



# Medical Missions Teams Step by Step



# Steps for Your Medical Missions Team

## Medical Missions Teams: Step by Step

Short-term medical teams. The statement itself brings initial thoughts to mind that vary from person to person. Some think of work in a mission hospital. Others think of mobile clinics that move from place to place seeing hundreds. Still others think of make-shift operating rooms.



All of the above are short-term medical mission trips. There are about as many variations on the idea as there are people participating on them. One thing is

for certain, very few types of short-term service provide the opportunities to make disciples and plant churches as medical missions teams do, but no short-term teams take more planning, effort, and follow up. What is certain is that medical teams need to be well thought out processes with much time put into their preparation and execution. This booklet is to be a general guide to help you along this process.

**All missions seem to go through three major phases:** pre-field, on-field, post-field. Most short-term organizations and experts spend a lot of time talking about this three phases of the short-term team.

**The pre-field phase encompasses all the aspects of the trip that happen before you get to the project site.** There are many components that make the pre-field aspect of the trip. You need to make sure that projects are thought out, goals understood, team members recruited, logistics are handled, and so on.

**Once you get to the field, the on-field stage of the project begins.** There are many aspects to the on-field phase. The most notable of which is the actual project itself. It's one thing to spend months planning a team. It's another thing altogether to carry out that plan. Attitude, culture shock, adjustments, and hard work are all a part of the on-field phase.

**The final phase of the team is the post-field stage.** This stage is often the most over-looked and least

understood phase of the short-term process. However, it is probably the most critical. For the field, this is the time that all the hard work pays off. Disciples

Medical missions teams take attention to detail from both field and volunteer participants to be truly effective.

made and churches planted on the field usually happens during follow up. For the volunteer, changed lives become challenged lives in light of new experiences. What do you do when you get home? These are critical issues.

Entire books have been written on each of the phases above (even sub-phases). Each should be well understood, along with the impact that one phase has on another. While it is essential that these phases be recognized and that you understand the importance and aspects of



Don't forget to read Appendix A: ABC's of Mission Strategy



**It's about the follow up.** In most areas, the real work happens after you leave. Do you have a strategy for how your team will be used after you leave?

each phase, we believe that the practical steps of putting a short-term medical team on the field can be done in five planning components.

1. Initial Steps
2. Logistics
3. Orientation
4. Security
5. Bonuses

Each component requires certain items that will make it unique to your specific location. Some of these items, such as Security, will extend across all three phases of your short-term mission. But, for certain, each area needs addressed. The rest of this guide will spend time discussing the five components of actually fielding a short-term medical mission team. The discussion is not fully comprehensive. To do that would require a 300 plus page book. This resource is simply a guide to help you be aware and to prepare for the needed components that will need to be in place to put your project in the best possible position for you to have a short-term medical missions team that helps field personnel take one more step in advancing the Kingdom in that area.

## The Five Components of a Short-term Medical Mission Team

### INITIAL STEPS

This component sets up the trip. The why, what, who, when, where, and how questions get answered. Strategy is determined. Schedules are set and expectations are formed.

### LOGISTICS

Teams don't just happen on their own. Some one from both the volunteer side and the project side has to put in substantial work on items like travel arrangements, room and board, transportation, getting medicines, and the like. Teams are often undone if attention to detail is not handled at this point.

### ORIENTATION

Nothing is more critical for your volunteers than solid orientation material. Some groups may not be able to meet together, but we recommend it if at all possible. Orientation is a step that we believe happens across all three phases. There is the pre-field orientation with preparation items. There is the on-field orientation that reinforces the pre-field work. Then there is the post-field orientation, that we refer to as the debriefing that turns the mind towards the next steps and a lifestyle of mission endeavors. Each is critical for your mission team.

### SECURITY

Especially for those working in restricted access areas, security begins the moment you start with initial planning and really never ends. Where your project is located will make all the difference in the levels of security you use, but even at the most open of locations, certain security steps need to be thought out. For those in restricted access areas, security protocols must be strictly adhered to.

### BONUSES

While cross-cultural experiences are not the goals of your team and project, it is good to have a few cross-cultural experiences along the way. These experiences teach us of the history and culture of others and expand our own horizons. You should work out possible site seeing trips, shopping, and cultural experiences for your team. Better cultural understanding makes us better aware of how to serve.



## Short-term Team Testimony

The province we were in had never before permitted a foreign medical team to visit any villages and treat the villagers until this trip. The local field worker, the Strategy Coordinator, could never get cooperation from the authorities in the area, so at the '11th hour' a relief agency agreed to work with us, as an 'experiment', we were told at the end of the week. There were 10-12 officials at each of the village clinics watching us, helping us, and feeding us, and, of course, a few of them were government agents. They were always present. (They called one of the workers aside and stopped him from witnessing).

