

Questions Often Asked

Why the focus is not just the medicine

Though committed to the very best medicine possible, providing medical care is not the highest aim of the trip. Medical care by its very nature is episodic and limited in scope. It expresses compassion and changes lives; however, it assumes its greatest impact when it serves to direct people to eternal values. We can touch peoples' lives medically for a week. We can touch peoples' lives spiritually for an eternity. We do not want to lose sight of this greatest good.

Why we have a spiritual clinic

Before the people we see pick up their medications in the pharmacy, we provide the opportunity for a spiritual clinic. This spiritual clinic is staffed by national Christians from the area who pray with our patients for any needs they may have. For many, the provision of medical care - - the first they have ever had, opens their hearts to see God's concern for them and their families. This can be a turning point in their life to trust God, not simply for physical needs such as health care, but with their whole lives. This transformation can have a lifelong, even eternal impact upon them and their families.

Why we seek to provide something for each person who comes to the clinic

Pharmaceuticals, a family photo, pediatric dental kits, vitamins, eyeglasses, in addition to the medical care, are all given with an eye to helping them attach to a local ministry that can provide for their ongoing needs. We do not want their appreciation to be directed towards us - the American Medical Team. We want their gratitude to be directed toward the ongoing ministry and permanent presence of our host missionary and the nationals who help with the clinic. We function in partnership with them, at their request, and as their representatives.

How does the medical concept of "Goodwill" influence our approach to Medical Missions?

"Goodwill" is the term used to designate an intangible consequence of the doctor-patient interaction. It may be from exceptional medical acumen or a warm bedside manner. It may be the compassionate presence of a doctor in a life or death crisis, or it may be a house call for a child's earache. It may intangibly summarize 10,000 charts and 30 years of positive doctor-patient interaction. But the consequence of all this is something very real and powerful patient loyalty and trust. Often when a practice is sold a monetary value is assigned to this intangible asset. This is when it is often called, "Goodwill."

The question for medical missions teams is how does this concept of "Goodwill" apply to what we do?

For people who do not have ready access to healthcare, an American medical team in their community can almost seem miraculous. To have that healthcare provided by a caring team of competent health care professionals generates tremendous appreciation and - - - Goodwill. To garner this for ourselves alone is very misguided. It is misguided because the care we provide is episodic at best and breeds dependency at worst. It may build our egos, but it ultimately is very counterproductive.

We provide care at the invitation of and as extensions of a local indigenous church and under the Medical directorship preferably of a local physician. We want to direct this Goodwill to the local resources not to ourselves. We provide medical care as an expression of God's love for them, the local church's concern for this community, and our local medical directors' commitment to provide care for their patients. In this way, long after we have gone, the lives we touch will be connected to a sustainable ongoing network of people whom God has empowered.

Why we use Travelguard, take out special trip insurance, and sign liability waivers

Safety, contingency plans, and full disclosure are all part of our commitment to responsible logistics. If something unexpected occurs, we want to know that we have done everything we could possibly have done to prepare. Travelguard is the number one travel insurance company in the world - - and happens to be in Stevens Point. It is an excellent company that can represent us to the travel industry if there is a problem. They have been invaluable to us on past trips.

Insurance and waivers are a recognition that traveling to a developing country carries risks to which we are typically not exposed. As a faith-based trip, we acknowledge these risks, prepare as thoroughly as possible for them, and leave the ultimate issue in God's hands.

Why in-country money issues are all prearranged

If you choose, you may demonstrate your proficiency in a non-dollar currency in the markets on Culture day; however, we do not want the focus on these trips to be on finances. Daily food and transportation thus will be covered. There will be significant challenges in the Medical Clinic. There will be many valued team member and national interactions. We desire that our heads and hearts be focused here rather than how many pesos convert per dollar or whether we were overcharged for the food.

