

## Medical Missions: Care and Controversy

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Humanitarian service is a fundamental tenant of most major religions, and has a particularly important place in Christianity. Christian missionaries and religious organisations have long played a part in the provision of health care services to many isolated and impoverished regions and this tradition continues today. With the availability of cheap airfares and paid vacation time, voluntary health care is now increasingly provided in the form of Short Term Medical "Missions" (STMMs). These are teams of mainly expatriate health professionals who travel to developing nations for a few days or weeks to provide health care to the poor. While these STMMs are sometimes the only form of medical care to which impoverished communities have access, they are also the focus of much controversy and debate, criticised for their limitations in relation to language and culture, resources, personnel, knowledge and time. Religious missions face further criticism, particularly those that proselytise.

Although not all STMMs are religious, religious involvement and religious beliefs have been shown to be associated with a greater likelihood to volunteer.<sup>1</sup> This was evident in my research on STMMs in Honduras, where I found that 50-70% of teams and volunteers were religiously motivated. However, the degree to which religion was a motivating factor – and the level to which it influenced the activities of the team – varied considerably. Some of these teams were strongly evangelical, others more subtle, offering service as an expression of their faith.

At one end of the STMM spectrum are teams that arrive in Honduras with a strong evangelical purpose. For these teams the medical work is secondary, and may take a back seat to religious activities such as prayer, church meetings and evangelism. These teams overtly proselytise, often using the medical work to draw people in to hear their message. This was evident in one team involved in my research; they defined their medical work as "bait", and their main purpose of being in Honduras was to evangelise. This particular approach may arise from the premise that the first role of the church is evangelistic mission.<sup>2</sup> Many evangelical Christians believe their primary task is to "bring the gospel to a dying world... (and) the command to evangelise is all that matters".<sup>3</sup>

Not surprisingly, the above approach raises significant ethical questions. While most evangelical volunteers would argue that they provide medical care without expecting a religious response, the perception of the patients and community may well be otherwise. During my research, an NGO director who has worked for many years in Honduras

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<sup>1</sup> Bussell, H. and D. Forbes (2002). "Understanding the volunteer market: The what, where, who and why of volunteering." *International Journal of Nonprofit & Voluntary Sector Marketing* 7(3): 244-250.

<sup>2</sup> Stewart, A. C. (1999). *Medical Missions - is medical work useful in mission?* Retrieved 16 May, 2005, from <http://www.healthserve.org/pubs/a0113.htm>

<sup>3</sup> Reinhart Bonnke, quoted in Gifford, P. (2000). *Christian Fundamentalism and Development*. In S. Crobridge (Ed.), *Development: Critical Concepts in the Social Sciences* (Vol. 5, pp 34-47). London: Routledge.

stated that evangelical STMMs “forced people to lie”, as people converted in order to receive medical treatment.

Not all religious missions are evangelical in nature. While for some, volunteering for a medical brigade may be an opportunity to pass on their beliefs, for others it is an opportunity simply to express Christian values;<sup>4</sup> more about Christian responsibility than about evangelism.

However, even non-evangelical teams are criticised on the basis that they provide assistance both without reference to the local culture and subject to their own biases. As Mburu<sup>5</sup> notes, Christian agencies carry the legacy of their background and beliefs with them wherever they go, and these have an influence on where they go and what they do. This may lead to the provision of services that are inappropriate or even damaging to the community they are trying to help. This is particularly evident where teams are faced with sensitive issues such as sexuality and mental health. At best, religious teams may be ill equipped to respond to sexual, social or psychiatric problems.

Despite these issues, religious missions continue to provide medical care across Honduras, and questions regarding the appropriateness and ethics of religious missions are often overlooked. STMMs offer a free service to countries whose own health service is in disarray, and even critics are reluctant to risk losing access to that service.

While this article addresses STMMs in Honduras, Christian missions are present in almost all areas of the globe, and the issues raised here are pertinent worldwide. Religious organisations have a long and proud history. They provide valuable services to impoverished regions, but their contribution can be controversial and must be balanced against the needs of the community. It is important that Christians involved in providing medical care to developing countries assess their motivations and activities to provide the best and most appropriate care possible.

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<sup>4</sup> Russell, H. and D. Forbes (2002). “Understanding the volunteer market: The what, where, who and why of volunteering.” *International Journal of Nonprofit & Voluntary Sector Marketing* 7(3): 244-250.

<sup>5</sup> Mburu, F. M. (1989). “Non-government organizations in the health field: Collaboration, integration and contrasting aims in Africa.” *Social Science & Medicine* 29(5): 591-597.