After they saw and experienced how each of our team members treated and cared for their people, these very poor people, with Christ's love, they were so

impressed that they gave full permission to make plans to return to the villages to follow-up on the sick patients, hold well-baby clinics and do any of the other related matters that the field personnel felt were necessary, and, of course, this means sharing the Good News with the villagers as they will definitely do. The villagers are always so appreciative to be seen just for some simple medical care.

God's purposes for this mission were fulfilled, because each team member had a willing spirit and a prepared heart. Each wanted to share the love and hope only Christ can give, and each one was flexible in all their actions. From the places where they slept, to dealing with difficult people, to the food they ate, the volunteers displayed Jesus.

# Initial Steps Components

## Why?

Projects should start with field strategy. Why should this medical team take place? If there is a field strategy in which the missionary or nationals will use the work of the medical team to benefit their work to see disciples made and churches planted, then do the team. Spell this out before you go.

## What?

Decide with the field what type of team will best help the strategy. Is it a lecture team or clinic? Is it specifically a dental team or an eye camp? This question will determine the work you will do.

## Who?

After you know what you will do, you can determine who you will need. Medical teams require skilled professionals. You will need to recruit those with the skills necessary to complete the “what” question.

## When?

Deciding when to hold the team is an important aspect of the job. The question volunteers usually ask right after “Do you need me?” is when. There are factors that determine a good “when”. Check calendar items such as weather, festivals, and even high-traffic tourist seasons.

## Where?

Where has more to do with picking the exact location within your partner missionary’s area that is ready for the Gospel than it does with actual location. Try to select areas ready to hear.

## How?

This is the logistics question. After knowing why, what, who, when, and where, it is a matter of doing the necessary things to put the team on the ground. At this point, the “how” becomes the transition. If you did the first questions thoroughly, the logistics and execution of the “how” will be much simpler.

# Taking the Initial Steps



*The first step to putting anyone on the field is asking the essential questions that can make it happen.*

## Defining what is to be done and the expectations of both sides is critical.

The Initial Steps will set the tone for your short-term medical team. Several critical ideas need to be formulated at the beginning of your work together. The standard why, who, what, when, where, and how questions are the best guide to defining your team between the field and the volunteers.

First, find out why you are doing a project. The best answer is because the field needs your project in order to do something that they can’t do for themselves. Medical teams should be used to help field personnel get somewhere that they cannot get by themselves. Defining the why of the team determines the value of the team. A valuable team will have the proper attention from both sides necessary to make the team effective. Regardless of the initial ideas, the end “why” should always be to see disciples made and churches planted. Our suggestion is to follow the guidelines of “the ABC’s of Mission Strategy” (See Appendix A).

Second, determine what you are going to do. What type of medical team best fits the why question? Are mobile teams needed? Surgical? Do you have access to an institution? Maybe the team will only do lectures and continuing education for national professionals. Other factors will help you know how to determine this answer. Though, we’ll discuss the “where” later, rural or urban environments will play a large role in what you will be doing. Letter “A” of the missions strategy, “access the community”, will also help guide you in your decisions.

After the question of “what is to be done” is answered, you can begin to answer the question of “who is needed?” Once you determine which specialties and skills are needed, you can begin to recruit your team. The field and the volunteers need to agree upon the type of volunteer you will accept. Create an application with clear expectations of who is to be accepted and who is not. We suggest that you always use disciples. We have a “it takes one to make one” philosophy. Medical teams are rarely the place to try to make disciples within your own team.

Next, determine when you will hold your project. Some of the answer to this question will simply be determined by the missionary you are working with. Many areas of the world have seasons that prohibit when a team can be held. In the end, it's between you and the field as to when you have the team. For best results, we would recommend you set the date 9-12 months from when the Initial Steps component is completed.

The "where" part of the Initial Steps is more than just a physical aspect of where the project is held. It encompasses a more thorough understanding of which locations

are more open to hearing the Gospel. Selecting your target area has as much to do with the possibility of seeing disciples made and churches planted as the actual clinic itself does.

Choose a location where follow up is very possible. If you choose a location that is so isolated that people can't really follow up on the project, it is likely that disciples and a church in that village will not happen. Choose places that give you the highest probability to spreading the Message and having it well received. Does one area seem more spiritually ready than another?

Finally, work on "how". You will begin to define the needed logistical responsibilities and lead into the second component. In "how", you'll need to establish the roles of who will be doing what part of logistics. Some of those answers will be based on geography, others will not be. If your team is clinical, you'll need to define the roles within the clinics and determine who will do what jobs.



