

# MEDICAL MISSION AND IMMERSION TRIPS

## *Is Intent Dovetailing Outcomes?*

In the coming year, CHA will conduct a research project to consider how short-term medical mission and immersion trips sponsored by Catholic health care organizations are impacting the communities and people we are trying to help through our international outreach activities.



**BRUCE  
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This project was on my mind during my last trip to Port au Prince, Haiti, as I started looking and listening to other people on the flight. There were some Haitian passengers on board, but the plane seemed full of Americans and Canadians traveling on behalf of organizations much like those that make up Catholic health care. There were a couple

of groups sporting matching T-shirts, several people wearing organization apparel and folks like me who were casually dressed, like tourists.

Despite our differences in appearance, I believe that most of us were connected by a common thread — we all believed we were going to help; we were traveling to Haiti to provide assistance and fulfill a mission of service. But as we planned for our arrival, should we have been asking ourselves if our personal or group activities in Haiti would actually be of benefit to the intended recipients? Would our help create lasting, sustain-

able benefit that flows from and through the Haitian culture?

My musings on that flight and subsequent work have been fueled by a May 24 blog by Judith Lasker, Ph.D., a sociology professor at Lehigh University in Bethlehem, Pa. Lasker offers a summary of her upcoming book about the outcomes of short-term international volunteer programs in health. She said it is based on research she conducted to gain understanding of the scope and nature of the volunteer industry, “benefits and costs to the ‘recipients’ of service, the ways in which they have been and could be evaluated specifically with regard to their value for host communities, and the characteristics of the best programs in terms of such benefits.”

I hope this excerpt from Lasker’s article will open a ministry-wide discussion about our own activities — and their intended and actual outcomes:

The history of foreign aid is littered with cautionary examples of waste and of good intentions gone bad — innovations that were rejected by the people who were intended to use them: gifts of food and goods undercutting local producers and increasing hunger and poverty; staff training that resulted in health professionals from poor countries finding jobs elsewhere; water purification systems that did not function properly or were not accepted by communities for political and cultural reasons. As international volunteer programs become

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ever more popular, are they experiencing similar failures? Do short-term volunteer programs also introduce ill-suited technologies, reinforce dependency, devalue local knowledge and culture, and promote stereotypes among both hosts and visitors about the superiority of Western technologies and techniques?

Indeed the criticism of short-term volunteer efforts has grown, with references to “drive-by humanitarianism” (Nagen-gast, Briggs, & Misawa, 2012), “cowboy” surgeons (Wall et al., 2006) and “slum tourism” (Frenzel, Koens, & Steinbrink, 2012). Some claim it is a new form of colonialism, in which the wealthier continue to extract benefits (e.g. satisfying experiences, career-building credentials) from the poor, all the while believing that it is in the best interests of the latter and a demonstration of the humanitarianism of the former (Cohen et al., 2008; Devereux, 2008; Boffey, 2011).

The full article can be accessed on the “Building a Better World,” website, a site devoted to the pedagogy and practice of global service learning. You can access the site and the article at <http://criticalservicelearning.org/2013/05/24/giving-back-short-term-international-volunteer-programs-in-health/>.

CHA’s research on medical surplus recovery has helped our ministry more deeply consider what should and should not be donated from our surplus, based on tenets of the Catholic social tradition. We learned that while the goals were right, the processes and procedures we and our partner

medical-surplus recovery organizations were using created burden and waste in many of the countries. Now, with this understanding, we can best try to responsibly donate equipment and supplies that support those providing care and have a positive effect on health outcomes.

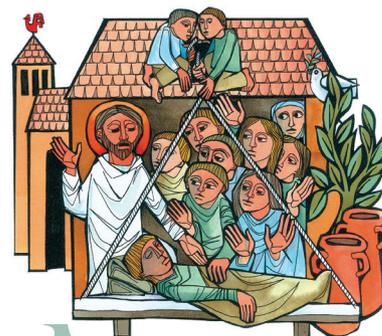
#### NEW RESEARCH PROJECT

Similarly, CHA’s new project will examine short-term medical mission trips and programs sponsored by Catholic health care organizations in order to share successful practices, lessons learned, considerations and other useful information. We will start with a survey designed to identify some of the following:

- The types of programs happening
- How partners in this work (both here in the U.S. and abroad) are selected and evaluated
- How goals are set for both the sponsoring organization and the in-country solicitor
- Criteria for the selection of trip participants
- What pre-trip preparations are required and made, including security issues
- Activities once participants are in-country
- Post-trip activities (debriefs, follow-up evaluations, other)
- How impact is measured, including environmental impact

Please contact me if you have special interest in this project, want to be included in the survey or have resources to share.

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## A Shared Statement of Identity For the Catholic Health Ministry

**W**e are the people of Catholic health care, a ministry of the church continuing Jesus’ mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope. 🕊

As the church’s ministry of health care, we commit to:

- Promote and Defend Human Dignity
- Attend to the Whole Person
- Care for Poor and Vulnerable Persons
- Promote the Common Good
- Act on Behalf of Justice
- Steward Resources
- Act in Communion with the Church

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# HEALTH PROGRESS®

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