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Health Care Missions: Proclaiming Jesus and Healing Lives

AMANDA MADRID

Working in the field of health care is a great privilege as it provides a variety of opportunities to serve others in a holistic way, considering spiritual, physical, social and economic needs. It is one of the most rewarding experiences possible, putting God's love in action, responding to personal calling and using technical abilities and personal strengths. At the same time it presents a world of challenges including sadness, heartache and occasionally a sense of impotence and frustration. Health care missionaries are often called to serve people in extreme poverty with lack of access to modern health care services, economic resources and educational opportunities. Working with the less fortunate means constant contact with preventable diseases, as well as cultural beliefs and practices that can have adverse effects on health outcomes. More recently, security concerns have increased, adding stress to an already challenging work environment. However, working in the field of health care missions presents an opportunity to be encouraged and to reevaluate one's own perspective. It enables you to see people's positive attitudes in the midst of difficult situations with very few available resources. It reinforces the value of each person as precious. The challenge and opportunity is to help bring people out of their suffering and into a world where hope exists. Embracing God's principles, they can be brought into peace and healing by empowering them to take responsibility for the behaviors affecting their health.

At MISSION PREDISAN our vision states that we exist as a Christian health care organization so that individuals and populations in the PREDISAN service areas experience wholeness—physical, spiritual, social, economic and environmental health—according to God's redemptive plan. We are not content to simply address a person's physical needs, or only their spiritual needs. It is the whole person that needs healing and it is rare that only one aspect of a person is sick. In order to really accomplish the mission that Christ has given us, we have to address sickness on every level of a person's life. The mission statement begins with the Spanish word *impulsar* or "to give impulse"—meaning our desire to stimulate the process of transformation in an individual's life. Our mission is: to stimulate the process of transformation in the lives of individuals as human beings capable of achieving whole health and socioeconomic development, according to God's redemptive plan.

We were born twenty-six years ago in Catacamas, Olancho, Honduras, and have grown and developed as a highly structured local health care system consisting of six rural primary health care clinics, a robust outpatient clinic with pharmacy, radiology, laboratory and operating theaters, providing general medical care as well as specialty care, and an inpatient addiction treatment center. PREDISAN is God's idea planted in the mind of a missionary family, Dr. Robert Clark, his wife Doris, and their children Kendra and Robert Jr., who had previously worked in Guatemala, Africa and Asia. They visited Catacamas for the first time in 1985 and moved to Honduras in 1986, after attending language school in Guatemala. The original concept was to bring medical training to students being trained in the Bible school, Escuela Biblica Honduras, to be able to serve and meet the spiritual and physical needs of Hondurans living in remote mountain communities. These preachers, upon graduating, would return to their remote hometowns to implement their training in basic health and spread the word of God. PREDISAN's vision was to fulfill the commission

stated in Luke 9.2—to proclaim the kingdom of God and to heal the sick. The name PREDISAN is actually an acronym of two Spanish words, *predicar* (to preach) and *sanar* (to heal), both found in this verse. In 1987, I joined their team as a native Honduran physician, bringing my personal calling, energy and cultural knowledge to the ministry. In those first few years we had very few staff members and saw patients in a rented space in a church building in town. We now have a fully-staffed clinic on our own property. After twenty-six years of service to the Catacamas area, we have grown and been molded by God into a mission that can truly accomplish his plan for Honduras.

The opportunities that we have in missions are vast. We are called to a mission field as God's instruments to be one in Christ and work across cultural boundaries, looking at each other as equals instead of from above. The idea is to go to where there is need, to live in the target communities, and work with our neighbors to find solutions together. We don't want to make the community or the local people dependent on us as missionaries to give them the things they need. Our goal is to teach them and give them the tools to be able to lift them-selves up. One of my favorite examples is that of the two friends, elephant and mouse, who held a party. Unfortunately the elephant was so excited and enthusiastic that he did not realize until it was too late that he had trampled over his friend the mouse.¹ This example demonstrates how some missionaries go into a community and act; this is the approach we want to avoid.

In missions, we cannot fly in with our Jesus hats and offer aid to the poor and then fly out just as quickly—this type of mission work accomplishes very little. The community learns to expect North Americans who show up with presents and fancy items. Then when the missionaries leave, they go back to their same way of life, having learned little. A good missionary identifies the needs and assets of the community to really address the underlying problems, instead of simply providing a short-term fix that brings lots of smiles and laughter. The key is “promoting an empowering process in which all the people involved—both the ‘helpers’ and the ‘helped’—become more of what God created them to be.”² We need to be empowering these community leaders to address the problems of the community head-on, so that they feel capable and important. Then the community can truly achieve development and a better quality of life.

