

**Richard Scott** and others evaluate a recent mobile medical mission in Maasailand

# Ultra-short term medical mission: IS IT WORTHWHILE?

## key points

In March 2010 seventeen UK health professionals took part in a two week mobile medical mission to the Maasai people of rural Kenya. The Kent GP/evangelist who organised it describes the medical and the Christian aspects.

3,500 patients were treated, and 737 made commitments to Christ after watching the *Jesus* film. Asking 'was it all worthwhile?' the author concludes that 'saving the soul is ultimately far more important than mending the body'.

Three independent experts with developing world experience comment. A cautious 'medical' assessment adds to concerns the author expresses, but all three acknowledge that God can work – and does.

This March, 17 UK health professionals formed the medical arm of a two week mobile mission in rural Kenya, in response to an invitation from a prominent Maasai pastor, David ole Kereto. The itinerary included two days' work in each of four places, running clinics in primary schools, a church and a health centre. Reflecting on the trip back home, I ask the question – ultra-short term medical mission: is it worthwhile?

## Background

3.5 million Maasai inhabit southern Kenya and northern Tanzania. Known for their distinctive dress and nomadic lifestyle, their desire to maintain traditional practices has slowed tribal conversion to Christianity. Pastor Kereto estimates that while approximately 70% of Kenyans regard themselves as Christians, the comparative figure for the Maasai is 1-2%.

Cambridge-based 'Through Faith Missions' have been sending evangelistic teams to Maasailand since 2002, as well as raising money for education, wells, and famine relief. Now we were invited to bring a medical team – aware that work done would not be in isolation but part of a bigger, co-ordinated picture.

## Challenges

Bringing a team is only the start. Would rural patients hear about it and attend? Which diseases, what kit, and how many medics would we need? In such a short mission, the need to 'get it right first time' was clear. In addition to our team costs, we needed £10,000 to buy medicines and fund some projects abroad – could busy people raise this amount?

It was to be as much a Christian mission as a medical exercise – would the team be at ease with prayer and evangelism at work? Local evangelists would be showing the *Jesus* film by night, and our medics would be giving testimonies at the beginning of each clinic. With only two regular preachers but eight preaching slots and church services to cover, would the team rise to the occasion?

## The team

So – before recruitment – prayer! Several of those approached commented on God's remarkable timing in their lives. Some came via a CMF conference or the website, others through church. The team of 17 was made up of eight doctors, four nurses, two dentists, an occupational therapist, a physio and a laboratory technician. Nine had been

to Africa before – six had worked there – and eight were first timers.

### The trip

We treated 3,500 patients over the eight days, with hundreds of teeth extracted and spectacles dispensed. Postnatal ladies and a suicidal woman were visited at home as well as a Maasai evangelist who'd just lost his son. 2,640 people watched the *Jesus* film and 737 made commitments to Christ.

Unused medicines and equipment were distributed between two health centres – one thriving, the other struggling. Some of the funds we had raised were allocated to medical projects and evangelism – providing a laptop and projector for schools work, and contributing to vehicles and training for local pastors.

### Is ultra-short term medical mission worthwhile?

Beyond the feel-good factor, was the cost in time and money worth it? Medically, some immediate benefits were obvious, particularly following practical procedures. Local feedback reported that our medicines were also powerful! One Sunday at a remote church, the chief asked for a future medical team, commenting that they'd been late to receive the Gospel and had never had medical aid. For Maasai Christians, both were clearly important.

For the team members, it was medically challenging and great fun. Seeing needs first-hand and using funds raised is more satisfying than merely sending money. It was spiritually challenging as well, stimulating us to pray and depend on God, and to develop skills such as preaching, leading and praying for patients – skills which can be used back in the UK.

In medical terms, clearly one can do far less on a short mission trip than if working long-term in an established hospital, but the little that one can offer is still highly appreciated. However, I believe that saving the soul is ultimately far more important than mending the body. Paul writes 'I have become all things to all men so that by all possible means I might save some'.<sup>1</sup> Medicine is a means by which communities receiving healthcare also receive something more vital – the Gospel.

*Richard Scott is a part-time GP/evangelist in Margate and a former Medical Superintendent in Tanzania*



## Three independent experts comment

**R**ichard Scott's question is an important one for the 21st century, as short term teams become more and more part of the mission scene. They can be a blessing but in 12 years' work in Africa I have also seen some negative consequences. The standing of local clinicians and health centres can be diminished, as they do not have the drugs and equipment that the team brings.

Short term visitors cause a lot of work for hosts and there are many mission spouses who groan inwardly when they hear of another group coming! On the spiritual side there can be a failure to integrate with local church work unless there is good planning for follow-up, and careful preparation beforehand. This needs to involve more than an invitation from a keen individual. And there will never be a lack of invitations as there is always someone in a poor country ready to welcome rich visitors!

Having said that, God is sovereign and in his world can use any person or organisation in any place, sometimes in unexpected ways. There are many who subsequently give long term service as a result of short term 'taster' visits, and there are also those who become regular short termers, visiting the same place each year, and their usefulness grows each trip. Through Faith Missions have been visiting Maasailand since 2002.

My advice to those thinking of short term mission trips is: don't go unless there is clear evidence that your visit will support local medical or church work. Ideally one member should do a reconnaissance trip first. And don't go unless at least some members of the group are considering a longer term relationship – there are too many one-off shows in life.

*Professor Chris Lavy, consultant orthopaedic surgeon*

**T**he health needs of a semi-nomadic people will never be easy to meet, and the impact of a one-off medical mission is likely to leave a limited health legacy. It can only reach a snapshot of those with chronic disease and opportunistically help those who fall ill on the day the team appears. As an alternative to existing services, overstretched and under-resourced, the team will be welcomed and certainly see and help a large number of people. Opportunities to work alongside national staff and for skills to be transferred will be limited, if not next to impossible.

'Lord, help us to see as you see' was our prayer on the recent short overseas trip I made with a team from our church. Richard Scott asks us to see this medical mission in the context of a bigger picture, of an ongoing relationship with a proud and noble people where gospel opportunities exist. Both sowing and reaping took place. If this mission becomes part of the narrative of these communities and nudges some towards transformational change, it becomes less relevant to calculate a cost per health benefit, and more important to reflect on the eternal value of lives made right with their Creator.

*Dr Andrew Mortimore, consultant in public health*

**W**hat mission really means is shown to us in the life of Jesus – God willing to become a man, just like us. He felt hunger and pain, joy and sorrow. He left us with the words: 'As the Father has sent me, I am sending you'.<sup>2</sup> What a challenge!

Medical mission is not so much an action but a lifestyle, bringing Christ to where he has called us to be. It is feeling the need of others and being there for them, speaking their language and learning their culture so that we can understand their strengths and values. It is respecting them and including their resources in meeting their needs. At the end we will see that it is Christ who will work the miracle in their hearts and change their lives around, and ours.

Medical mission that does not only see diarrhoea or malnutrition, the cleft palate or the Kaposi sarcoma, but brings health and wholeness, restoration and reconciliation will cause transformation of people and society and be truly part of God's mission in this world.

*Dr Gisela Schneider, Director of The German Institute for Medical Mission*

## references

- 1 1 Corinthians 9:22
- 2 John 20:21