

YOU ARE DOING IT WRONG: SHORT-TERM MEDICAL MISSION TRIPS

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Abstract

Globally, the United States stands at a great position in health and the administration of it to its nations' members. Because of its advance medical care system, organizations from the U.S. sends out International medical teams to different parts of the world. However, these short term medical teams may not be as effective as some might believe. The goals and values of these teams may not be understood by the people they serve because of the short time spent. But, there is a way to make these short-term trips worthwhile. If the purpose of the trips becomes to build relationships and help improve lives, then the trips are more successful and establish long-term gains. This research explores long-term principles that if taken into consideration achieve sustainable means for health in a given community. Short-term medical mission trips must sustain the health of communities they serve by thinking long-term in their approach to collaboration with existing systems of health, educating the people served about health, raising local leadership, and building relationships.

Keywords: Medical missions; sustainability; short-term mission; global health

There it was again. I stopped scrolling to read the carefully crafted, lengthy paragraph of an Instagram post. It was yet another story of a friend about her recent mission trip to Kenya. The post was filled with gratitude about the opportunity she had been given to serve “the least of these”. The caption went on to say how life- changing the mission trip she embarked on had been and how she now appreciated everything she had been privileged with back in the States. Running water made the top list of examples. This exceptionally well written paragraph, along with beautiful pictures of her holding a beautiful, dark chocolate colored little girl, was concluded with the hashtag “Africa has my heart”. I just sat there for a moment looking at the picture, then the paragraph, then on to the hashtag, and back to the picture. Something inside did not settle right. I knew that it was not because she had equated her one week stay in Nairobi, Kenya to her love for the whole continent of Africa. I knew what troubled me was something much deeper. This and similar hashtags about mission trips are not difficult to spot in social media accounts. These lengthy paragraphs or sometimes blog posts always feature stories and experiences of the trips, the work done, or the impact the trip had on the attendee. However, what the stories often fail to mention is the impact short term missions had on the communities served. There is usually no talk about what they actually did for the community let alone the long-term impact of the trips (Engen, 2000). Do short-term mission trips bring about substantial impact that is lasting? Do humanitarian trips and services do more to help or hurt the communities they serve? what physical, social, mental, and spiritual impact are the large numbers of people flooding into third world nations making. With an estimated “1.5 million people from the United States participat[ing] in short-term mission trips every year”, the effects of short term missions cannot be ignored (Perez, 2016). To elevate the subject, social media has intensified the glorification of missions. Because of social media and Christian pop culture, it is

considered “cool” to go on missions. But is striving for trendiness at the cost of hurting people and unintentionally creating a dependency problem? These trips can damage the views of the west creating a “white savior” mentality where member falsely believe that white missionaries will fix all the problems a community faces. This mentality leads many racial and socioeconomic stereotypes that hurt the self-concept of communities served. Are they still worthwhile? Because of their temporary nature, short-term missions (STM) and even more so short-term medical missions (STMM) bring with them numerous ethical issues and critiques. There are countless undeniable negatives to STM, however is there a way to do short-term medical missions “right”? Many have joined the conversation not only to critique but also to offer a solution to making short-term medical missions more impactful to the communities served. Short-term medical mission trips can sustain the physical health of communities served through long-term collaboration with existing hospitals, educating community members on diseases and treatment, and setting clear positive motives for the mission trip.

Short-term medical missions make up about a tenth of all short-term missions. Teams are usually comprised of doctors, nurses, dentists, and medical students, but STMM come in all different forms (Dohn & Dohn, 2003, Pg. 817). Some are made up of more specialized healthcare providers such as neurosurgeons, while some are comprised of college students. There are also plenty of reasons as to why many decide to endeavor in STMM. For some it is a requirement of their job, program, or fellowship, whereas for most, it is from a heart and desire to help. Some STMM are a response to tragic national disasters like hurricanes and earthquakes like that of Haiti in 2010. Whatever the case, STMM provide care for communities where medical care is scarce or, even worse, nonexistent. From rural clinics desperately in need of proper medical supplies, to overcrowded short staffed city hospitals where the question of “do I

save this person's life, or do I save the one in the next bed over" are realities. They are all in desperate need of help from sources like STMM (Bartelme, 2015, Pg. 8). But, what happens when helping veritably hurts?