## Logistics: Making it Happen

*After communicating on the why, what, who, when, where, and how, it's time to do the things that put the team on the ground.*

### Logistics is about details.

The initial steps was the easy part. That was just figuring out what you want to do. Now it's time to make it happen. To do that, you're going to need to pay attention to details. This is a good time to make lists (See Appendix C). Your specific list will vary depending on the type of job and location, but keeping a list and at least one eye on it will help you keep things from falling through the cracks.

All logistics require two critical leaders in order to work. The state-side leader is the one who will be responsible for seeing the team put together, collecting the necessary documents, securing visas (if necessary), securing airfare, securing volunteer insurance, and seeing that the team has the proper orientation material and trip policies.

The field leader will be the person on the field that is responsible for carrying out the project. The field leader will need to be responsible for certain field tasks such as securing transportation, lodging, arranging for meals, ordering medicines before the team arrives, making sure that project locations are



ready for work, and many other aspects of the team.

Your specific logistics needs will vary depending on your project location. However, there are certain logistic categories that won't change from location to location. The primary components of logistics are: Budget, Documents, Travel, and In-Country.

The budget is the starting place. In order to actually put a team on the ground, you need to know what the trip expenses are going to be and how those expenses are going to be met. Will the volunteers pay for the trip, or does the field have funds that will pay for all or certain aspects of the project?

Next, spend some initial time finding out some basic costs from the state side. You'll need to know basic airfare costs to that location, visa costs (if any), application costs or fees (if any), and volunteer insurance costs. These costs make the initial basics of a trip cost. Most of these costs will be paid out before you travel.

The field needs to do some work as well. They need to figure out a daily budget for a team based on the number

## Logistics Components

### Budget

Set your trip budget. Know what volunteers need to pay to meet the budget and what the field may come up with (if any). Once you have a budget, you can begin to make the necessary purchases.

### Documents

Know what documents you will need. Some will be needed before the trip, some for the trip, and some after the trip. Some countries will require very specific information on each volunteer before practicing medicine is possible. Your field will need to know those answers.

- Volunteer Application
- Participation Waivers
- Health Statements
- Trip Policies
- Passports
- Visas (if necessary)
- Medical License
- Copies of Diplomas
- CV
- Evaluations

### Travel

There are two aspects to travel: international and in-country. The international aspect of the travel usually consists of the airfare to and from your primary country of work. There are some exceptions to this. Your

Continued...

circumstance will dictate what is typically the best for international travel.

The in-country travel can be more tricky. It needs to be arranged by field personnel. This travel will be based on the size of your team. Small teams may be able to work with one vehicle. Larger teams may need a bus. Domestic air, train or boat travel may also be necessary to reach your project site. The key is to have a dependable field contact who will keep excellent communication on this aspect.

Volunteer insurance should also be purchased. Adams & Associates International ([www.aaint.com](http://www.aaint.com)) provides reasonably priced supplemental insurance with coverage for evacuation, medical, and some personal property. We recommend that every team have some form of insurance.

### **In Country**

The project will be made or fall apart at this point. All the great communication and well laid plans will go for naught if the in-country logistics aren't in place. Here's a sample list of what you need to pay attention to.

- Orientation
- Lodging
- Food
- Medicines
- Permissions
- Money
- Clinics
- Debrief Plan



of days that a team will be on the field. For example, if a hotel room costs \$20 per day per person, food costs \$10, transportation averages to \$15, medicines cost \$40, and the team is staying for 10 days on the field, the project cost is \$850 per volunteer. We recommend building in contingency money as well. Without good information from the field, this can be a near impossible task.

Once you have a budget set, you know what financial resources you will need to see the project through. If you will be charging the volunteers to go, we suggest that you set up a payment plan that includes a deposit and at least two payments.

You will also need to work with many different documents to see a project come into existence. We suggest that you use an application process to select the volunteers you use. There are many options for applications, but at the very least, get the names as they appear on their passports, email, mailing address, passport numbers, birthdays, closest airport, emergency contact information, and testimony. You'll also need a participation waiver that reminds people that international travel has certain dangers involved. You'll also want to get a health statement from each volunteer.

Some countries will require certain documents in order for your team to practice medicine (or even lecture). The field personnel need to know an answer to the specific government requirements that will be necessary to fulfill the project and what forms of documents will be necessary for the volunteers to provide. Typically, this includes medical licenses, CV's, and copies of diplomas. We would suggest that every medical professional take a copy of these with them regardless of whether the governments require it or not. Should a question arise on the field, supplying proper credentials can avoid most problems. We suggest that you make securing these documents a part of your application process.

Each volunteer will need a passport for international travel. Make sure that each person has one and that it is current within six months of travel time. Many times, we've had to scramble to secure a new passport because one is

expiring too close to the date of the trip. First time passports have to be applied for in person. Certain post offices and county courthouses should have passport applications.

