Memories of John Mowbray, CARE-Medico
Written by John Mowbray, with the following CARE-Medico Experience
in the field: Afghanistan - 1964-65 and 1973-78
Central Java - 1970-73          Tunisia - 1980 (for 1 year)

Like Jeff Farrel, who served very actively in Vietnam, Laos, and Cambodia
in the early days of Care-Medico (beginning in July 1963) I was
greatly influenced by reading the books of Dr. Tom Dooley. My
reaction to his principles might have been more compelling in light of what I
perceived as the feelings of the people of Saskatchewan, Canada (where I
was just starting a practice) as rather hostile, as the days of the so-called
"doctors' strike" were still very much in our memories. I was proven wrong, of
course, as the Universal Medical Care plan was adopted and now covers
the entire country quite effectively. Whatever put the idea of going
to Afghanistan in 1964 with a family of an exceptional wife and three
young boys, Dr. Tom Dooley, who was dying in a New York hospital
had a lot to do with it. As I later found out, the enthusiastic phone calls
and rapid recruitment as Chief Internist and Team Captain (terms used
then) were not because I had recently qualified, or was the only candidate
but because the Internist who had arrived there was departing well
ahead of expectations, and they were anxious to get a new Team Leader.
An excellent team was newly in place and getting started, and at this point
I want to emphasize that the Care and Medico people I dealt with in
Afghanistan and Indonesia were the best people one could work with
and this made us want to keep to their standards. Not only were they
likable but they adjusted to the rather different conditions and the
many things lacking in a most original way. The experienced CARE staff
appeared to be part of the Team, especially in Afghanistan, where the
Team was large, keeping quite busy the administrative staff in a country
which has proven difficult to help with the usual CARE methods. We recall
later the Care people with whom we had a relationship that was worth
keeping to this day, as it has been.

Afghanistan Program

This was, in one respect, more sophisticated than I expected, especially
for one just starting. There were, of course, the agonizingly long and
frustrating meetings with officials of the Ministry of Health, but it took
me some time to realize that the number of residents who not only spoke
English but really wanted to learn more modern methods of doing things
was steadily increasing. This was one of the wiser moves, as it not only
made the rounds more interesting and gave the very important Group of Visiting
Specialists something to work with in English. Thus we got into term end
and final examinations, conducted for surgeons separately from those for interns.
by the appropriate people. This kind of program was not unlike that conducted in a western teaching hospital, and it became more so with the passage of time. As it turned out (we had a fine reunion 2 years ago) it supplied several fine Specialists for the U.S.A, - most had qualified on their first trial of the examinations as used in the U.S., but I haven't heard of any returning to their own country so far. Of course one could not blame them under the circumstances.

This was not the kind of program envisioned by Dr. Dooley, and we were not even aware that there was a very active program taking place in Laos, Cambodia and Vietnam starting just ahead of the one in Afghanistan.

Criticism Regarding CARE-MEDICO

One wonders that there was not more communication among the people going out as Team Captains or equivalent positions. Admittedly it probably would not have made a big difference in our approach, because presumably this is what the Ministry of Health wanted, and we had to follow their wishes. We had a relatively small hospital which I would visit once a month after a long and sometimes very hot ride south of Kandahar, and this is now one of the centres of Taliban resistance that is most active.

The Java team recognized what the Indonesian government had tumbled to and after a time they tried to get out to the kabupatens and help the people who really needed modern medical care, but CARE didn't indicate to me that they were aware of Tom Dooleys 'wishes either. I do not direct this "criticism" at the Care Mission Chiefs or anyone in particular at Care headquarters, but we felt the need for more communication between programs that were going ahead in other countries at the time. But then, in 1965 who could have foreseen the appearance of Al Qaeda or the Taliban? [This was not entirely unnoticed-in the CMAJ Vol.128, May 15,1983 , Dr Frank MacInnis reported accurately on the Canadian contribution to Care-Medico in Afghanistan]

Other Activities and Eventual Outcome

While in Afghanistan and also while in Java, I was offered the chances to travel a large part of the area at different times. This was frequently to have a look at other possible places where CARE-Medico might open new Medico programs. For example, with nurse Ethel Spore, a greatly respected nurse of whose life was largely lived for CARE, I saw both the formerly best hospital in Africa (found to have deteriorated to a mere skeleton of a teaching institution) and rural hospitals where the main cases were cased with severe lack of feeding, but we could not interest Idi Amin in those, so we could not recommend firmly any program there. I was later sent from Java to do a similar task in Vietnam. This involved two areas; the first was a take off from Quong Nae (it was already badly scarred by bullet holes) to the city of Hue by helicopter. This remained at a level of about 500 ft. for the whole trip. as the pilot did not want to attract enemy attention. It was not a very reassuring trip; as the local
staff there, though very polite and receptive of any form of aid, clearly were not sure whether they would remain part of the South very long. This did not seem a very good place to start a Medico program! The second trip in Vietnam was quite different. It was much closer to the south geographically, actually into the low mountains which cover the inland of the west side of the country. The people there were not entirely Vietnamese in origin; they did want a program, but had little idea of what it would be like, with bursts of shellfire interrupting the talks. As I do not know the details of the evacuation of Vietnam. I doubt that our reports on this were of any value.

Phasing Out

We have talked at length about some special aspects of our experiences, and one could go on and on, but probably the reader will have stopped long ago. There are many memories by many people, but we will not bore you further with those. It would be wrong however, not to mention a few of the really important people we have worked with and most still keep in touch with us. The first Mission Chief to welcome us in Kabul was Bill Strouse, who quickly pointed out that we had doubled the number of Canadians in that country.

We greatly admired also Joe Steele, and Fred Davis. We benefited in various ways from our meeting Rudy Ramp, Tom Zacharias, and Bob McCullam and Glen Lash. Their wives are not named, but they also contributed greatly. Lash and his lovely wife Lee actually took our youngest son Scott into their home in Djakarta for a year so that he could attend school, for which he and his parents will be forever grateful.

From the Medico side, there have been two who stood out. John Hankins was an exceptionally well trained and natural surgeon who spent much more than his agreed upon time in Afghanistan, and performed some remarkable work. Jack Hennessey still makes return visits to Kabul and has us informed of his observations by post. Ethel Spore, mentioned earlier, did a tour of her nursing experience with us. All the nurses and lab. technicians, to mention only some of the disciplines were busy teaching the nurses and changing their attitude to what appeared to them as hopeless infections or injuries.

Summary

This account will tell the reader that this experience has changed our lives and produced contacts which are among the chief memories we have for our mid-life. Whether there have been many Afghans affected or not is open to question.

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