Why we photo-journal the trips

We are not tourists. We do not view “the locals” as photo curiosities. We do not take photos to tug on the heart strings or purse strings of people back home. We take photos to reinforce memories, to accurately represent these medical missions for people who are interested in partnering with us in the future or duplicating these trips, and to create a lasting connection with the people we have served on these trips. Photo-journaling these trips can conserve the impact of these trips upon our lives far beyond the limited time we are there. Photo-journaling can reinforce a sense of calling to ongoing involvement in faith-based medical missions.

Why we judge a trip successful when both of these two questions are asked:

By the team, “Where are we going to go next year?”

By the host missionary, “When can we have you back for another medical missions trip?”

Much of what is done on these medical missions trips is done as much with an eye toward recruiting and partnering for future trips as for the present trip. In other words, we try to maintain a long view. Sustainability/Reproducibility are core values. Logistical “sloppiness” , team member burnout, ineffective missionary partnering, vacuous spiritual focus, cultural insensitivity - - all these would result in declining interest in individuals serving on a team or host missionaries inviting us.

Why we encourage non-Woodlands people to be part of these trips

Non-Woodlands people are valued members of these teams. In the Stevens Point area there are many people who have a heart to serve on a faith-based medical team. It is something they have always wanted to do, but simply haven't been given the opportunity. We view it as a privilege to facilitate these opportunities.

Why we typically do not have nightly meetings with national Christians

Working a medical clinic in a developing country is not like working in our own medical clinic in the states. New language, new culture, new location, new patient population, new diseases, new staff support, new clinic infrastructure, new almost everything - - make almost everything harder. In fact, the only thing you will find easier is documentation. A full day in the clinic is a FULL DAY. As much as we might like to participate in nightly meetings with nationals, attempts to do this in the past have proven counterproductive. Team dinner meetings allow for an opportunity to strengthen team cohesiveness, suggest clinic improvements, and reflect upon the events of the day. These activities are invaluable - - as is a good nights rest for the next day of clinic.

Why we stay in hotels and eat together

There are four primary reasons we stay together in a hotel as a team - - to avoid logistical nightmares, for safety and health issues, host limitations, and to prevent team fragmentation. The alternative to staying in a hotel would be to stay in the individual homes of nationals scattered throughout the neighborhoods the medical clinic serves.

This could be incredibly problematic for a medical team. Logistics such as housing, scattered site transportation demands, cultural, language and currency issues, schedule keeping and inter-team communication could all be huge headaches. Safety and health concerns are paramount. Some neighborhoods juxtaposed to the medical clinic may be unsafe unless with a group, food-borne illness is easily acquired. One assault or robbery, one significantly debilitating bout of Montezuma's revenge could easily bring the clinic to a halt. Our best provision for safety is our first obligation to individuals who step out of their comfort zone and serve on these medical teams. Host limitations to accommodate large groups or multiple groups is significant. Our host missionaries help us here in knowing how to serve and not be a burden on the nationals. And finally, team fragmentation is avoided by staying together as a team. Some of the most significant moments on these trips will be the morning and evening team meetings as crucial logistical issues are addressed and time is spend reflecting on the spiritual dimension of the trip.

Why we stay together as a group and have a buddy system

In a third world country, minor problems can quickly escalate into major problems. A medical team that is highly interdependent cannot afford to "misplace" team members. One such "misplaced" team member can bring a team clinic to a halt. It can pull Trip Directors and Host Missionaries away from more important tasks and even develop into a dangerous situation. These scenarios are legion. Please trust your Directors' and Host Missionary's limitations on unscheduled side trips regardless of how confident you are in your excursions abilities. Also, be conscientious of the buddy system which makes you responsible for another team member partner. Adherence to meeting times, gathering points and team responsibilities will allow the entire team to stay focused on the reasons we are in country.

What is the Buddy System and how are housing arrangements handled?