Visas will be necessary for some countries. When visas are necessary, know what requirements are necessary from that country. Most countries at least require a passport, passport photos, and a signed application. Other countries will have more specific requirements. For example, certain African countries will require proof of Yellow Fever vaccination. Know what the requirements are for each area.

Once you have the necessary materials to apply for a visa, we suggest that you use a visa service. Visa services will cost more, but are usually more effective and quick. If you are traveling to a closed country, the visa service puts another level between you and the country you are applying to enter.

Finally, have a good evaluation prepared for your teams to fill out at the end of the trip. This will let you know where to adjust the trip details for future teams. It will also give you a good sense of where the follow up work should take place and those that may be interested in going again.

Travel is another area for logistics. Travel breaks down into two parts. The international part of the travel is typically handled by the state-side leader. There are several ways to handle the international travel, but the most effective is to have one person arrange the flights to the project location. The earlier flights are scheduled the cheaper the cost. However, be aware that scheduling too early can pose its own problems, especially if you are working in a country that has terrorist activity or where persecution is likely. If a team has to be cancelled for reasons in the field, it's not always possible to get the money for tickets back without paying fees.

The in-country aspects of travel will need close attention. This will require someone in the field who will be responsible for getting the team from location to location. From the airport to the hotel, to the project location, and

back, the team will require transportation. The field contact needs to arrange all of this transportation and keep in excellent contact with the state-side leader on the estimated costs and status of the in-country transportation.

We also suggest that volunteer insurance be purchased for each team member. While it is mostly a contingency for if something happens on the field that should require medical evacuation or supplemental medical insurance, it also provides some personal property insurance that is typically for lost or damaged luggage during travel.

The final component to Logistics is the In-Country Logistics. This component is made up of many parts, and is the most critical aspect to your project. This will require good communication between the field and the state-side leader. All aspects of the in-country logistics will more than likely be put together by the field leader.

For the field leader, first, handle lodging. Know where your team will be staying. You may go for budget accommodations or first class. We suggest that you be culturally appropriate with this option. American teams coming to stay at first class locations, living as rich Americans who happen to help still gives a message that most teams would want to avoid. Some teams will stay in tents and very rustic conditions. Your location context will dictate some of the lodging issues. Lodging will probably have three main stages. Immediate lodging upon landing, lodging at the project site, and lodging during the debrief/bonus time.

Food will be a critical part of your project. First, find out if there are any medical issues volunteers may have related to food which may limit some options. Second, always provide three meals. Your hotel or host may be able to help with breakfast and dinner. You may want to stay within walking distance of several restaurants at night. If you are in tents, and must handle your own meals, consider hiring a local cook team. Don't forget to arrange for food for the clinic times. Either have a lunch prepared for the team, bring one to them, pack a lunch, or go to a restaurant, but be sure to clearly communicate to the team how this will be handled.

Medicines will be required for most clinical teams. Know the country's laws for importing medicines. Some customs allow bringing donated medicines. Fewer and fewer countries are allowing this, however. In restricted access areas, it is our suggestion that you purchase medicines locally regardless of the cost. It avoids customs issues and certain unwanted questions. This will require that medicines be purchased in country. We suggest that this be done before hand. The state-side leader will need to produce an agreed upon formulary to the field personnel. The field personnel, then, need to find a local pharmacy, hospital, or distributor from which to purchase the medicines.

Medicines purchased in country can offer many advantages. First, it reduces the questions coming through customs. Second, the medicines are often in the language of the people. Third, if your

team runs out, you know where to get more.

Another in country concern is project locations. The field personnel need to have worked out with local officials the locations, dates, and buildings (if available) for the project. An on-site visit is suggested. At the very least, have field personnel visit the proposed site. While it is possible that these may change at the last minute, it is imperative that volunteers not sit around waiting for locations to work. Have this ready to go for those that give of their time and most of whom are losing money by not being in practices while they are on the field.

For those holding lecture teams, remember a few important items. Have lecturers prepare more than lectures than they will probably give. Many locations will ask for more than you expected once you arrive. Also, have field personnel ask if it is possible for volunteers to join on rounds or participate in meetings. Set up as many meetings as possible for more opportunities. Volunteers are sacrificing much for 3-10 hours of lectures. Give them as much to do as possible.

Finally, put together a good debrief plan. This is really a joint effort between the state-side and field leaders, but it should take place on the field. Provide at least one full day to evaluate the project, get a good sense of where follow up needs done, and turn the attention of volunteers towards processing their experience and heading for home. A proper debrief can help instill a lifestyle mindset of missions work.

## Orientation Components

### Pre-Field

Provide items such as immunization requirements, spiritual preparation, cultural information, packing lists, do's and don'ts, security information, information on where they'll stay, and team expectations.