For example, when the medical brigades come to PREDISAN to offer their services, our nurses and doctors work alongside them in the operating room. They learn techniques and benefit first-hand from the generosity of the visiting physicians. Our medical staff knows the surgeons who have come consistently every year and they develop relationships with them. This practice of working beside the missionaries not only empowers our Honduran staff, it also exposes them to the love of Christ evident in the lives of the missionaries, who have come to bring hope to the poor of Honduras. Robert Munson writes, “Medical mission events that do not lead to long-term positive impact may be an unnecessary waste.”³ Creating long-term impact requires teaching local people what they must do to make a positive change in their community. Of course we have had many challenges along the way to achieve this model. Every day in mission work is a challenge; however, with the right motives, the right people and Christ at the center, we can overcome these challenges. The right motivation is crucial: “Much of the success on the field will depend upon the quality of motivation, and candidates need to be encouraged to honestly assess their reasons for wanting to do missionary work.”⁴ The missionary needs to have Christ in his heart. Robert Munson enumerates the right motives as: 1) the example of Christ to love others and to express that love in tangible ways; 2) concern for the varied needs of the community; and 3) the desire to empower the church to impact its community.⁵

¹Steve Corbett and Brian Fikkert, *When Helping Hurts* (Chicago: Moody Publishers, 2009), 162.

²*Ibid.*, 105.

³Robert Munson, “Healthy Medical Missions: Principles for the Church’s Role in Effective Community Outreach in the Philippines,” *Mission Musings*, 2012, <http://missionmusings.files.wordpress.com/2012/08/healthy-medical-missions-article.pdf> (accessed August 29, 2012).

⁴Carl Mitchell, “Psychological Factors in Missions,” 9.

⁵Munson, “Healthy Medical Missions.”

When missionaries go into the field as a way to find or affirm their own faith, out of an obligation, or as an escape, their efforts will not be as effective and they will not stay long in the field. The true desire has to begin with the Lord. Carl Mitchell expresses it in a similar way, stating that successful missionaries have a “combination of the following motives: a love for the lost; the Lord said go; a matter of practicing what you preach; a sense of duty growing out of love for the lost and for the Lord; a realization that the gospel is for all.”⁶ A good missionary must remain focused spiritually on God and listen to his calling. When working with more than one missionary, as is the case with PREDISAN, the group has to come together in unity and carefully select the people with whom they will share their mission. It is extremely important to look for spiritually-minded people with similar goals who feel the same calling as the missionary. With the correct motives, and the right people surrounding you with encouragement, reflection and accountability, it will be hard to fail. We believe that there is a reason that God has kept us here, in Catacamas, for twenty-six years, when other missions around us have come and gone and businesses have been built up and torn down.

Working alongside the local communities as we try to teach them and bring them out of poverty and disease, we are giving them new life. They are no longer ignorant about health care or helpless to change it. When we go into the communities to do weight checks and growth screenings, we teach the mothers how to prepare healthy meals with what they have so that their children can grow up healthy. We watch as the mothers themselves take responsibility to change their children’s futures. Fewer children are suffering from malnutrition and more are reaching a healthy weight. We provide materials so that a family can build water reserves and bathrooms, teaching them sanitation. Then the family builds it and stands back, proud of what they have been able to provide their family with their own hands. The people and leaders of the community begin to realize that they are not helpless, that they can contribute to the betterment of their country. The scholarships that PREDISAN provides to children of low-income families help them reach their goals of getting an education; then they are able to come back and contribute to the economy and growth of their community. When we educate our own, hopefully we empower our community and put them on the road to improvement, whereas if we were to just send an expert into the field, the community would remain at that level, dependent on someone else to bring them out of their suffering. If we can bring just one community out of isolation and suffering, teach them better practices and empower them, more communities will be changed. Jesus promises us, “And surely I am with you always, to the very end of the age” (Matt 28.20), and whenever he is with us we know that we can trust him to accomplish his will through us.

