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### Utilization of Foreign Assistance in Church Hospitals

Foreign aid is probably one of the most misunderstood activities today.

What is it? Who gives it, and why? In its broadest definition Foreign Assistance is the investment of the developed nations in the development of the underdeveloped nations. This investment may be in the form of cash grants/loans, personnel, equipment or supplies. The donor or investor may be a government body, foundation religious or church organization, private funding agency or an individual. There are hundreds of foreign aid sources throughout the world. Many of them specialize in just one field of activity (agriculture, medical, leprosy, etc.) while still others cover every conceivable field. Some aid just one country while others have a regional responsibility and yet others are international.

One half of the world's population live in underdeveloped countries.

From this it is easy to see that the demands on Foreign Assistance exceed the available resources. This is the challenge that faces both the donor and the recipient. For the donor, how to best invest his limited resources. For the recipient, how to successfully compete with the overwhelming number of applicants vying for assistance.

Hospitals of the underdeveloped world face the task of providing medical care for their 1.7 Billion inhabitants. Unfortunately, even today, the vast majority of the people who benefit from these hospitals are the rich. The poor of the underdeveloped world receive a small percentage of the medical care and assistance from these hospitals.

The rich could build their own hospitals or obtain medical care at any cost. The poor are left to fend for themselves. Here is where and why Foreign Assistance becomes involved. To provide medical service for all the needy population is impossible due to the lack of resources. Therefore those groups giving Foreign Aid for hospitals must establish priorities. These priorities would include the following considerations:

1. Number of persons who will benefit from the aid.
2. Presence of other medical facilities in the area.
3. Local government contribution.
4. Project self support after initial assistance terminated.

Church Hospitals abound in the underdeveloped world supposedly to give medical care to the poor who otherwise would have no chance of obtaining such service. In fact most of the church hospitals have a huge overhead and operating expense which necessitates that the majority of their service go to those who can afford it. In return for this compromise some of the poor are given subsidized or free treatment.

In some cases foreign donors provide small amounts of money to subsidize the cost of surgery, artificial limbs etc. This assistance represents a small fraction of the total aid given to hospitals and in the future we can expect very little such assistance.

Foreign aid today looks to invest in areas and activities as yet unattended. It looks to develop programs that will have significant impact on the medical problems of a given nation. The local governments should support such programs not merely with mords but with contributions. Here in Korea the church related hospitals are faced with the dilemma of wanting to service the poor yet not having the resources to do so. We have the added problem that Korea is rapidly moving out of the category of an underdeveloped nation. Moving from this category Korea also moves from the focus of the foreign donors. Additionally the church hospitals are so tied down with the enormous task of operating their facilities that they have little time or energy for developing new programs which may relate to Korea's medical needs today and may be of interest to donor agencies. A further problem is the fact that most donor agencies and even many of the church hospitals realize that a rural clinic, either mobile or fixed, is a better investment than a hospital for meeting the medical needs of the majority of the poor.

For the future, church hospitals in Korea should consider programs in fields which may be of interest to Foreign Donors. Examples of possible programs would be:

1. Community Immunization Programs
2. Blood Bank
3. Experimental rural medical insurance
4. Psychiatric Clinics
5. Family Planning (Rhythm or Symptothermic method)

There are many more programs that could be developed and which would be of interest to Donors. One particular thing that I can see the need for is a strong Hospital Association that can effectively negotiate with and influence the government to provide financial assistance and tax exemptions for member Hospitals. Such an association could possibly receive foreign assistance if the purpose of such assistance was to staff the association with a high powered management that could negotiate with the government thereby resulting in local support.

The past patterns of foreign aid to Church Hospitals in Korea can not apply to Korea today or in the future. The rapidly changing world and the changing needs of the people are factors to which donors are constantly attune. The common factor between church hospitals and Foreign Donors is the medical needs of the poor. If the need exists and the hospital is willing but not able to meet that need then foreign assistance may be able to help.