### On-Field

Once the team arrives, culture shock often hits. Provide a specific orientation on what

can and can't be said, common medical issues, and local living tips, such as where to get water or money. Don't forget to do the field part of the debriefing. This is very essential.

### Post-Field

Provide some more debriefing material on coping with life after the field. Provide ways for team members to share their experiences. Possibly even provide opportunities for the volunteers to continue

to help. Think of ways that you can harness all of the excitement generated from a volunteer team right back into getting another team ready for the field. Make sure to take time to see if anyone is considering a career in full time missions work after their experience.



# Orientation

*Getting your team ready to go is essential. While you can't predict everything, preparing your team is a difference maker.*

Preparing your team to go is a huge task. There are some pre-made materials that exist that are worth using if you don't have the time to put together a more tailored solution. At the very least, make sure your orientation has this information in it.

**Immunization suggestions.** Most countries have suggested guidelines for immunizations. Check the Centers for Disease Control's travel web site for the most up-to-date information on immunizations in a given area ([www.cdc.gov](http://www.cdc.gov)). Make sure your team knows the most up-to-date recommendations and the essential shots that are required.

Include a small article or piece of material on your project. Tell your team why the project is important and what the roles will be on the project. This basic information allows the team to know what will be expected of them.

Always include some aspect of spiritual preparation. The best thing that a volunteer can do is get spiritually prepared to be a servant. Things usually don't go as smoothly as planned. A volunteer's spiritual condition at these times will make the difference between a team that will help the field and a team that may get the field personnel sent home. The material is up to you, but we suggest something that focuses on several aspects of true

discipleship, servanthood, and motives. People in other countries know the difference between those who came to truly help and serve them and those that came to make themselves feel better, have a cross-culture experience, or grow spiritually as a their main goal.

Include baggage and packing information. Airlines have specific regulations on numbers of bags and the weight of each bag. Share that information with team members. Be aware that certain domestic airlines in other countries will probably have regulations that are less than those of international flights. Have your team pack accordingly, and don't forget to give them culturally relevant information on dress.

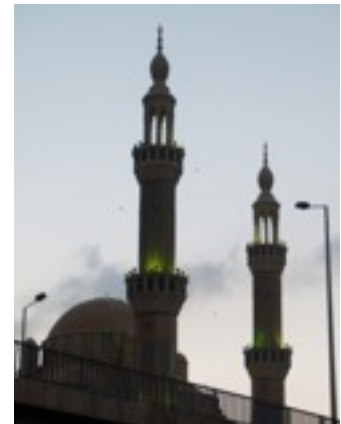
Include security information. While we'll talk more in depth on this subject, security can be the most important subject you go over with volunteers. Depending on the status of the country you are going to, the security level will be high to low. Those countries with high security will have very strict rules on what can be said in country and in printed and media materials within the US. Know the security rules of the field personnel and include it.

Don't forget to include information on money, weather, geography, culture, electrical outlet types, and emergency phone numbers. Some good travel tips can

also be important, especially for those who haven't done much international travel.

Information on support raising can be very helpful. You might include information on who to ask and sample letters. Trips aren't cheap, however, God has was to provide. Reminding volunteers of ways in which He can provide is often welcome information.

Finally, if at all possible, meet together at least once before your trip. If you are all coming from the same church, meet regularly for prayer before you leave. You may even go over several books together before you go. Take time to discuss your world view and how that impacts your beliefs. Go over sharing your testimonies with each other. But, no matter what, be sure to pray together.



## ITEMS TO INCLUDE IN ORIENTATION

Orientation is very important. Make sure you provide your volunteers with the information they need to go. Below is a helpful list of items to include in the orientation material.

- Welcome of Volunteers
- About the Project (include Strategy)
- Information about Team Roles
- Trip Costs
- Trip Itinerary
- Immunizations Needed
- Packing Lists and Baggage Information
- Security
- Volunteer Insurance
- Important Phone Numbers
- Money Information
- Gifts for the Field
- Weather and Climate Information
- Information on Staying Healthy
- Safety Information
- What to Eat and Drink
- Cultural Information
- Historical Information
- Country Facts
- Do's and Don'ts

# Frequently Asked Questions

## How do I share my faith?

Begin now by deepening your prayer life. Ask God to give you a sensitivity to those He places you among. Look to the worker (missionary) who has requested the team to provide you with objectives and opportunities. The worker has requested you with a purpose in mind.

## How do I tell people where I'm going?

Until you have communication from the field with other directions, keep your information to others general. The worker who requested you can give you specific information about what you can safely communicate that will not endanger anyone's security. Until then you can say something like:

"I am going to [general region] for two weeks this summer. Pray for me that the Lord will give me many opportunities to share my faith."

## What about other Christian workers I may meet in the area?

Is it okay to share who I am with them, what I am doing and whom I am working with?

