

PRINCIPLES FOR SUCCESS IN SHORT-TERM MISSIONS

In the past few years, the Catholic Health Association has conducted two phases of research on short-term medical missions — learning from those who conduct the trips from the U.S., and alternatively, from those who host U.S. mission trips in countries around the globe. The results led CHA to publish *Recommendations for Practice* as a guide and framework for entering into these activities; however, there is still much to be considered on the topic.



**BRUCE
COMPTON**

One thing we learned from comments gleaned from both phases of research relates to partnership and the importance of having a permanent presence/connection between those coming and those who call the mission trip location home. There has to be an ever-present ability to communicate the challenges and successes of a medical mission trip and to discern together any future activities.

Below, representatives of PeaceHealth detail

some lessons learned from its international activity in El Salvador. With 18 years having a representative and doing mission work in the country, it is an example of solidarity in practice. I hope it inspires the international outreach work of your ministry, while also sparking conversation about what might not have been considered in respect to the activity. Overall, we must continue to discern how it is that we carry out our tradition of bringing help and hope in a global era.

BRUCE COMPTON, senior director, international outreach, the Catholic Health Association, St. Louis.

Lessons Learned in El Salvador

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PeaceHealth's PazSalud celebrates 18 years in mission with the people of El Salvador in 2019. Originally, we provided financial and project support to a few volunteers on individual short-term missions, but after about a year we switched to building mission teams for our two annual medical missions.

For the larger of these two missions, we bring more than two dozen people with a full range of skills, including PeaceHealth medical providers and staff, Sisters of St. Joseph of Peace, interpreters and optometrists. We offer complete clinics in general medicine, pediatrics and vision in rural areas. Typically, we see about 1,500 patients in the clinic week.

During these clinics, we seek out people who need cataract surgery and offer them a chance to participate in our second, smaller eye surgery

mission. We hold the second clinic in the national hospital in the same district as the initial clinics.

In that follow-up eye surgery mission, a smaller team of eight mission participants works with a local ophthalmologist in El Salvador and ophthalmologists from the SEE International eye care and surgery nonprofit to perform cataract surgeries for patients already identified in the vision clinic.

We've learned and built and changed over the years, and we'd like to share some key learnings that may be useful for anyone organizing a medical or surgical mission. There are thousands of details that we attend to in putting together a PazSalud mission: these are four principles that we believe are important for any successful short-term mission.

BUILD TRUST RELATIONSHIPS IN-COUNTRY.

PazSalud has always worked with a mission leader in the United States and a coordinator living in El Salvador, both PeaceHealth employees, who are in daily communication in the weeks and months leading up to a mission trip. As an alternative, it would be very possible to work with a non-governmental organization in the country to carry out many of these responsibilities as long as an on-going relationship is built that is personal and trusting. You would not want to find out a week before a mission team leaves that your local contact is no longer with the NGO.

The in-country coordinator or coordinating organization needs to be able to communicate in both directions: to the program leader in the U.S. and to the people and organizations in the community the mission will visit. Linguistic and cultural fluency in both English and the local language is essential. One of the in-country coordinator's crucial jobs is making sure that we have complied with all the government requirements, especially the customs regulations. (There's no easy way to find these regulations. Our in-country coordinator has built good connections with the health ministry and other government agencies, and we work with a Salvadoran customs agent to fulfill all the customs requirements.) We have heard about groups that had all the medications they brought for the people confiscated because they did not have the necessary customs permissions. All this is coordinated daily with the mission leader, who also visits the mission site and meets the key players before the mission team travels.

PREPARE WITH THE LOCAL COMMUNITY BEFORE THE MISSION.

After a few painful experiences when mission teams were exhausted in trying to serve everyone who showed up, we learned that it was crucial to work with a community organizer who resides in the community where we will be working. The organizer helps us recruit and train volunteers from our host community in meetings that begin months before the mission. With their help, we figure out how many patients should be invited from each neighborhood or village. We stress who we want to see — people with little access to medical services, the most indigent, and those with

cataracts or other vision problems. We ask the volunteers to go out into their community, identify those who should come to the clinic such as those who can't easily access health care or can't afford to purchase medications or eyeglasses, and give them a ticket for entry.

We also meet with local authorities — most crucially, with the director of the local health care clinic, as we cannot refer patients with complex conditions to government hospitals without the stamp of a doctor from the local clinic. It's a good challenge to convince local clinic directors that we are there to supplement what they are already doing well rather than competing with them. We communicate that we are impressed with preventive services they provide, like vaccines, and how

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we hope to be able to add to what they offer. Our in-country coordinator and the visiting mission leader also introduce our mission to the mayor and to the local chief of police during the preparations for the trip; they often help us with patient transportation and with security.

ADJUST YOUR MISSION TO THE NEEDS OF THE LOCAL COMMUNITY.

In our early missions we discovered that vision checks and access to prescription glasses were huge unmet needs in Salvadoran rural communities. Because PeaceHealth does not have a large optometry program, we reached out to optometrists outside our health care system. With their help and recycled glasses from the Lions Club in Bellingham, Washington, we have been able to add a vision clinic that is always the most popular of our offerings. Discovering many patients who had no way to access cataract surgery prompted us to begin the eye surgery mission.

Conversely, we offered a woman's clinic for many years, with gynecologists or nurse practitioners performing Pap smears, breast checks, pregnancy checkups, etc. We discovered three years

ago that more and more of our patients already had access to these services from their local health clinic, so we no longer offer that clinic. It's crucial to listen to the people you are serving and to talk with local health authorities to find out what is really needed.

MANAGE THE MISSION EXPERIENCE FOR TEAM MEMBERS.

Good information before the mission is key. In PazSalud we have put together a briefing book for team members that we distribute through email that includes the week's schedule, the nature of the community we will work in, basic guidance on weather, clothing, food, avoiding sickness and more.

We build equality among team members by identifying them with their first name only on name tags - "Allison" might be an M.D. or interpreter or optician. Our teams include people from many different divisions of our health care system, so we may have a volunteer from housekeeping interpreting for a family medicine provider, or a senior executive learning how to read and fill an eyeglasses prescription. Because of PeaceHealth's generosity, we are able to fund the entire mission experience, including travel costs, and this has been a key to bringing together this very diverse group of volunteers.

Those organizing a mission must be present and attentive through every moment of the clinic

week. As well as needing help with particular issues or problems, team members will see distressing conditions and hear disturbing stories. They will experience poverty and the effects of poverty at a level and scale beyond what they experience in our hospitals and clinics. PazSalud's mission leader and coordinator are always easily visible and available throughout the mission week to listen and to share their knowledge and experience.

We ask team members to contribute daily reflections as we travel on a bus to our mission site. Our final day in El Salvador includes time to write and share reflections and to make suggestions for future improvement to the missions. Above all, we help our team members see and value the courage, warmth, community support and strength of their patients, and to learn from them.

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