Some of the key strategies for success have been:

1. Entering the medical mission field with the assumption that all humans are equally valuable and capable, that they are made in God’s image regardless of gender, race or nationality. People are capable of learning, and they need the opportunity to learn.
2. Approaching missions with the plan to “work yourself out of a job.” The role of health care missionaries from North America in the development and growth of MISSION PREDISAN has been, is, and will continue to be vital. However with time and cultural changes these roles have needed to adapt. In the past, the North Americans would go as pioneers to “identify needs and start medical missions.” Now there are significant numbers of nationals in developing countries with education, spiritual maturity and the desire to help their own people. There is a wealth of knowledge and experience among health care professionals in the United States, a culture of voluntarism and people that can serve as long- and short-term missionaries. Now the role of North American missionaries can shift to serving as mentors and coaches for national medical missionaries. In the early 1980s at PREDISAN there were fifteen to twenty full-time North Americans. PREDISAN is run now by eighty-one competent Hondurans and one full-time North American. There are also numerous North American volunteers serving on the board, board committees and in brigades, as well as students working on advanced degrees and doing field work.

⁶Mitchell, “Psychological Factors in Missions,” 9.

3. Recognizing that quality of care is critical to the medical mission's success. In the past there have been stories (false or true) of medical professionals from more developed countries working in less developed countries trying things that are not considered acceptable medical practice at home. Historically there has been a belief that because it is "church or charity work," the same standards do not apply. North Americans can have an important role training nationals in improving quality standards and monitoring credentials. A rule for a health care professional coming to work in PREDISAN is: "If you are not licensed or qualified to do it in the United States, you are not licensed or qualified to do it here."
4. Using a multidisciplinary approach to develop a health care mission, which is as important as it is in a secular health care service. Churches and foundations have an abundance of skilled individuals such as administrators, engineers, computer experts, biomedical technologists, lawyers, translators, etc. It has been a myth that to be in the medical mission you have to be a doctor or a nurse.
5. Establishing sustainability. Look for opportunities for local funding and strategic local alliances. It is important to get out of religious isolation and leverage resources with others without losing your vision and mission. One of our great experiences has been receiving funding from non-church organizations such as the United States Agency for International Development, Inter-American Foundation, the Peace Corps, Japanese Foreign Aid, private foundations and foreign countries through local embassies including the Netherlands and Canada. These financial partnerships provide a non-traditional model for expressing the love of Christ that many partners have never seen before.
6. Taking care not to duplicate efforts with other ministries or with the government. Medical resources are expensive and duplication does not help. If not careful, medical missions can be misinterpreted and seen as unfair competition with local medical business or government services. Compliance with the local laws, even when it can be frustrating and complicated, is required. This can provide an opportunity to witness and serve as a good role model.
7. Developing long-term relationships with the communities we serve and the partners we work with (volunteers, brigades, donors, etc). At PREDISAN, we have succeeded in creating long-term relationships with our communities. In 2012 we had forty-six groups of visiting North Americans, ranging from short-term volunteers to medical brigades. When a group comes consistently for a couple years, each year they come, they visit the same community. They develop relationships with the leaders, the families and the children in that community so that they know who and what to expect the following year. The community members know their names and look forward to their next visit, developing a stronger connection and a deeper relationship with the missionaries. Most trips consist of Bible school classes, English classes, games with the kids, basic healthcare packages and water sanitation projects. With the sanitation projects, the families are preselected, materials are bought, and the families themselves make the necessary preparations on site. Then once the missionaries arrive, they work alongside the families to finish the construction. This way, they can feel the love of Christ through the servant hearts of the missionaries, and at the same time take pride in what they have been able to bring to their family.

I have been blessed with the opportunity to work with PREDISAN, a very successful medical mission. Over the years we have been able to help people improve their quality of life in maintaining and recovering their health. We have helped thousands of people in this community. We have had hundreds of missionaries work with us. We have enjoyed numerous successful partnerships. We can call ourselves a successful mission by all measures. But the real measure of success for me as a health care missionary was exemplified recently when I visited Doña Genoveva. She is a small, gentle, seventy-five-year-old woman who lost her husband of sixty years in 2011. She has raised eleven children and has more grandchildren and great-grandchildren than she can count. She started as a patient twenty-five years ago, and became a dear friend. As we were sitting in her small primitive home with a tin roof with the rain so loud you had to bend nearer to hear her voice, I was touched by how little she needed to be happy. There was a sense of peace

and contentment that emanated from her. I felt the presence of God just being with this precious person. She has no material wealth and lives in unacceptable conditions by any measure. However, she has no needs or wants. What she gave to me in friendship and by example is something that cannot be bought or paid for—what we do in the mission field is about people like her. We may bring Christ to people but we are also shown Christ through people like these and it is then that we are truly given perspective and can remember what health care missions should be.

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