The problem arises a little over a week after the teams go back to their homes. What happens when a grandma who is raising her three grandkids gets worse and the medicine promised to make her better by the "white doctor" does not help? What happens to the 5-year-old boy who has an allergic reaction to a vaccine provided by the pop-up makeshift clinic and the providers are nowhere to be found. Or worse, what happens when patients refuse to trust their qualified healthcare provider because they believe the missionaries are more qualified (Bartelme, 2015, Pg.10)? Or even worse, when whole communities feel they are incapable of raising health leaders from their own communities because they feel unable to raise up to the task? These are just a few of the problems that arise with doing STMM without a long-term perspective in mind. This "medical tourism" or "short-term overseas work in poor countries by clinical people from rich countries" are ineffective and not sustainable (Suchdev et al, 2007, 317). It is necessary to rethink how we approach STMM to ensure that communities are not being disabled nor rendered dependent on the "help" current STMM claim to offer.

Speaking on communities with developing infrastructure and health systems, one key factor in bringing lasting health benefits to a community is collaboration, starting with local hospitals and health outlets. In alignment with good medical practice, continuity of care is needed. This is an area in which STMM struggles because the time spent on a patient is usually short. Short-term medical teams are faced with many challenges upon starting their overseas work. Not only do they have to deal with language and cultural barriers, they are also bombarded with many other aspects that challenge them professionally. There is often a lack of medical

records and health history of the patients they treat. Moreover, they are faced with “no laboratory testing and no ability for patient follow up” (Dohn & Dohn, 2003, Pg. 418). What result is that the patient is seen only once without direction for a follow up. This proves more harmful than helpful. In addition, the added risk of neglecting to gather medical history, such as checking for pharmaceutical allergies before prescribing medication, jeopardizes the quality of care. Specifically, only less than 15 percent of medical team personnel ask their patients about medication allergies before treating them (Dohn & Dohn, 2003, Pg. 418). This statistic is staggering considering a case like this is almost unheard of in western medicine. It simply would never happen. Partnering with local hospitals provides a necessary relationship and bridges the gap between patient and the serving healthcare providers. It helps eliminate some of these double standard problems that arise.

What if instead of trying to “treat” the largest number of people in a day, the goal became to empower local health systems already in place? This is a better way of doing STMM because it forces a long-term view of health to be considered. Also, if there are no means to maintain the health of the community, “partnership with an NGO, government agency, or other local organization helps determine the type and extent of work [to be] done” or birthed. For instance, this was the case for the organization Children’s Health International Medical Project of Seattle (CHIMPS). In order to create and sustain medical work in rural Los Abelines, El Salvador, CHIMPS partnered with ENLACE, an organization dedicated to “develop integrated and sustainable solutions to poverty in El Salvador” (Suchdev et al, 2007, 319). The organizations’ strive to make collaborations a priority made the difference between creating health for a community that lasts. This has proved beneficial to the rural community in El Salvador.

CHIMPS partnership with ENLACE and local leaders brought to the local members “an ownership of their own and their community’s health issues” (Suchdev et al, 2007, 320).

Joint efforts of organizations with shared goals helps not only the served communities but also the teams visiting. This is because the teams are usually “unfamiliar with the local healthcare system in the area in which they are working” (Dohn & Dohn, 2003, Pg. 418). What better way to impact a community than through the people who already know the most about themselves? Collaborating with leaders of health from host communities also helps reduce the idea that outsiders are more qualified than the medical professionals from the community? It will also prevent taking “business away from local doctors [encouraging] organic growth of local health clinics” (Bartelme, 2015, Pg. 10). Ultimately, local leaders in health are seen in a positive light in that they are just as qualified as those visiting. This is helpful because “well-established local health care systems” are not disrupted but strengthened (Mitchell, 2012, Pg. 2). Partnership is valuable; in fact, esteemed writer and expert in STMM, O’Neill, stresses that he “found it extremely valuable to work side by side with physicians and nurses from the host country, who can answer questions about local disease incidence and identify the referral networks” (Priest, 2008, Pg. 302). Moreover, organizations like Global Health Outreach who through its work in El Salvador in 2002 “emphasized national partnerships to avoid dependency” (Priest, 2008, Pg. 299). This is what we need more of, collaboration with existing health systems, local government, and local leaders in health help bring lasting health impact.

