



## PEOPLES TEMPLE MEDICAL SERVICES

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**SUBJECT:** A Proposed Procedure Which Would Allow Lawrence Schacht, M.D., to Fulfill the Requirements of Guyanese Law in Order to Become Licensed to Practice Medicine in Guyana, While at the Same Time Meeting the Health Needs of the Residents at the Peoples Temple Agricultural Project and the Needs of Others from the Surrounding Region

**DATE:** July 17, 1978

**TO:** Dr. Robert Baird, Ministry of Health

**FROM:** Lawrence E. Schacht, M.D.

**copies to:** Cde. Vibert Mingo, Minister of Home Affairs  
Cde. Hamilton Green, Minister of Health  
Rev. Jim Jones, Peoples Temple Agricultural Project

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## I. INTRODUCTION

It is with sincere conviction and full consensus of the health team members at the Peoples Temple Agricultural Project that, in view of the many responsibilities I am carrying here, in addition to other considerations which I will outline in the succeeding sections of this document, an arrangement be made which would allow me to fulfill the requirements for licensing while being able to spend as much time as possible here at our clinic in the North West Region.

I will endeavor to outline in this document the unusual and extraordinary circumstances which prompt this proposal, as well as considerations that will convince you that such an arrangement will provide both the necessary and sufficient conditions for the fulfillment of internship and licensing requirements. I am certain that, after studying both the scope of my current responsibilities, as well as the nature and range of clinical experiences open to me here, you will judge my proposal reasonable, and in the best interests of the nation.

I would like to say that during the time that I have lived and served here in the North West Region (about one year), I have developed a special concern for the people here, and our health team has been able, with the assistance of professionals from your department, to identify some of the health problems here in this region. We are eager to learn more, and we are dedicated to doing all we can to help your department realize the goal of free health care for all citizens in this area.

## II. CLINICAL EXPERIENCE AVAILABLE AT THE PEOPLES TEMPLE AGRICULTURAL PROJECT MEDICAL FACILITY: AN OVERVIEW

A. Our health team has been working steadily in cytopathology screening and we have turned up many cases of early cervical and colon carcinoma. We are continuing to employ preventive measures to detect early cases of prostate carcinoma, and to apply general medical principles and physical examination to insure the well-being of the people in the Jonestown community, as well as our many neighbors in the surrounding area who come daily to receive care at our clinic.

(Note: Just last week the health team identified two advanced cases of cervical carcinoma which could have been avoided and would never have reached such a late stage of involvement if simple "pap" screening had been done years before. Tragic cases like this show the desperate need for a physician in the North West Region. It is these moral, as well as professional considerations, that I wish to bring to your attention in proposing that my presence here is a vital factor. I could cite case after case.)

B. Our project health team is incorporating cardiovascular assessments in conjunction with pulmonary and respiratory specialists here.

C. Our geriatric services are considerable, as we have a complete program of daily geriatric care. The area of gerontology alone is quite demanding. For example, I am involved every day in the management of an acute situation regarding a geriatric patient.

D. Almost daily we are brought infants from the surrounding community who, because of the lack of a basic primary health care knowledge, have developed iron-deficiency anemias, including several cases of such severity as to have resulted in congestive heart failure. Several cases required referral to Georgetown for transfusions. Other hematologic studies are done to rule out cell anemia, etc.

E. We expect the few materials we are lacking for our blood bank to arrive very soon. At that point I will be critically involved in establishing and maintaining our blood bank services, in conjunction with our health team. Obstetrical emergencies as well as orthopedic and other trauma cases too often require transfusions, and enough time for the patient to be referred to Georgetown is not always available.

F. Ocular emergencies are dealt with quite frequently: removals of foreign bodies, corneal lacerations, and so forth. We frequently are confronted with chronic, disabling ophthalmologic disorders in people from the Kaituma and other surrounding communities, such as glaucoma.

G. I am critically involved, also, in the health maintenance in our industrial and agricultural departments, and have a considerable interest in occupational medicine, and deal with many of the medical problems which arise there: protection from eye injury (in our mechanical department, especially), protection from loss of limb, or even loss of life. I frequently investigate methods and techniques to insure that bodily injury does not occur. And it has been due to our program in this area that serious injury and loss of life has been happily prevented.

H. We frequently treat helminthic infestations, amebiasis, trichuriasis, and ascariasis, all of which, as you know, are very common.

I. Cardiac arrhythmias are monitored in our Special Care Unit. We treat acute coronary emergencies frequently and manage chronic heart disease. We are following numbers of cases of congestive heart failure.

