CATHOLIC MISSIONS IN THE DEVELOPING WORLD

Avoiding the Exuberant Elephant's Missteps

BY BRUCE COMPTON

Elephant and Mouse were best friends. One day Elephant said, "Mouse, let's have a party!" Animals gathered from far and near. They ate. They drank. They sang. And they danced. And nobody celebrated more and danced harder than Elephant. After the party was over, Elephant exclaimed, "Mouse, did you ever go to a better party? What a blast!" But Mouse did not answer. "Mouse, where are you?" Elephant called. He looked around for his friend, and then shrank back in horror. There at Elephant's feet lay Mouse. His little body was ground into the dirt. He had been smashed by the big feet of his exuberant friend, Elephant. "Sometimes, that is what it is like to do missions with the Americans," the African Storyteller commented. "It is like dancing with an elephant."

— Excerpted from *When Helping Hurts, How to Alleviate Poverty Without Hurting the Poor and Yourself*, by Steve Corbett and Brian Fikkert

Nearly two decades ago, it was a trip to Haiti with my local diocesan office for the missions that gave me the opportunity to see and begin to understand the complex realities of traveling to a developing-world country. I subsequently led 12 additional short-term mission trips to Haiti. Then I was asked to take a position at a medical clinic in rural Jeremie in the year 2000 — a position I retained for two years.

Living in Haiti and being on the other side of the donor/recipient fence taught me that while the trips by Americans to Haiti were energizing and life-changing to the local community, they often came with strings attached. It took being there, in the country, to understand that hosting visitors is taxing on local employees who were already burdened with long hours and a lack of supplies and equipment. A short-term mission visit offered needed supplies and expertise in medical treatment, but those short bursts of clinical operations were very hard on the community and staff who did not get to go back to America after a couple of tremendously taxing weeks. Instead, they got to continue to provide care, but without the aid of their volunteer counterparts.

Culturally, there are so many sensitivities in conducting short- or long-term mission trips. The beautiful nature of a mission trip is that those who participate are treated to a new understanding of grace-filled living in what most Americans can only see as abject poverty.

Corbett and Fikkert, in *When Helping Hurts*, write, "One of the reasons that [short-term mission] teams sometimes dance like Elephant is that the teams are unaware of what happens when cultures collide."

They aren't referring to food, dress or architecture but to the differences in the value systems that silently drive people to respond in predictable patterns — things such as people's view of who or what is in control of their lives, of the nature of risk and uncertainty, of the organization and role of authority, of the nature of time and of the role of individuals versus groups. Corbett and Fikkert offer important wisdom that is in keeping

Pat Jackson, RN, and three children in the Sierra region of Pacaipampa, Piura, Peru.

with Catholic tradition, a tradition that is countercultural to contemporary thinking.

"It is crucial that North American [short-term mission] teams move beyond ethnocentric thinking that either minimizes these cultural differences or that immediately assumes that middle-to-upper-class North American cultural norms are always superior to those of other cultures," they say in *When Helping Hurts*. "Furthermore, it should give North American [short-term missions] some pause to realize that they are from an 'extreme culture,' that is, from the far end of these continua, creating the distinct possibility that the [short-term mission] teams may have very different perceptions than the recipient communities about just how wonderful the [short-term mission] dance really is."

All that said, mission trips are life changing, both for those who receive services and for those who participate in the experience. Participation can provide a formation of the heart that brings many clinicians back to their roots in medicine, and reminds administrative staff that the person is at the heart of each and every activity and should become the face of God and the center of all decisions.

As we consider the opportunities our own organizations provide to travel to the developing world, it is important to ensure that we make them mutually beneficial; that we absolutely do not dance as Elephant did.

Here are some snapshots providing basic information, rationale and thoughts about several Catholic health ministry international programs developed in partnership with the local communities so that some of the short-term mission shortfalls are avoided. Some can be categorized as mission experiences, others as formation experiences, but all are good examples of how to conduct this part of our mission.

I hope they inspire our work in the developing world and remind us, as Pope Benedict XVI wrote in *Caritas in Veritate*, "As we contemplate the vast amount of work to be done, we are sustained by our faith that God is present alongside those who come together in his name to work for justice."

Sr. Ivette Diaz, RSM

Program Manager, Global Health Ministry (Part of Catholic Health East), Newtown Square, Pa.

Q: What volunteer opportunities are formally offered by Global Health Ministry?

