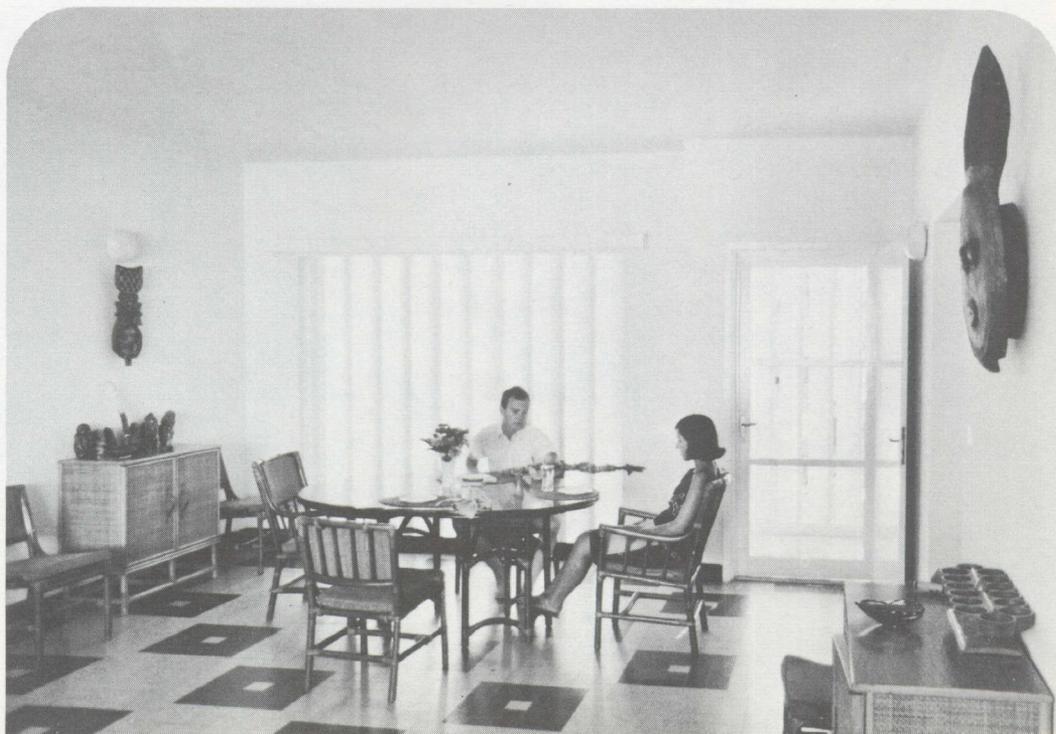


A Chat with a Volunteer,

One reason that Volunteers feel close to Dr. Weintraub they say is that, "He is willing to grapple with 'hang-ups' as well as with sickness and he doesn't preach about what we should and shouldn't do to take care of ourselves. He tells us the facts, but he knows how important other things are besides facts — and that life doesn't go by the rule books."

and Home

Home for the Weintraubs in Lome (the capital of Togo) is a large house in the African section of town, decorated with West African art they collect on their travels.





The Wife of the Peace Corps Physician

Surrounded by his family, four-year-old Chris Monroe sits in the baby basket that served as his crib in Ecuador, where he was born while his father was serving as Peace Corps staff physician there. As a result of their Peace Corps experience, Chris and his brothers Bruce and Brian — as well as their parents, Dr. and Mrs. Monroe — speak fluent Spanish.

CURING THE SUN-DRENCHED DREAM:

One Dose of Fascinating Experiences

One Peace Corps physician's wife, Margaret Monroe, went to Ecuador with a "mental picture of a warm, gold-washed country of sunshine and singing, where the children and I would be seated under a palm tree eating mangoes and chattering effortlessly in Spanish."

In addition to her "sun-drenched dream," Mrs. Monroe, wife of Dr. Robert B. Monroe, was also pregnant with her third child.

It didn't take long before Mrs. Monroe's sunny fantasy faded, its place taken by the sterner reality of setting up house in another world, where food, clothes, customs and language were new, and in which heat and hu-

midity could be stifling at times.

She, like the wives of nearly 300 physicians in Peace Corps history, found that the life of a Peace Corps doctor's wife is full of the new and the unexpected and demands flexibility and initiative and energy. She must close out a home in the States, learn another language, plan the needs of her family for the next two years, ship everything to her new home where she will shop in open markets, eat strange foods and meet new people.