Equally important, education in disease prevention and treatment brings sustainable awareness of health in a community. Nelson Mandela once said that “education is the most powerful weapon which you can use to change the world.” Although Mandela might have been talking about formal education, this same weight carries when talking about STMM. Teaching

members of the communities being served about common diseases and simple ways to eradicate the diseases is insight that can transform the communities. Education is more sustainable than a bottle of medicine or even a medical brigade, because it allows the patient to know the how and why of a certain disease. For example, instead of giving out deworming medicine, in a manner that resembles Oprah Winfrey giving cars out to the audience, one teaches the community about basic hygiene to prevent future illness. It is through the combining of offering treatment and education of the treatment that lasting change will occur. When presenting treatment and medicine, it must be presented in a way the patient being treated understands. The use of medical labeling and directions is to be “clear, unequivocal, and in a language and vernacular understandable to patients and local personnel” (Dohn & Dohn, 2003, Pg. 426). It is important to be mindful of how this information is presented. Information should never be rendered in a way that is condescending or makes the patient feel disempowered and inferior. The purpose for education must always be to empower, not degrade. Asking about what is already known and giving the communities what they need is vital, but in order to know what is needed teams must first educate themselves about the people they are going to serve.

It is not uncommon that teams of STM blindly sign up for missions without the slightest bit of research on where they are going and what is needed. This destructive ignorance causes missionaries to provide, and teach about what they think the served need. Nonetheless, this type of mentality is almost never in agreement with what the rural neighborhoods truly need. It is impossible to predict what a community will need from STMM without on-the-ground research from host ministries and organizations. CHIMPS organization is right in stating that “educating participants in the trip about effective intervention... should start well before each trip begins” Understanding the language, social economic issues, and sociopolitical contexts of areas are

necessary in providing effective healthcare (Suchdev et al, 2007, 318). In an interview with Asha Sigei, pathology resident student at ETSU medical school, she expounded on her work in Kenya as a medical doctor. Dr. Rono, worked with an NGO that connected missionary teams to local health doctors. Because of her work in Kericho District Kenya, she had the opportunity to advise a team of short-term mission doctors of what her community needed. She suggested that they implement a system to provide medical insurance. She explained to the mission teams that this was a more sustainable way of offering medical care compared to medical brigades (A, Segei, Personal communication, 15 November 2017). Educating participants aids in implementing plans that meet the real needs of the served.

With proper education, teams can not only properly educate and treat communities, but also provide what is most needed. It has often been said that “if you give a man fish you feed him for one day, [but] if you teach him to fish, you feed him for many days”. This quote is usually used in support for educating those in need to reduce dependency, which is an excellent concept. Granted, “who owns the pond?” Missiologist and writer Adeney, probes at this question to uncover the systemic issues that usually go unsolved in STM. Yes, natives might not know not to drink, bathe, and cook with the stagnant lake water, but mission goers must go beyond educating them not to use contaminated water. Providing and uncovering resources to “fish” is necessary (Priest, 2008, Pg. 136). Maybe this looks like building a well for all the community members to draw water from, organizing a water filtration startup business might be even better. All this to say, there is usually a deeper problem to the issues a community faces. It might be an oppressive government system, or a lack of utilization of available natural resources. In brief education which goes beyond the basic dos and don'ts of basic hygiene and admission of

medicine is the responsibility of the short-term missionaries. Meeting the deeper needs of the served is more sustainable than educating about disease and prevention.

Additionally, training the local healthcare provider is significantly important. This type of training proves beneficial in the long run, because compared to the visiting health professionals, local health providers know the health problems their communities face. They also know which efforts and attempted treatments work, and which do not. Although local doctors, surgeons, and nurses know more about the health problems of communities than the visitors, the care they offer is often less technologically advanced as Western care models usually are. So, investing time, money, and education on such leaders of health brings enduring impact. In fact, this is the cry of the Department of Surgery at Weil Bugando University College of Health Sciences. Doctors Balumuka, Ketecha, Said, and Chandika, emphasize the crucial need for surgeons who participate in short-term missions to consider launch programs that will “sponsor local providers to visit or be trained in surgery in the western culture” (Mitchell, 2012, Pg. 2). It is a superb means of raising long-term health professionals, who are well trained in their field. It empowers the community’s health, economy, and leadership. It also weakens the “white savior” mentality as the community begins to realize they too can raise leaders from their own communities. All in all, educating the missionary and the ministered is key to creating a more sustainable healthcare system through STMM.