A: Global Health Ministry holds five mission trips a year. One to Jamaica, one to Haiti, two to Peru and one to Guatemala.

Q: Who can take part in a Global Health Ministry mission trip?

A: We recruit dedicated men and women interested in the transformational nature of the mission experience. Our volunteers come from around the country and are not limited by race or religious beliefs. Volunteers can include board-certified physicians, registered nurses, nurse practitioners, community health educators, physical therapists and other interested health care professionals and non-clinical volunteers, including support staff and administrators. Most are related directly or indirectly to Catholic Health East (CHE), however, we do partner with other organizations and individuals who share our goals and bring added value to the mission teams.

Sr. Diaz

The volunteers that we select for our teams have demonstrated the value of compassion, wanting to provide care with dignity and respect for the people that they are going to see. [They are] people that really have a desire to serve the poor, but serve the poor not by saying, "Oh what am I going to get out of this?" but understand the people they meet will give more to them than they can return.

Q: Do participants have to foot the bill for any of their work? Are they paid for their time? Does the system or hospital pay for some?

A: All volunteers are expected to cover [by personal donation or fund-raising] their direct mission expenses, which average between $1,000 and $2,300, per volunteer, depending on flight costs and team size. Global Health Ministry provides fund-raising ideas and materials for volunteers to help them in any way possible. In addition, volunteers are expected to cover all expenses they will incur traveling to and from home (airport fees, meals, hotels, tips, etc.) and also expenses on the one team day off in country, which is usually $30 to $40 per person. In the application process, each person has to agree to contribute or help fundraise to cover these expenses and also assist Global Health Ministry in acquiring the medicines, supplies and sponsors required for the mission. CHE and its affiliates provide generous financial support that covers our overhead and supports colleagues on the teams. The majority of supplies and equipment needed for the missions are donated by CHE and its affiliated hospitals.

Q: Why is it important for those who serve in your ministries to be able to participate? Basically, why does this matter?

A: The experience can be very transforming for team members, and it can be transforming in the sense that we will hear comments like, "In 30 years I've never experienced anything like this, that God has really opened my eyes to things that I've never seen before." Many of our doctors and nurses that come say the mission trips remind them of why they wanted to become nurses or why they wanted to become doctors, and that it takes them back to the core of being a doctor, just treating the patient, not having to worry about the legality, all of the other things that'll get involved with health care here in the United States. It touches back into their desire to be compassionate healers.

Q: Please share a story of how this has changed someone's life or perspective.

A: In Peru, there was a young man who was paralyzed, and the whole community chips in monthly for his medical supplies so that he doesn't have to re-use the same catheter. The team asked, "You mean that the whole village of Pacaipampa does this?" and we learned that yes, they do, so that he has a clean one every day. We are moved by it, by the simplicity of the people and how they have come to help each other, and you want to come back and say, "Oh I wish our communities would do that in the United States." And it's their simplicity, I think, that transforms us. I've heard doctors say, one doctor in particular, that the people of Haiti are so gentle and yet they've suffered so much, and he's just moved by how gentle they are and by their way of greeting us with such kindness, the kindness that they show to their elders, and how the community comes together to help somebody.

Q: There is a lot of need in the U.S., why do you expend resources in the developing world?

A: There is definitely a lot of need in the U.S., and we encourage response to local needs. However, it is hard to imagine a community in the U.S. where no one in the town has ever had access to clean drinking water, yet this is the reality for the majority of the poor in developing countries. Once you serve on a Global Health Ministry team, you know the answer to this question.

Q: What advice would you offer an organization considering starting an international mission program?

A: If you are considering beginning a mission program in another country, you need to make sure you have your in-country partners in place, even before you begin to send out any volunteer applications. You should start with your own leadership plan, and establish an effective board or advisory group, and be sure there is a reasonable level of stability of in-country leadership focused on developing sustainable programs. You need to develop a strategic plan that addresses leadership development, volunteer recruitment, in-country partnerships and in-country education and community development. You need a realistic budget and funding plan, as well as strategies for supply acquisition and transport. So, it's a question of being very well organized. You need to be a year ahead of time for each mission trip,

Q: Anything to add?

