

BEST PRACTICES FOR SHORT-TERM HEALTHCARE MISSIONS	
Question: How does one avoid a relationship of dependency with a missions partner?	
Participants in discussion	Background (perspective)
Michael Soderling MD Initiator and primary author	
Glenn Schwartz	
Peter Yorgin, MD	Reviewer
Why is this important? Dependency is one of the means that Satan uses to lessen the power and reach of Christ's church	

Biblical concepts involved

Introduction

For many years a noted Family Practitioner came to visit the rural Central American mountains where he had been establishing a small hospital to serve the needs of the poor in the area. With each visit more equipment was brought into the country and sent on the long overland journey to this remote village. Healthcare was now available to the village and surrounding areas that had not been available previously. Surgeries were being performed that previously would have required a long journey to the capital city where a long wait would be required to be seen by a poorly qualified doctor who might then recommend a procedure that might be available after a few months of waiting. But in the mountains, things went quite well for the visiting medical doctor.

But then this renowned family practitioner from the USA began to become weary in well-doing and did not visit as often as he once did. He was bringing in fewer and fewer containers of equipment, and the work being done at the small hospital was decreasing. Unfortunately, he had no built-in mechanism for mobilizing local resources as the outside resources decreased. Eventually the good doctor could no longer continue his visits to Central America. On his last visit, he was honored for his great contribution to the community. The facility he built and equipped now lies unused and the equipment has been pilfered for use in the offices of local doctors. This is a sad, but true, story. It is one that could be told many times over in different locations around the world.

A Few Lessons Learned

What can we learn from this scenario? Unfortunately, the healthcare facility mentioned above and the work being done there was dependent on one outside physician for its leadership and sustainability. Once that outside support was removed, the work came to an end. Good planning helps to avoid the “we are wealthy” attitude that concludes that the rest of the world is fortunate to have us as their benefactors. William Easterly in his recent book, *White Man’s Burden*, draws attention to the fact that \$2.3 trillion has been spent over the past 60 years by western nations to help alleviate poverty, but the benefits are questionable at best¹. Sadly, sometimes that kind of giving leaves people worse off than before the aid was sent. What is the reason for this? The explanation hinges at least in part on the fact that what Easterly calls the “Planners,” (who control the money) are not connecting with the “Searchers” (those in need). The Searchers are on location and someone must listen to their ideas if suffering is to be alleviated.

In recent years much attention has been given to the issue of dependency in world missions. Two books came out in 2007 which argue from seemingly different sides of the coin as to how Christians are to go about using the resources the Lord

has given to them. In his book, *To Give or Not To Give*, author Dr. John Rowell argues that Christians are not giving nearly enough money to the church for the purposes of reaching the lost with the gospel of Christ or for the alleviation of poverty². He says that in 2002 only 6% of evangelicals gave 10% of their income (tithed) to the church - a 50% drop from just two years prior. It is estimated that seventy to eighty billion dollars would be enough to help meet the most basic needs of the world's poor. He believes that if evangelicals were to give the biblical tithe, poverty could be eliminated with sixty to seventy billion dollars left over. Dr. Rowell proposes a "Missionary Marshal Plan," to mobilize billions of western dollars in order to alleviate poverty around the world. His assumption is that it is money from North America and other rich countries that will solve the problem of poverty in the rest of the world. Taking into account the failure of massive amounts of outside funding in a country like Haiti, that assumption should be given some review.

On the other side of this issue is another book written by Glenn Schwartz entitled *When Charity Destroys Dignity: Overcoming Unhealthy Dependency in the Christian Movement*³. Mr. Schwartz writes from his years of missionary experience in Central Africa. He witnessed first hand the way in which western funding often binds poor churches and communities, resulting in a sense of fatalism among those the outside funds are intended to help. He believes this robs believers in many communities of the joy of giving toward their own needs. They are often deprived of the sense of satisfaction that comes from mobilizing resources that are within arm's reach in their own communities.

While some may think these authors are in opposition to each other I believe both have something to say. I believe both would agree that those who name the name of Christ as Lord should be giving generously for the work of God's kingdom. I also believe both agree that unhealthy dependency is to be avoided whenever possible. The challenge, in my opinion, is to find a healthy interdependency that builds strong relationships with those we are seeking to serve.