Thirdly, in order to ensure sustainable health for the communities served by STMM, motivations for the trip must be clear. “Missions” in general are a source for much ethical debate. Ugly truths regarding money, power, and dependency create colossal problems. So much money is pumped into suffering, poor nations, but little change is often seen. Take Haiti for example; before the 2010 earthquake it had received 8.3 billion dollars, but when calculated, the nation’s

poverty situation never improved. In fact, the nation was twenty-five percent poorer than before. This statistic evidence does not take into consideration the amount of aid given after the earthquake and the impact it has caused. Equally shocking, over the past ten years, despite one trillion dollars in aid given to Africa, the income per capita was lower, life expectancy never increased, and adult literacy lowered (Carlson, 2012). There is nothing right with the picture these statistics paint. It is vital to consider to whom our generosity is going to and why.

The same applies to when physical mission trips are made. Because the cost of missions is pricey, one must answer the question of whether the work done during the trip is worth the cost. On average, a short-term cross-cultural trip usually costs one thousand dollars or more. This amount of money is particularly much to the people being served. In fact, for most, especially those in third world nations, it is more than a year's salary. Engen gives an example of how a group of 18 students, in preparation to serve in an orphanage in Honduras raised twenty-five thousand dollars. The group proceeded to the orphanage and ended up sweeping the compounds, holding babies, and painting walls. On the outward look of it, it seems normal for the team to help the hosts through menial work. What is saddening is that the amount of money used by the team in a span of three weeks was over half of the yearly budget of the orphanage. No doubt, the money might have had better use being donated to the orphanage (Engen, 2000). The debate of giving versus going has been ongoing for many years. Books like *When Helping Hurts* and *Toxic Charity* have been written about doing missions right (Carlson, 2012). Nonetheless concerning the matter, it all boils down to motives. A hard look internally at the reasons for making the trip is necessary. This is no easy task. It takes more than getting all your shots and raising the required funds to go on medical missions.

First, it is wise to break the hero mentality that participants of STMM can hold. The hero complex mentality is the mentality that the visitor is better than the members of communities being served. Moreover, it is a belief that one single team of health professionals can fix the problems of entire communities. This dangerous ideology's roots lie in pride and the fruit is never lasting. Third-world people do not need more rich people to make them feel inadequate, they need to see one's humanity. Both parties must share their brokenness in hopes of understanding each other deeply (Stuart & Gripton, 2016). The heroic mentality also manifests itself in doing activities that locals can do for themselves. For instance, travelling overseas for the sole purpose of handing out aspirin does not make sense. Local hospitals can give out aspirin to their community. Not to mention, that it makes others question your motives. Let the locals do what the locals can do for themselves, and if they can't empower them to have the ability to do so. This again ties back to empowered collaboration and education of communities and not just service. Specifically, American neurosurgeon Dilan Ellegala has led efforts to empower locals to serve their own communities. After noticing that Tanzania only had three neurosurgeons in the whole country, he established a six-month neurosurgery training curriculum and one-on-one trained a Tanzanian clinician basic brain surgery. Amazingly, that doctor went on to train another doctor, and the second doctor trained a third doctor another. The rural hospital they work at has done more than 400 surgeries since 2006. A community that had never had a brain surgery done before the training of its doctors now had the means to a strong team of neurosurgeons. Ellegala states that "the old colonial model of a Western doctor stepping off the plane to save live and then going on safari just doesn't work" (Bartelme, 2015, Pg. 12-13). There is no room for the hero mentality, what is needed is relationships and collaborations

In addition to eradicating the hero mentality, another way to do missions right is by being motivated by developmental work, rather than relief services. This is hard because we live in a microwave and on demand culture of the twenty first century. After all, that is why short-term missions are so popular. They offer a fast solution to the problems the world is facing without the commitment to long-term responsibilities. There is no room for a “feel-good-about-yourself” kind of trip because it causes systematic and generational cycles of dependency and poverty. As can be seen, motives hold so much weight, there is such a fine line between effective help and noneffective STMM. How STMM are done matters more than what is done. Motives hold a weighty part of missions, and are critical to making STMM sustainable (Perez, 2016).

