



Willing and Abel

By Steve Reagan

Surgeon Alan Abel was once a missionary whose missionary streak never completely left him, so it should come as no surprise to learn he occasionally packs up his local practice, heads halfway across the globe and lends a helping, healing hand to those living in squalor.

Abel's latest jaunt came in January, when he and about 70 medical colleagues travelled to the Philippines to provide free health care to people living in the slums of Palawan and Manila. There, he performed a wide variety of surgeries — ranging from minor procedures to major operations

— on those too poor to afford quality care.

It wasn't Abel's first trip to the Philippines. Some 39 years earlier, he had travelled to the Pacific Rim nation as a young missionary fresh from receiving his divinity degree from Concordia College in Missouri.

Needless to say, things changed between visits.

"The last time I was here, the city where I lived (Cebu City) had a population of 250,000," Abel said. "Now, its population is 2.5 million."

After four years as a missionary there, he returned to the United States to enter medical school at the Uni-





versity of Texas Medical Branch in Galveston. After completing his surgical residency at the University of Nevada in 1985, he practiced in Oklahoma and Texas for several years before joining Scenic Mountain Medical Center in 2002.

Despite his new career, he never quite lost the urge to help the less fortunate, making several trips overseas to help out in Third World countries. Last year, he found the Web site for the Society of Philippine Surgeons in America.

“I got ahold of them and they said they’d love to have me, so I went,” Abel said.

“It was something I always wanted to do, something I always looked forward to doing,” he added. “When you have people making the equivalent of \$2 a day, they can’t afford medical care and the physicians can’t afford to care for them, so they don’t get taken care of.”

The Philippines is a country of contrasts, he said, where one can go from

sparkling nightclubs to slum tenements in a manner of minutes.

“It’s overcrowded, beautiful, dirty, polluted, pristine, very rich and very poor,” he said. “They have shopping malls that would make the one in Midland look like a dump. Then you have people living on less money a day than it would take to buy a hot dog over here.”

Abel spent nearly three weeks in the Philippines with his SPSA colleagues.

His first day gave him a clue as to how busy he’d be.

“I arrived in Palawan on a Sunday and we went to screen patients that day,” he said. “We went to an outdoor gym area and there were probably 250 to 300 people waiting to be seen ... some of them had come from as far away as 175 miles just to get some help ... so we all went to work checking them.”

The group performed hundreds of

surgical procedures during its stay. Those operations ranged from the relatively minor, such as removing cysts or benign tumors, to more serious procedures.

And it wasn’t nearly enough, Abel said.

“We did as many procedures as we could. We saved as many people as we could,” he said. “But for everyone we treated, there were 10 to 15 we couldn’t.

“At one point, I said I wasn’t sure if I was suited enough to do this, because I was so accustomed to all the procedures and equipment we have over here,” he said. “Over there, you’re working with relatively nothing.”

Abel painted a verbal picture of health care far removed from that which Americans are accustomed — Nails hammered into a wall doubled as IV stands. Sponges and other “disposable” items were washed, sterilized and reused. Even surgical tubing, perhaps the most disposable of medical items in the United States, was used and reused during the group’s stay.

“They don’t have the wherewithal to just say, ‘Well, we’ll just throw that stuff out.’ Compared to here, conditions were very primitive,” Abel said.

In a way, it could have been called hit-and-run medicine. Surgeries were performed, but there was not enough time for needed follow-up examinations. Cancerous tumors were removed, but the patients couldn’t afford radiation or chemotherapy treatments.

He said the doctors and nurses had to become adept at balancing what the patients really needed and what the group could realistically provide.

“Ethically, were we able to provide the best care we possibly could? Was what we did proper care?” Abel asked. “They weren’t cured, but at least now they feel a lot better. To give people three or four more years of quality life wasn’t ideal, but it was something.”

And Abel plans to continue following his missionary streak.

“It was definitely worthwhile,” he said, “and I plan to do something like this again. Whether it’s in the Philippines or India or Ethiopia, it’ll be somewhere.”