Avoiding or overcoming unhealthy dependency has an important bearing on providing healthcare through both long-term and short-term missions. The opening

story of this article is an example of the kind of unhealthy dependency that should be avoided.

Since I am writing primarily about short-term cross-cultural healthcare, what can be done to avoid unhealthy dependency? The following are a few recommendations for anyone involved in short term healthcare work.

1. Make every effort to ensure that the motivations for going on a short-term healthcare trip are in line with biblical teaching. To achieve kingdom goals one must follow kingdom principles. If we do this kind of work for selfish reasons and not with the purpose of spreading the good news of Jesus Christ, then I recommend a serious review of purpose. Building healthy interdependence requires pure motives as well as spiritual and cultural sensitivity. These things will enable us to proceed with a humble attitude and a willingness to learn from those we seek to serve. By the same token, if we go with a paternalistic or know-it-all attitude, it could well result in dominance over the poor and that can lead to unhealthy dependency.

In the book I mentioned above, Glenn Schwartz has several chapters (18, 21 and 23) in which he deals with attitude and demeanor in relation to cross-cultural missions. (Some are specifically related to short-term missions.) He shows that the attitude and beginning assumptions of cross-cultural workers – both medical and non-medical – will most likely determine whether unhealthy dependency develops.

2. Arrange a pre-trip assessment of assets already available in the area to which plan to go. Unless an assessment is done before the short-termers arrive on the scene, it is impossible to know whether there will be a duplication of goods and services. This assessment should include learning about the availability of government health facilities as well as private healthcare providers who are there fifty-two weeks a year – not just for ten days or two weeks like short-termers plan to be. This assessment should also include learning about the prevalence and role of local traditional healers. After all, if

as much as half of all illness has its roots in psychosomatic causes, then local practitioners are most likely involved, whether we think they should be or not. This advanced research and planning is for the purpose of mapping the area to get a clear picture of healthcare services to which people already have access. During this process begin to build relationships with other healthcare providers so that your effort is not just something else being added by well-meaning outsiders. Don't ignore other resources in the community that can be enhanced by developing good working relationships. Consider developing relationships as an opportunity to demonstrate the Good News of Jesus Christ – a benefit that will go far beyond the two-week medical mission trip. After all, you want local people to remember your visit positively long after the short-term team has been there. Pre-trip visits can also provide an understanding of the situation in the local church. It is ideal that individuals from the short-term team (including some of the supporters) are along on the pre-field visit. The more understanding there is on the part of the outsiders, the better the possibility of a positive lasting relationship.

3. Together with all parties involved, establish a vision for the work you are planning to do. Ideally the overall vision is best when generated in the hearts and minds of the host or receiving group. Assume an attitude of humility when it comes to setting a vision and especially when making the plans to implement the vision. If we fail to plan jointly we may fall into the trap that has plagued well-meaning outsiders for many years.

Outsiders are not always able to understand local problems well enough to be able to come up with the best plan for solving local challenges. Thus, it is vital that we allow the Searchers with whom we are partnering to take the lead in vision and long term planning. Of course, this is a complex matter because where prolonged dependency is entrenched, it may take some prayerful creativity to help people see their way out of the resulting discouragement and disillusionment. If they are deep into unhealthy dependency, they may not be capable of creating long-term vision setting. Sensing when this is the case requires a level of cultural and spiritual

sensitivity. The long-term goal should be to produce what Schwartz calls “Psychological Ownership” on the part of those we seek to help (page 12 and following). Again, this is where it is good to remember the importance of attitude. One often hears of short-termers telling about their experience in terms that elevate the role of outsiders based on their superior knowledge and dedication, while denigrating the fifty-two week dedication of those who live there all year round.