How can an individual make sense of all the negatives hard truth of STMM? The easy way out is swearing off all STM, ceasing to support any short-term missionaries, and even refusing to “like” any Instagram posts about short-term missions. Boycotting missions might sound ridiculous, but it is a reaction that runs through many minds, even if for a split second. Uncovering how messy STM are can send us unpacking, but the response should be opposite. Rather, this compelling evidence should drive leaders to want to do something about the situation. Those who desire to go on mission should find out every reason not to go. However, they must find ways to disprove those reasons and go. To clarify, it is pivotal that one educates oneself on issues dealing with STM and research organizations that are doing missions right with a long term view in mind. Next, they are to partner with those organizations and go. The world is in desperate need of people who are willing to invest their lives to bringing lasting health change. Communities are truly suffering from the weight of inescapable poverty both in health and economy. Know that there is some truth in the famous UNICEF commercials about dying children all around the world. Yes, medical care is scarce and even non-existence in some areas

of the world. People do die because of lack of proper hygiene knowledge and even the resources to achieve that proper hygiene. Indeed, help is needed –but not just any help. Help must meet the deeper underlying problems is needed. Doing harm is not an option, even if it is done accidentally. It is still the responsibility of the individual interested in going and to help advance sustainable work. Go educated and go research, but never forgetting to go local. Short-term medical missions should always be an extension of being on the mission in ones' own community. For many, looking at life in a world view overwhelmingly blinds us to the needs of our own community (A, Murphy, Personal communication, 28 October 2017). Doctors and nurses begin impacting lives right where you practice. Care deeply and literally treat others how you would want to be treated. Let the desire to go on STM be an extension of what you are already doing every day. In short, for those desiring to go on STMM, the key is to go educated, go well researched, and go local.

On the other hand, those who are particularly not interested in STMM, or cross-cultural missions in general ought to support those who are devoting their lives, finances, and time to creating better health systems both locally and internationally. Support them financially by wisely giving to well researched organizations. Additionally, support by encouraging others thinking about STM and STMM to pursue the possibilities of going. Lastly, for those not desiring to go cross-culturally, go local. Consider this: missions are not something you go on, they are something you do wherever you are planted. It is using your passions and talents to positively impact those around you. All in all, we all must go, we must answer to the cries of broken humanity. Teachers, students, doctors, and others alike, give your life to see others be made whole physically, mentally, emotionally, and even spiritually. Do what you are passionate about while loving those around you.

Ultimately, when it comes to STM, and even more specifically short-term medical missions, there is a way to do them better, despite the continuing debates of whether or not they accomplish more than they hurt. The issues of cost, power, dependency, and the “white-savior” mentality are all products of doing medical missions without consideration of the impact it causes. Finding the right way to do missions is a tough obstacle to overcome. It requires more effort, which is never easy. But when done right, STMM can bring lasting change, transforming whole communities and villages. The essential ingredient is working and implementing ideas with a long-term view in mind. Particularly, short-term cross-cultural medical missions can sustain the health of communities being served by partnering with existing facets of the community’s health responsible. For example, collaborating with local hospitals, the local government, NGOs already doing work in that community, and other private well-established ministries. Education is also fundamental to creating lasting health impact. Education of the person readying for a STMM on the problems and culture of the community leads to a better understanding of what the community truly needs. As previously discussed, not only is educating the members of community about diseases’ cause and treatment of the diseases important, but pairing with local health providers to train in western communities is as well. And lastly, look deeper into the motivations about going to short-term missions. Going because it is a free trip to travel is not right. If you go because you want to save people or do work that can be better done by the locals, you are doing it wrong. Going to give your Instagram more quality content or worse, to be seen as a “holier than thou” Christian is just plain sad. Instead, be educated about the people you want to serve, implement developmental work when serving, and go. Let your mission work be an extension of your everyday. STMM goers should make better the lives of suffering and dying communities not be the cause of their demise. All in all, when considering

STMM find out why you should not go, and then go after eliminating the problems. I wonder what the girl on Instagram might have used as a hashtag if she knew the real issues concerning STM.

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