J. We do a considerable amount of gynecological screening, obtaining surface biopsies as well as recognizing indications for Shiller Tests and Punch Biopsies. Venereal disease (gonorrhoea,

especially) have been treated here, and I can say with confidence that the problem of VD in the surrounding area has been without doubt effectively and appreciably reduced by our intervention.

K. All persons who come to the Peoples Temple Agricultural Project clinic (with appropriate history and physical findings) receive tuberculin testing. Appropriate X-ray studies are done, whether it be chest X-ray, skull or gastrointestinal series. (Note: I have some degree of proficiency in the area of interpretation of radiological studies, which, apart from my other responsibilities, is quite a task, as you can well imagine.) Biopsies are done here and referred to the central government laboratory for histiopathologic diagnosis. Among these are breast biopsies and, of course, biopsies of the cervix uteri.

Final Note: The above is presented as an outline of major clinical experiences, and is by no means exhaustive.

### III. AMATEUR RADIO CONSULTATIONS

Daily consultations are made over amateur radio band on medical cases which require specialized consultation. I have obtained consults in almost every specialized area, including pediatric orthopedics, pediatric neurology, endocrinology, neonatology, rheumatology, oto-laryngology, ophthalmology, neurosurgery, dermatology, and gastroenterology. I have spoken with some of the finest physicians in medical centers such as Massachusetts General Hospital (Boston). These consultations have included cardiologists and general surgeons. On five or six occasions I have consulted with hand specialists. I have consulted on numerous occasions in obstetrical emergencies, and have compared information on cytology specimens with physicians in getown as well as in the United States and in other parts

of the world. This is a continual and daily process. The consultations have been valuable, even vital, in helping countless people who come to our medical clinic from the surrounding region.

#### IV. REFERRALS

As a general practitioner, I feel it is my responsibility to recognize both my abilities and limitations. I weekly refer many patients to specialists in Georgetown, whether it be to a gynecologist, general surgeon, pediatrician, or neurologist.

#### V. AN ADDITIONAL CONSIDERATION

Because of attempts to portray our work in a wholly false light by a group of individuals in the United States whose reactionary views are evident to those who have investigated their statements, it is particularly imperative that a physician be present here on the project. Of course, it is equally imperative that the physician be licensed. The critical point, however, is that absence of a physician here in Jonestown could be used by these individuals as a point of severe, even damaging criticism of the project, as well as reflecting negatively on Guyana. I am aware that these factors have already been brought to the attention of the appropriate officials. Nonetheless, I reiterate them since I feel that they constitute a critical factor in the presentation of this proposal.

## VI. ADDITIONAL INFORMATION

I have in my possession slides and summaries of my work. I have shown the slides to Dr. Walter Chinn in Georgetown, and gave explanations. I have just one copy of these slides, but I will make them available to you upon request. Dr. Chinn was very kind and encouraging when I met with him, and I am sure he would be glad to give you his professional opinion on what I presented to him.

## VII. CONCLUSION

It should be quite evident from the foregoing that because of my particular responsibilities and, further, because there is presently no physician in this area, that my continued personal presence here at the Peoples Temple Agricultural Project is not only desirable, but critical. It is also evident, I feel, that the particular situation here affords valuable and unique opportunities for my professional growth, and that it is indeed within the realm of possibility for me to fulfill the requirements of internship while continuing to participate in the ongoing medical program that we are carrying on here. This is not only my own personal judgement, but the combined conclusion of the entire health team here in the Jonestown community. Indeed, we can see no conceivable way in the immediate future that I could come to Georgetown for any extended period of time, due to the simple fact that I am managing so many chronic disorders and dealing with emergencies each day in which my continual consultation is required.

## VII. RECOMMENDATIONS

It is therefore our desire to develop, with your co-operation, a plan that will enable me to work with doctors in the required areas of study without compelling me to be absent from the clinic for more than a minimal period of time.

### VIII. PROPOSAL

I, THEREFORE PROPOSE THAT (as Dr. Chinn recommended) I be assigned to a preceptor/instructor for each of the particular areas of my internship, with whom I would meet in Georgetown for several days to establish procedures for supervision and reporting on my progress (while I am in the North West Region). The preceptor/instructor would supervise my work by correspondence and via radio contact which we constantly maintain with our headquarters office in Georgetown, and through which I would be able to transmit regular reports with minimal time delays. I would also suggest that physicians to whom I refer patients quite frequently might also be my preceptors, in that they know of my competency and are familiar with my interpretations and diagnostic ability. I would be able, under such an arrangement, to compose and submit case summaries briefly describing the particular disorders and the types of emergency and trauma cases I am confronted with, and how they are managed, especially prior to referral to the Georgetown area. I propose that, within these broad outlines, we should be able to agree upon an arrangement that will prove to be an effective means to enable the Ministry of Health to grant me the proper qualifications and licensing.