But wives of Peace Corps doctors have found that the rewards have been great, and in some ways unique to their overseas life where husband and wife function as a team in ways

not always possible for doctors and their wives in the States.

In comparison with the routine of life in the States, many Peace Corps doctors' wives find their days are kaleidoscopes of activity. Their daily lives are far more intimately bound up with their husbands' jobs overseas than are the lives of most doctors' wives in the States. Depending upon her inclinations, time and the particular needs and nature of the Peace Corps in the country, a staff doctor's wife may find that within a week she meets an incoming sick Volunteer and drives him to a doctor, does several hours of typing to help out a hard-working secretary, takes an official

Seated on a monument marking the Equator in Quito, Ecuador, Mrs. Monroe and her three sons find themselves surrounded by curious Ecuadorean children. With them is Peace Corps Volunteer Dwight Bell.



visitor from Washington on a tour of the town, helps in some voluntary project of her own devising, and on five minutes' notice, has two or three Volunteers as lunch guests. Her husband may be away visiting Volunteers (although wives often accompany their husbands on road trips) so she may have to act as both parents for her children. (Some physicians occasionally take their entire families on field trips.)

One of the major factors in adjustment for the staff wife, as for all Americans overseas, is language, and like most adjustment factors, it is largely a matter of time. For Mrs. Monroe, "Floundering around in a foreign language was fatiguing . . . It was a full six months before I attained any degree of fluency in Spanish. Study of the language, though, can itself be a first step to friendship, as I discovered with my Ecuadorian neighbor in Guayaquil. Our daily language lessons were not too profitable linguistically but were immensely rewarding in developing our personal relationship."

Many wives' greatest concern—taking care of their children in a new and strange culture—has turned out to be a source of greatest satisfaction. They find that children, with their penchant for adventure, have great powers of flexibility and seem to adapt with real alacrity to new situations. The ability of young children to pick up a language with amazing speed is a constant source of amazement and satisfaction to parents, and something the children will carry back to the States with them to last all their lives.

Mrs. Monroe recounts that, "At the end of our third month in Ecuador,

our eldest son suddenly began speaking Spanish. Shortly after this, our second son began chiming in, and after a year spoke only Spanish, though he still understood English. The linguistic adaptability of children is really marvelous, and I found myself not only envying their perfect accent and unconscious use of idioms but actually being corrected by them!"

The Peace Corps provides generous educational allowances for children of school age, and since most physicians are posted in capital cities, schools are usually no problem.

As a matter of fact, many of the problems foreseen by people thinking of living overseas are often based simply on a lack of knowledge not only of what can be done to solve them but also of the deep satisfactions and pleasure to be gained from an openhearted approach to another culture. Mrs. Monroe, for instance, foresaw with some anxiety having a baby in Ecuador, yet she gave easy birth to her third son, Christopher, on the expected date and left the hospital with Christopher when he was three days old. Christopher is the only member of the Monroe family holding dual citizenship.

For the Peace Corps doctor's wife, the inevitable stresses and strains of life abroad are accompanied by a constantly absorbing round of events and people, the chance to see her husband helping people and to see those people respond to his help, and a chance to make her very own contribution to her husband's work and to the Peace Corps' effort.

All this can make the experience overseas one of the most fascinating and significant in her life as a wife and mother.