No! This is a wrong and naïve assumption. In some countries even those individuals who seem excited and enthusiastic about the type of things you will be doing may have a different religious viewpoint from yours and wish you weren't there. Workers in one area were put in a difficult situation when they shared with others who identified themselves as "missionaries." They were actually members of the Children of God cult and turned the Christian worker in to the Civil Affairs authorities.

Be aware that information you share may be passed along without your knowledge or consent. Sometimes the person passing information is unaware of the potential harm that is being done in passing sensitive information to a widening circle of people. They may be evangelical Christians, but they may have a different view of security from your worker and could jeopardize years of foundation laid. Or it may be that the government is watching them and taking note of whom they are in contact.

# Security Issues



*Knowing what you can and can't say when and where is part of a successful project.*

Security will be dictated by where you go. In countries that are not restricted in access to missionary work, this section will not be that important to you. For those whose team may have taken on the challenging opportunity and sensitive responsibility of serving as the "Master's keys" in a limited-access country, please pay attention.

Perhaps you have served overseas before, but not in a security-restricted country. Perhaps this is your first missions trip outside the USA. Security and safety tend to be the greatest concerns for people who have never served in a restricted area. Reviewing some security and safety parameters will assist you and give you freedom to share Christ to the many who are waiting for you to come. **SECURITY WILL ALSO ENSURE THE CONTINUED STABILITY OF THE WORK YOU ARE GOING TO ASSIST.**

Before you go, you will want to communicate the basic facts of your volunteer assignment to friends and people in your home church so that they can pray for you. Caution them about sharing the details of what they know with others outside of your circle of

church members and friends. Typically, the best course of action is to only share exactly where you are going with your immediate family and prayer partners. People you can trust to not share this information. Anyone else, including other church members, can be told a general region in which you are going. For example, if you are going to China, state "East Asia".

Why? People you share with may not know how to protect the security of workers in the restricted access area or they may share with some who do not appreciate the need for security. Well-intentioned individuals may share with some who do not appreciate the need for security. Local newspapers and denominational papers will often assume that anything they hear, they can print.

Resist the desire to discuss any details about your trip with casual acquaintances in the United States. It's enough to say you are going to a general area for a couple of weeks and hope you can share your faith with others while there. The same is true of people you meet while you are traveling on the way to your assignment, and while you are overseas. Remember, those who are

sympathetic and supportive of your work may unknowingly share with others who aren't.

Be particularly careful about what you write when you write home. In many areas mail written by foreigners is routinely read before it leaves the country. This is true of email as well. Email is like sending a postcard. It can be read and you should assume it WILL be read by the wrong people.

You should be aware that some foreigners in restricted countries are there for purposes that are quite different from yours. They may be hostile to the gospel and resent your presence. They may view you as corrupting the culture of the local people, or spreading Western beliefs.

Your "mission trip" does not end when you step off the plane on U.S. soil. You still bear the responsibility of protection for the workers you have labored with and for the individuals who have accepted the Lord because you chose to go. You will want to pray for them regularly. You will also want to provide for their continued security.

We have seen more one than one team have their security jeopardized by excited, well-meaning volunteers who told their local newspaper all about where they were going, naming workers, national believers, places and even dates. For publication or if your church broadcasts its service (even uploading services onto the internet), guard your words. Do not name cities, people groups, any believers or workers by name.

One well-intentioned volunteer came back and told his state denominational newspaper all about a team's plan to reach a particular city by using volunteers. He outlined the strategy and named the city. He thought he was doing the worker a favor by relating his incredible experience and thereby encouraging others to go. Unfortunately, once information becomes public it can take on a life of its own and tremendous damage can be done. Even Last Frontier governments monitor publications for stories about their country.

## Words that should be avoided while in a restricted access area.

### WORDS TO AVOID

Avoid these words in your speech, any e-mail and written correspondence while you are in a security-restricted country:

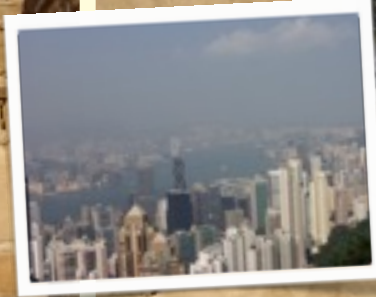
- \* Missions
- \* Missionaries
- \* Ministry
- \* Converts/Conversions
- \* Religion
- \* Evangelize/Evangelism
- \* International Mission Board
- \* Any Denominational Names
- \* Do NOT Talk about politics (yours or theirs) or criticize the government

### WORDS TO SUBSTITUTE

When speaking to people in-country, try substitutions for our church word vocabulary:

- \* Church = Meeting Place
- \* Salvation = found the Way
- \* God = Father
- \* Missionary = overseas worker; field personnel
- \* Bible = the Book
- \* Pray = think or remember
- \* Christian = brother or sister





*Seeing and understanding other cultures is part of the experience.*

# Bonuses

**Give your team a chance to experience the history and culture of the people they have worked with.**

Volunteer teams are a lot of work. They require time and money from every group involved. Then, once you arrive, the field personnel actually expect you to work! Along the way, we like to include what we call bonuses.