A: When you allow yourself to be open to the experience, to go in with an open heart and to be willing to take a moment just to sit with somebody from that country, sit with them and be with them — I think those are the most transforming moments. No matter what we bring, and no matter how we come into the country, or no matter what we provide them with, the thing that I think stays with me is that they know somebody cares enough to come to their village, somebody cares enough to come to their country to provide them with the minimal basic health needs, and that they're willing to even just sit with them in their pain and in their suffering and listen to them. If anything, I think that's probably the most important thing, to let people know that they're cared for, that they are valued, and we do that.

Beth McPherson

Vice President, Mission Integration
St. Joseph Health, Orange, Calif.

Q: What volunteer opportunities are there available within the system?

A: We don't have traditional volunteer opportunities yet. However, we are planning the coordination of disaster response for the system in the next year. We have two immersion experiences in Central America — one in El Salvador and one in Guatemala. Each year we take small groups of 12-14 people to these two countries. These are formation opportunities for staff and physicians in St Joseph Health. These two locations were selected based on relationships with the Sisters of St. Joseph and another NGO [non-governmental organization], Concern America.


McPherson

Q: Who can take part?

A: As with all formation programs sponsored by St. Joseph Health, participants from each local ministry are selected by the vice president of mission integration and CEO with input from their executive teams. Most, but not all, participants have completed the year-long foundational leadership formation program.

Q: Do participants foot the bill? Is it paid time?

A: All expenses are paid by the system, and the immersion experience is considered work time. Participants are expected to engage fully through orientation and reading preparation, journaling and reflecting during the experience, and afterward, by debriefing calls, a reflection paper and sharing the experience back home. We have completed two years and are planning for year three.

Q: Why is it important for those who serve in your ministries to be able to participate?

A: The purpose of the immersion is to anchor the development of ministry leaders in Catholic social teaching and the international dimension of our mission to extend the healing ministry.

Sr. Mary Jo McGinley, RSM, with one of the many children served during Global Health Ministry's 23 years of working in partnership with the Diocese of Chulucanas, Peru.

The outcomes are as follows:

- Deepen leadership formation and learning in Catholic social tradition (dignity, solidarity and common good) and our mission call to international solidarity and outreach
- Identify a model of community health in the developing world
- Determine viability of establishing an ongoing covenant relationship with local communities
- Define areas for our local ministry involvement or application of the experience

Q: Why go to the developing world?

A: In Guatemala we hear about the work of health promoter practitioners who provide primary health care to the people of the Peten region. One of them said to us, "When you hear about our work or read about it, that's one thing, when you come and see, you understand the need. It is our need that unites us." The promoter spoke, the group was galvanized. During the debriefing that evening, all participants referenced the experience of oneness, of solidarity as the health promoter spoke. In appreciating the reality, the need, our presence was a source of support, we had given of ourselves as we were learning so much from our new friends.

All participants come away with an experience they could not receive in the U.S. Basic comforts such as hot water are not available in El Salvador. We do not go home at night to the comforts of our American homes and lifestyles. When one is out of their usual environment, in a country where English is not the national language, the experience of solidarity with our global neighbor is profound. People rate the experience as transformational, that it changes how they think about things at home and in the office. We aim to provide a deep experience that will give participants the tools they need to integrate Catholic social teaching into the ministry with competence and confidence.

Q: Can you share a story?

A: U.S. physicians and Guatemalan physicians formed relationships. Through technology provided by St. Joseph Heritage Medical Group and SJH Information Technology Services, consultation and support are now an everyday reality. This is huge support for physicians practicing in rural areas. The health promoters are such an amazing success story. Our clinical staff is in awe at what people with a third-grade education can do with great skill, effectiveness and efficiency, delivering babies and suturing machete wounds and repairing tendons. Very high quality care delivered in very rural settings.

Pamela K. Hearn

Executive Director, Global Mission Programs
Dignity Health (formerly Catholic Healthcare West)
Pasadena, Calif.

Q: What volunteer opportunities are formally offered by the system or facility?

A: Dignity Health currently offers our physicians and staff volunteer opportunities in Guatemala to participate in health system strengthening programs. These involve targeted clinical skills education, training and shadowing of in-country caregivers to develop specific curriculum, educational materials and resources for all health care providers in the communities served. Providers include nurses, medical resi-

Hearn

St. Joseph Health staff meet with representatives from the vicariate in the Peten region of Guatemala to review their pastoral plan. Health is a key component of the plan.

dents, pastoral health promoters and members of the fire department.