CONFESSIONS OF A PEACE CORPS DOCTOR'S WIFE

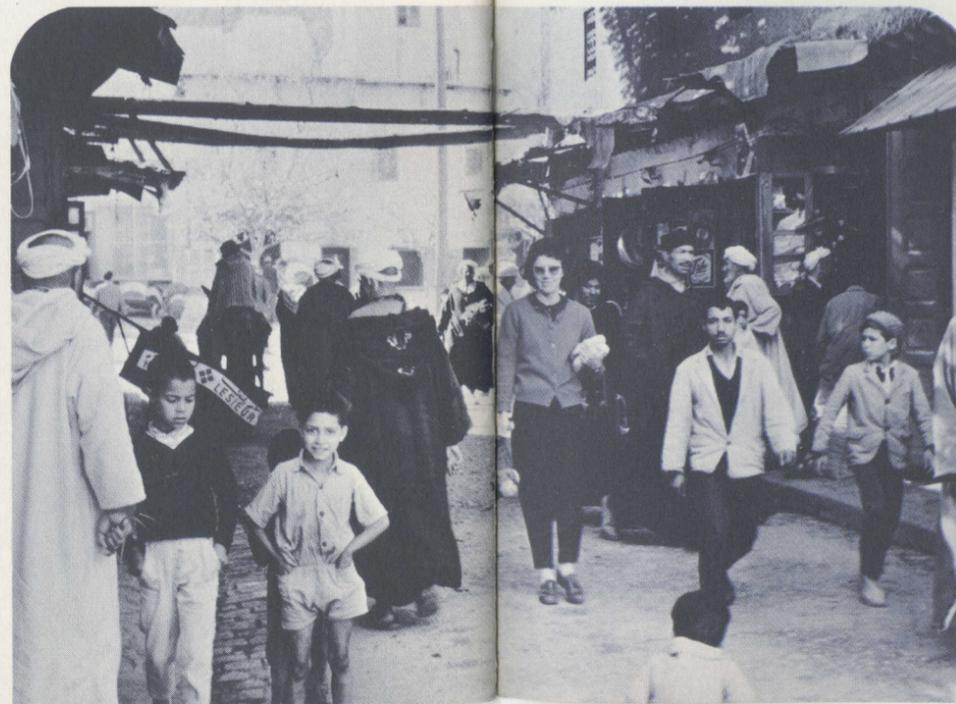
Two Years in Morocco

Dottie Thorne is the wife of Dr. Melvyn C. Thorne, a graduate of Harvard Medical School and presently studying public health at the Johns Hopkins School of Medicine.

I left the United States knowing almost as little about Morocco as the mover who spent an exhausting day packing our mountain of worldly goods into three categories: air freight, surface freight and storage. "Lady," he said about nine o'clock at night as he sealed up the last box, "I sure hope you get to see Princess Grace!"

Although I knew almost nothing about Morocco, I was luckier than most staff wives because I had lived in France for a few months a number of years ago and still knew enough basic French for daily needs. This helped in my first responsibilities of looking for housing, finding a nursery school for our three-year-old son and meeting Moroccans. Language is a key to the whole experience, which

Shopping in Rabat, Morocco, is a colorful experience for Dottie Thorne.



By Dorothea Thorne

is why the Peace Corps offers its staff and Volunteers such good language preparation.

In Rabat, the capital of Morocco, our domestic setup was much more pleasant and comfortable than I would have predicted. We lived in a three-bedroom stucco house with a nice garden walled in by high stucco walls and barbed wire camouflaged by bougainvillea. The wire was intended for burglars, but we had no thefts and felt generally safer in Rabat than we would in most American cities.

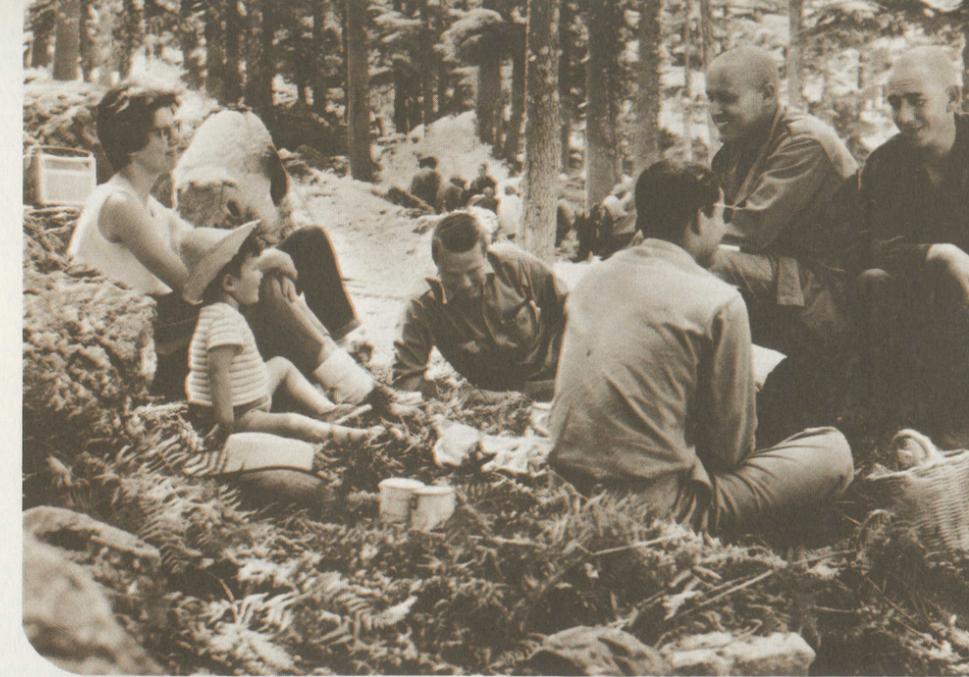
We had one servant, a man, who came daily to clean, do laundry, garden and keep an eye on our son Jimmy. I enjoyed marketing in countless tiny shops and bazaars; naturally, shopping took hours longer than in the U.S. but I chose to do all the shopping and cooking myself. In this way, I remained very much on the scene.*