Bonuses are opportunities to experience some of the culture or sites of the people group that you are serving.

It would be an injustice in many ways if you worked in Jordan, but did not get the opportunity to experience Petra. Much understanding of a people can be found in their historical sites and cultural crafts. A good memento, such as a carpet or carving, from a people group can serve as a great way to remember a trip for a volunteer, and act as a constant prayer reminder of the people group that was worked with and the missionary assisted.

Bonuses need to be worked out with the field personnel. Some can be highly expensive, so be sure to have a budget worked out among the team volunteers and field personnel for what types of bonuses can and can't be done. Unwelcome cost surprises at the end of a trip can ruin the overall feeling of the experience.

We suggest that you do bonuses at the end of the trip. There are several reasons for this. First, it serves as a good reward for hard work during the team. Second, bonuses have a tendency to feel more like tourist trips. The "ugly American" can occasionally come out during these times. While we hope that never happens, holding the bonuses for the end of the trip may limit some of the damage that an ugly scene may cause.

Finally, bonuses make good locations for debriefs. Most countries have several beautiful locations or historic sites that could serve as a mini-retreat center where a debrief can be held on one day with a second day for site seeing and shopping. Doing the debrief in a bonus location separates the

volunteers from their project site and frees them up to begin to think of home. Bonuses create a good transition point between the field and home.

Bonuses aren't always well known sites or big ticket items. You may want to hold a cultural dinner during your project time in your project location. The field leader at your site should be able to help set up such an event. Many times, this event is the one that volunteers remember the most. Trips to local markets are also very fun and insightful. Be sure to lay the ground rules before going. Make sure that time limits are honored and that everyone understands they are still being watched as witnesses for Christ.

**Medical missions teams take a lot of work. Good bonuses can help a team understand who they are serving.**



Bonuses come in all shapes and sizes



**Bonuses help you understand**  
Make sure that bonuses reinforce tying the volunteers to the people they have served.



# Appendix A: The ABC's of Mission Strategy

Used by permission of Dr. Charles Fielding. For a more thorough understanding of this concept, see his book Preach and Heal.

A twelve year old female presents to your Emergency Room per ambulance status post motor vehicle accident. On gross examination she is immobile and unresponsive, has multiple facial lacerations and an obvious puncture wound in the left upper quadrant of her abdomen. You also see a compound fracture of her left lower extremity. What do you do?

The ABCs of Trauma lay out the proper procedure. Check the airway, breathing, and circulation. If you don't, you may kill the patient. In the same way, we need to approach missions efforts with a strategy that helps us see the big picture instead of immediate hurts and needs. If we only move from working on the most visible problem to the next most visible problem, we are likely to only work on good things instead of strategies that can lead to entire changed people groups.

By working backwards from the diagram below, our end goal is Church Planting Movements, or rapidly multiplying indigenous churches, then a church must be started first. House churches are preferable in that they multiply rapidly and are better in restricted access areas. To have a church would mean that disciples like those Jesus describes in Luke 14:25-32 have been made. Making disciples requires that the Gospel has been proclaimed and understood.

To meet needs and truly communicate the Gospel, finding an intimate place where conversations of a personal nature can be had. This is typically best done in homes "behind closed doors". To get behind closed doors, there must be a way to access the community. To access the community, the team needs to have a plan that will assist the community that has

been targeted with very specific goals that will be welcomed by the community to the point that should trouble arise, the community will defend the missionaries and nationals. In order to get to this point, a missionary or national champion must decide to reach the target people.

If these are our goals, let's look at the process with strategy in mind. A strategy is needed that can **A**ccess the Community, get **B**ehind Closed Doors, **C**are for the Needy/**C**ommunicate the Gospel, **M**ake **D**isciples, and **E**mpower the Church. Any strategy that has these aspects has potential to see a Church Planting Movement. As we know, only the Holy Spirit can make disciples, plant churches, and create church planting movements. Really, steps D, E, and CPM are wholly up to God, but we can be responsible for steps A, B, and C.



## A: ACCESS THE COMMUNITY

Find something to do that has value to the community and meets a felt need of the people. It may take some work to discover the felt needs, but work on something that is their felt need, not our best guess. By picking a project that meets their needs, you generate good will and credibility. Plus, should trouble come from disciples being made, the community will help the field personnel survive the scrutiny.