The Buddy System makes you responsible for your "Buddy" outside the clinic time. We do this to support team cohesiveness, schedule, and safety when the team moves from the airport to the hotel, to the church, to the clinic, to restaurants, and to markets, etc. You will often hear the question, "Where is your buddy? The correct answer is "He is right here."

Housing arrangements are made by the Trip and Clinic Director. If you have a roommate preference, let them know as early in the process as possible. We also have learned that separating married couples for the week has benefits to couples connecting better with the team. This is not a hard and fast rule- but please be open to this possibility. We will try to honor preferences if possible.

How do we handle the crowds of people who come for medical care?

One of two approaches is common with medical teams: first come, first served, or prearranged appointments. Both approaches have their strengths and weaknesses. In most cases, our preference will be to use prearranged appointments. Prearranged appointments are possible when you have a reasonably good sense of how many patients a team will be able to see and local leadership who can prearrange these appointments.

From experience, we know that we can see approximately 1200 patients. We work hard to partner with local leadership that can prearrange these appointments. By providing for 1200 “appointments” in advance with this local leadership we accomplish several objectives.

First, this submits our efforts to local leadership. By empowering the local church leadership and the local physicians to select patients for us to see, we connect the clinic to these local leaders. We provide them opportunities to extend the medical care to those they know would most benefit from our efforts. As a result, our patients are more likely to maintain a very important and ongoing connection to this local leadership.

Secondly, prearranged appointments can provide for a more efficient clinic flow without the crush of crowds each day. More energy is expended in direct patient care and less in crowd control. Care can be provided in a less frantic and more compassionate manner.

Thirdly, prearranged appointments reduce the apprehension, desperation, and frustration for those needing medical care. Long lines of patients desperate for care can precipitate conflicts and high-risk behavior that is not in anyone’s best interest. These problems with all the negative fallout are then “owned” by the local leadership and effecting them negatively. We end up doing more harm than good. Obviously, we do everything in our power to see truly critical patients.

Finally, a particularly ugly assumption often made about the poor in developing countries, is that they have all the time in the world - - - an assumption we obviously do not make with our own patients! It is true that waiting lines are an unfortunate way of life for many people in developing countries; however, we should not for that reason alone subject people we serve to waiting in line. The people we serve often work on very sharp margins. Giving up a week waiting in lines can severely impact their ability to feed their family.

God’s love that we express in caring for these patients is a special love. It is a love that should be extraordinary. It should be different than anything they have previously experienced. Respecting their time, their life is something that we can express in our prearranging these appointments.

Why we don't work through the evenings to see more patients

If it were just about the medicine, we would do whatever necessary to see as many patients as possible. We would be in clinic every single day and until all hours. We would likely have minimal spiritual focus and be like most other secular short-term medical trips - - burned out by the end of the week. Instead, at about 5 pm the clinic is closed. The team goes back to the hotel, freshens up, and has a sit-down meal in a nice restaurant. We then go back to the hotel, have a team meeting to reflect upon the events of the day - and then get a good nights rest. You will work hard enough in the clinic during the day to value that sleep and appreciate this schedule as the week goes on. Our goal at the end of the week is to have everyone asking, “Where will we go next year!” Remember sustainability, sustainability, sustainability!

Why we work with host missionaries

It would be impossible to do these trips if we did not partner with host missionaries. They are indispensable for a variety of reasons:

- They know the people and the area they serve.
- They know the language and culture
- They arrange for the clinic site and accommodations.
- They coordinate innumerable logistical details.
- They facilitate the involvement of national health care workers and interpreters.
- They conserve and nourish the long term impact of these medical trips.
- They are committed to the people we serve in the clinic long after we are gone.
- They deserve our utmost respect and gratitude - - we could not do these trips without their involvement.

Why we encourage and facilitate national involvement in the clinic

Working with national health care workers has a number of advantages. We can extend our medical training to these local doctors even as we learn from them about endemic diseases. Follow-up care for our patients is arranged and good will is generated in leaving the unused pharmaceuticals with the doctors who help. Local interpreters provide an absolutely essential service and these national workers create a connection with the country that is invaluable.