The Peace Corps doctor's wife can have a wonderful role because it is undefined. She does not have the obligations that many Embassy wives do. Americans are glad to have a doctor in town to call when Susie's tonsils act up—therefore the doctor and his family are welcomed by all the Americans in the community. But her involvement with other American wives is up to her. She may play bridge, or work on bazaars, or read and garden at home, or work in any local projects which interest her. I worked out a good balance, teaching part-time at the American Language Center and part-time in a Moroccan high school.

I helped a city social worker with home visits and organized some volunteer work in a children's hospital whose director my husband knew. My activities were basically my own—not related to the Peace Corps office, and for me this was good.

The Peace Corps was, however, a big part of my life. I was careful to keep my commitments limited enough so that I could occasionally travel for four- or five-day trips with my husband, visiting Volunteers. I got to know doctors and their families all over the country, World Health Organization (W.H.O.) workers, school directors and teachers, all the Volunteers and the Moroccans with whom they worked. The doctor has a marvelous "in"—accepted on all levels, and his wife can share this making of contacts and friends all over the country.

I had never before shared in my husband Mel's work as I did in Morocco. I helped occasionally in the office, typing reports and scheduling



The Thornes picnic with some Volunteers and their Moroccan friends in a forested area.

physicals. But more important were the work and the people that came into our home: French and Moroccan doctors with whom Mel was working out a Peace Corps program, W.H.O. workers who helped us in countless ways, the medical school librarian interested in American journals, local sanitary engineers wanting to borrow American teaching films, and Peace Corps Volunteers of all descriptions.

The chance to listen in on and often contribute to what went on with countless guests more than compensated for the extra work of feeding them. Not many doctors bring patients and colleagues home as the Peace Corps staff doctor does. This allows a marvelous sharing of his world with wife and family. I have missed this since returning.

For my husband, the close look at health problems of a developing nation and at realistic ways in which the Peace Corps may help deal with them has meant his choosing public health as his career.

After two years in Rabat, we felt completely at home. Jimmy spoke perfect French and some Arabic. We had close friends of many nationalities. We knew our favorite roads through the Atlas mountains for weekend hiking. (We brought cedar boughs out of the forest on a sled through deep snow for Christmas decorating.) We left with real regret. . . .

Dr. Richard P. Rogers and an Afghan medical student make rounds in the hospital in Jalalabad, Afghanistan where Dr. Rogers serves as chief of the department of pediatrics and co-chief of the department of medicine.



The Sharpest Need in a Two-pronged Program

There are two kinds of Peace Corps doctors.

First are salaried staff physicians, such as those described in this publication, whose primary job is taking care of the health of Peace Corps Volunteers.

Second are Volunteer doctors, who, like all Peace Corpsmen, receive a small living allowance and devote all of their time to working with the

people of the country in which they serve. One such Volunteer physician is Dr. Richard Rogers (above) who retired from a successful pediatric practice in Greenwich, Conn., to become a Volunteer doctor in Afghanistan.

Today, however, the most important job of medicine in the Peace Corps is that of the staff physician. This is because Congress recently cut short

the Corps' major source of staff physicians by eliminating draft exemptions for Public Health Service doctors serving with the Peace Corps.

Agency director Jack Vaughn has said, "Continued health care of our Volunteers is essential to our survival." Whether you are a mid-career doctor or recently retired, if you have stamina and sensitivity, a two-year staff position abroad is open to you.