In addition, we offer employees who may be unable to travel the opportunity to participate by serving on a committee to develop specific curriculum around their area of expertise. They work with colleagues (via conference call or Skype) from across the system and with partners in Guatemala to build relationships and develop the curriculum and educational materials.

Once our volunteers return from a mission, they are encouraged to share their experience with their colleagues, family, friends and communities to raise awareness and funds for our work. We work with them to prepare presentations and materials based upon their own experience and stories. They become global mission program ambassadors.

Each of these initiatives is helping to develop leaders within Dignity Health, our hospitals, clinics and communities — and the global communities we serve. That's really what it's all about — helping people to soar on their own.

Q: Who can take part in these activities?

A: All Dignity Health physicians and employees are invited to apply. We specifically look for the following (but all are welcome):

- Primary care or emergency physicians
- Pediatricians
- Nurse practitioners
- RNs — Labor and delivery, emergency/trauma (or EMT), pediatric, OB/GYN
- Pharmacists or pharmacy managers
- Lab techs (or CMA, EMT, RN)
- Patient discharge specialists RN/BSN
- Health educators
- Supply chain coordinators
- Physical/occupational therapists
- Nutritionists
- Communications/media specialists (for photography, video and writing/blogging)

We expect that 95 percent or more of selected team members will be fluent in the local language, particularly in medical terminology (both written and spoken). We have learned from previous experience that fluency is a critical part of a successful mission, particularly since we travel in very small teams and work directly with local clinicians and caregivers.

Q: Do participants have to foot the bill for any of their work? Are they paid for their time? Does the system or hospital pay for some or all?

A: The in-country work of Dignity Health Global Mission Programs is made possible entire-

ly through contributions from individual, foundation and corporate donors. Dignity Health Global Mission Programs covers travel-related expenses, including airfare, accommodations, ground transportation, meals, travel insurance, applicable taxes and fees. Participants are responsible for incidentals and any personal expenses (gifts, etc.).

As volunteers for Dignity Health Global Mission Programs, team members use their own paid time off. This includes travel days to and from the site and any pre- or post-trip meetings and conference calls.

Q: Why is it important for those who serve in your ministries to be able to participate? Basically, why does this matter?

A: Dignity Health Global Mission Programs seeks to fill in some of the gaps in global health leadership, including basic health infrastructure, in-country leadership development, local health systems' strengthening and unified, sustainable approaches. We work closely with all in-country stakeholders — government, Catholic Church, clinical and community leaders — to identify the health needs of the communities served, develop sustainable programs and advocate for social change that meet those needs.

Q: Please share a story of how this has changed someone's life or perspective.

A: Mary Carol Todd is the Dignity Health senior vice president/clinical efficiency. She is a founding member of the Dignity Health Global Mission Programs Advisory Board and was an Esquipulas [Guatemala] Mission Team leader for four years.

She shares an experience regarding an infant who had sepsis: "For me, the reason that situation really stood out is that our actions came as a direct result of knowledge that was acquired in the Dignity Health clinical innovations sepsis 'mission possible program.' Once we identified that the child may have been septic, we implemented the sepsis protocols, and I think it may have saved his life. Later it was a really neat experience to see him doing better in the hospital, and then yesterday he was discharged and the mother brought him by the Centro Salud. It really came full circle."

Q: There is a lot of need in the U.S., why do you expend resources in the developing world?

A: The needs within our own country and specifically within Dignity Health's service areas are great indeed — and we are doing all that we can through our community benefit, community investment and community grant programs. But we wanted to do more.

Global Mission Programs was established at the request of our sponsoring congregations who since their founding went to serve where there were people in need. Our global ministry allows us to follow in the footsteps of our sponsors and continue to further the healing ministry of Jesus — wherever that path may lead.

We, alone, cannot eliminate the health burden faced by the billions of people in need throughout the world. However, we can partner with and encourage other groups to bring additional resources to these communities in the service of improving the health and well-being of people worldwide.

I have a quote from Fr. Tom Nairn, OFM, Ph.D. [CHA senior director, ethics] hanging in my office. I read it every morning.

"Through the international outreach of Catholic health care, we expand our understanding of who is our neighbor. We show ourselves as neighbor to our sisters and brothers in Africa, Asia, in Latin American and the Caribbean. And, as our international outreach moves out in concrete ways throughout the world, we — like the Good Samaritan — begin to break down boundaries and borders and become more and more the sacrament of service and solidarity which the church is called to be."

As members of the most privileged society on earth, how can we not do this work?

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