Why in our training we discuss team unity and conflict resolution

Without a commitment to team unity and instruction in conflict resolution, taking a medical team to a developing country would be like herding cats in a dog pound! Medical professionals are often type A personalities used to being in charge and having a supportive environment that maximizes efficiency. We work to provide the best clinical environment possible under the circumstances, but it may be a far cry from a Central Wisconsin clinic or Operating Room. Also with a team of 20 - 25 people, we occasionally may be in fairly tight quarters. These issues in combination with a new culture and hard work can be trying. Learning to accept these limitations, functioning outside one's comfort zone, keeping the focus on serving as best we can, and prioritizing team unity will keep conflicts at a minimum. We also encourage team members to discuss issues with the Trip Director or Medical Director. In as much as possible we want understanding and harmony to prevail.

Why we encourage physician mentoring and family involvement

We are committed to sustainability and reproducibility for these trips. We encourage doctors to bring young people with an interest in medicine or missions to be mentored as assistants. We also work to allow more than one family member to go on a team. We do this because we believe that training new and future team members is essential to have ongoing medical missions teams. We realize that team members will not be able to go on every future trip. Therefore it is imperative that we develop a reservoir of individuals at Woodlands and in Stevens Point who have a heart for this kind of faith-based medical trip.

Will each trip be just like all the others?

Absolutely not! No two trips will be the same. Each trip will have different leadership, different team composition, possibly different locations, and certainly different patients. Though the core values will be evident with each trip, our goal is not to create Xerox copy trips. We want each trip to be different. We may use different approaches, even "experiment" as we learn better way to do things. So please be open to contributing your best to making your trip uniquely effective and memorable.

Why we consider team composition more important than simply numbers

Each team will be composed of a different combination of directors, doctors, dentists, optometrists, pharmacists, nurses, interpreters, and assistants. There will be a different combination of skills, personalities, and objectives for each trip. Each trip will have its own character - - without relinquishing core values. This uniqueness is a powerful dimension and is not accidental or simply a function of numbers. We also take very seriously our responsibilities as both guests of and representatives for our host missionary. Because of these reasons, trip participation is more personal selection than open invitation. If you know of someone whom you feel would work well on a trip, bring this to the attention of leadership. We want growth for future teams to be God-directed and quality.

Why we stress the importance of compassion and humility as we provide medical care

Regardless of one's mastery of the national language, or one's study of a host country's culture, there will be communication challenges. It is at this point, that assumptions can be made and misunderstandings occur. Genuine love, compassion and humility are the best protections against these misunderstandings. It has been said, "People do not care how much you know until they know how much you care." We want very much for the people we serve to know that we truly care.

Why we have a cultural day

Typically one day is spent seeing the local sights or visiting a market. We do this to provide a balance of hard work with some relaxation. We also want to experience the local culture and people such that for years to come we will have a heart for the people we have served on the trip.

Why we discuss cross-cultural sensitivity

We are guests and representatives of our host missionary. Cultural insensitivity may cause damage that takes years for that host missionary to undo. We will discuss culturally sensitive issues; however, please consider:

- Do not discuss politics or economics with nationals
- Do not argue over theology or culture
- Do dress conservatively.
- Language, attitudes, types of humor and vocabulary must be above reproach
- Smoking and alcoholic beverages are inappropriate

As guests, we do not want our behavior to detract from what we have come to accomplish. And remember, love and friendliness are cross-cultural. A smile bridges the gap of language and culture.

Why we emphasize bombproof adaptability

It has been said that battle plans typically do not survive first contact with the enemy. This is especially true in planning medical mission teams overseas. Regardless of the thoroughness of planning, unforeseen contingencies will arise. As a faith-based trip, we believe that God is in control of these unexpected challenges. Medical missions trips are thus not for the faint of heart. Bombproof adaptability is a core value because of this reality.