4. Next, I recommend utilizing several proven partnership-building tools. The first is Phil Butler’s book, *Well Connected*⁴ and second, Daniel Rickett’s books *How to Make Your Partnership Work*⁵ and/or *Building Strategic Relationships: A Practical Guide to Partnering with Non-Western Missions*⁶. Crafting your partnership with a goal of creating healthy interdependency benefits all parties. This does not happen overnight and will require a considerable amount of patience, especially on the part of the highly motivated westerners. One of the problems with short-term missions is that many North Americans are looking for quick and easy results. After all, they feel they have only two weeks to make their mark. This means they may not want to take time to read books like those mentioned above. They feel it just takes too much time and effort given our instant fast food mentality. Short-term medical missions will come of age when the participants take time to learn about the importance of language, culture, local trends, the nature of partnerships and sound cross-cultural principles. It is not good enough to say that missionaries on location know all that stuff, and we are just guest workers. There is so much that can be learned that every short-termer should be asked to read and understand as much as they can. A well-read short-termer might actually be able to see when dependency is being created even if it is not apparent to long-term missionaries and local church leaders on the scene. In such cases, healthy and compassionate understanding goes a long way toward preserving good relationships.
5. After vision has been established and the partnership is formed, it is now time for the next phase to begin. This is perhaps the most difficult part of the

challenge. How can the vision be sustained over time without creating unhealthy dependency? It is not unusual for the vision to be sidetracked by well-meaning participants whose compassion makes them want to give indiscriminately. Here again, it is important to learn from those who are within the host country.

One of the things outsiders can do is to encourage local leaders to take advantage of educational opportunities that will allow them to continue the work when fatigue or something else overtakes the outsiders. Developing people is an often-overlooked aspect of Christian healthcare ministries because it is often assumed that available resources must be used primarily for patient care. But encouraging educational opportunities is a sound investment that will pay dividends for many years and will contribute greatly to avoiding long-term and unhealthy dependency.

Sender Perspective

Before

During

After

Goer Perspective

Before

During

After

Recipient Perspective

Before

During

After

Conclusion

Glenn Schwartz, whom I quoted earlier, suggests that there are some similarities between short-term medical missions and cross-cultural church planting. Think of it this way. Church planters go out into the world to share the Good News of the Gospel. As they go, they are not only looking for converts, they are recruiting people to help in the crusade as they march across the world. They want helpers who will join the ranks and help to further the task. Health workers should look at the process in a similar way. They should be looking for like-minded people who can join the ranks and carry on the work whether or not anyone else is present. Ideally they should be learning to do this with the resources God has provided close at hand. This is incredibly important so that not everything stops when the outsiders are not present.

What is the alternative? Too often, the Gospel has been preached (or medical work has been done) in such a way that the recruits become attracted to the process, not for what they can give, but for what they can get. This means that they are not speeding up the cause, but rather slowing it down. They are becoming an added burden as the crusade moves forward. Little wonder that many efforts get bogged down along the way and cannot afford to keep moving on. They do not gather helpers; they gather burdens – slowing down the pace of the enterprise. That is an expensive way to do church planting, and it is an expensive way to do medical missions.

Much has been written about short-term missions, including medical teams. While many have pointed out the negative side of poorly run medical missions, there is ample evidence that many positive benefits can accrue. The challenge is to do

short-term medical missions in a way that gathers recruits for the battle and not additional burdens.

CONSENSUS STATEMENT

1. Make every effort to ensure that the motivations for going on a short-term healthcare trip are in line with Biblical teaching.
2. Arrange a pre-trip assessment of assets already available in the area to which plan to go.
3. Together with all parties involved, establish a vision for the work you are planning to do.
4. Craft your partnership with a goal of creating healthy interdependency benefits all parties.
5. Encourage local leaders to take advantage of educational opportunities that will allow them to continue the work when fatigue or something else overtakes the outsiders.

References

1. Easterly, W.R. *The white man's burden : why the West's efforts to aid the rest have done so much ill and so little good*, 436 p. (Penguin Press, New York, 2006).
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4. Butler, P. *Well connected : releasing power and restoring hope through kingdom partnerships*, xx, 332 p. (Authentic Media, Waynesboro, GA, 2005).
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6. Rickett, D. *Building strategic relationships : a practical guide to partnering with non-western missions*, 92 p. (Partners International ; WinePress Pub., Spokane, WA Enumclaw, WA, 2003).