## B: BEHIND CLOSED DOORS

People typically accept the Gospel in areas where they are comfortable having intimate conversations. Find areas where people can have those conversations. Especially in restricted access areas, people don't accept Christ, nor even allow discussion of Him in public places. Homes are typically the best location for these conversations, but they are not the only place. Work on finding safe places to work in small groups.

## C: CARE FOR THE NEEDY/COMMUNICATE THE GOSPEL

Your strategy should care for the needy. This lends legitimacy to the Gospel message. Plus, it is the model that Jesus gave us, Preach and Heal. Help meet felt needs, but make sure to share the message of the Kingdom. Sharing the message of Christ with others is the reason for work. The onus is on you to have a mechanism to communicate the message. It usually takes several visits and multiple explanations.

## D: MAKE DISCIPLES

Share the message with others. You want to use strategies that allow you to share the Gospel widely. Make an effort in the follow up to work through each follow up lead as quickly as possible. Once you are able to share the message with someone who accepts, begin to disciple them in the manner of Luke 14. Jesus states very clearly what being a disciple means. Start from the beginning in training the new disciples in what it is to follow Jesus. A program called "Training for Trainers" is excellent in this process.

## E: EMPOWER THE CHURCH

After you make disciples, form them into small "house churches" that meet together regularly. You may need to instruct them for a time, but the end goal is that this group of people will learn to stand on their own. Once they develop their own leadership, teach them to do the ABC's and send them to a new village or area.

# Clinic Roles

Clinics have specific job roles that need to be understood before going into the clinic. For the medical professionals, those job roles will be pretty clear. For the non-medical personnel, a clear understanding of their job will help tremendously.

## Primary Care

The primary care role will be the individual or group of individuals who does the primary care. Typically, this is family practice-type medicine. More than likely this will be an MD. DO are also allowed to work with their medical license, but some countries may not readily recognize the degree as readily as MD. In some countries, a Physicians Assistant, Nurse Practitioner or very skilled RN may serve in a primary care role. Know the local rules on who can practice and who can't.

## Dentist

Dentists may have the most immediate impact of any health professionals. Their role is understood. Take one when at all possible.

## Pharmacist

Having a true pharmacist will make life much easier for all involved. While it is possible to do a clinic without one (use an RN), you should look to find one.

## Crowd Control

This may take several people and is a good place to use non-medical personnel. The crowd control folks may also make a good evangelism team. Controlling the crowd will play a vital role in how your clinic is viewed by the people.

## Team Manager

Have one, always. This person makes sure the clinic runs smoothly and typically handles the money for the team. The team manager bring water or drinks, get lunch, run to get more medicines if necessary, or fill in at crowd control. This individual troubleshoots and assists with the "off normal" items of clinic operation.

## Registration

The importance of registration is your primary goal. Your best language person and most personable individuals should be here to get the necessary follow up and clinical information.

## Others

You may have other individuals doing training or eye glasses. Nutritionists make great additions to teams as well. Be creative in your ideas of people to add that can provide follow up opportunities.

# Appendix B: Running a Clinic



*The rural, village clinic is an exercise in chaos. Some advanced preparation can help you tremendously.*

The village clinic is the most common form of short-term medical missions projects. The clinics are often loud and hectic. One recent report that I heard from a volunteer talked of seeing close to 1,400 people in 4 days worth of work. That's moving some people through a line! Even if you had multiple doctors, each would be seeing several hundred patients a day. To be able to meet the needs around you, advanced preparation is necessary.

Start with your set up. You need to know exactly where in the village to hold the clinic. A building works best, but it is not always the best. The key is finding a location in which you can control the flow and the amount of people in a given space.

You need to operate a funnel, taking large crowds from one end, moving them through the system, and then moving them back out. Finding ways to eliminate hang ups in your funnel will greatly assist your crowd control efforts. Hang ups are usually steps in the process that require patients to "move against the flow". Whether through one side and out the other or in a circle, do your best to eliminate hang ups and standing groups

of patients. See the illustration on the next page for better understanding.

There are certain components of the clinic that you will always need. Those components are: registration, primary care (or whatever is the primary purpose of your clinic), secondary care, tertiary care, pharmacy, and any add on items. The more "care" aspects you add to your clinic, the larger the space you will need. Some care projects will take more space than others just by their very nature. Knowing the space that you will need is essential.

Registration is the most critical part of the clinic for several reasons. First, This is the best chance to get the information the field will need for follow up. Everyone stops here. It is not necessary for everyone to stop at any of the other components. If you miss the information here, it will be harder to get later. Follow up is the real reason that a medical team is needed, so don't rush the registration step. Second, the team's best language person should be handling the registration work. Some one familiar with the area is a good idea as well in order to get the best contact information possible.

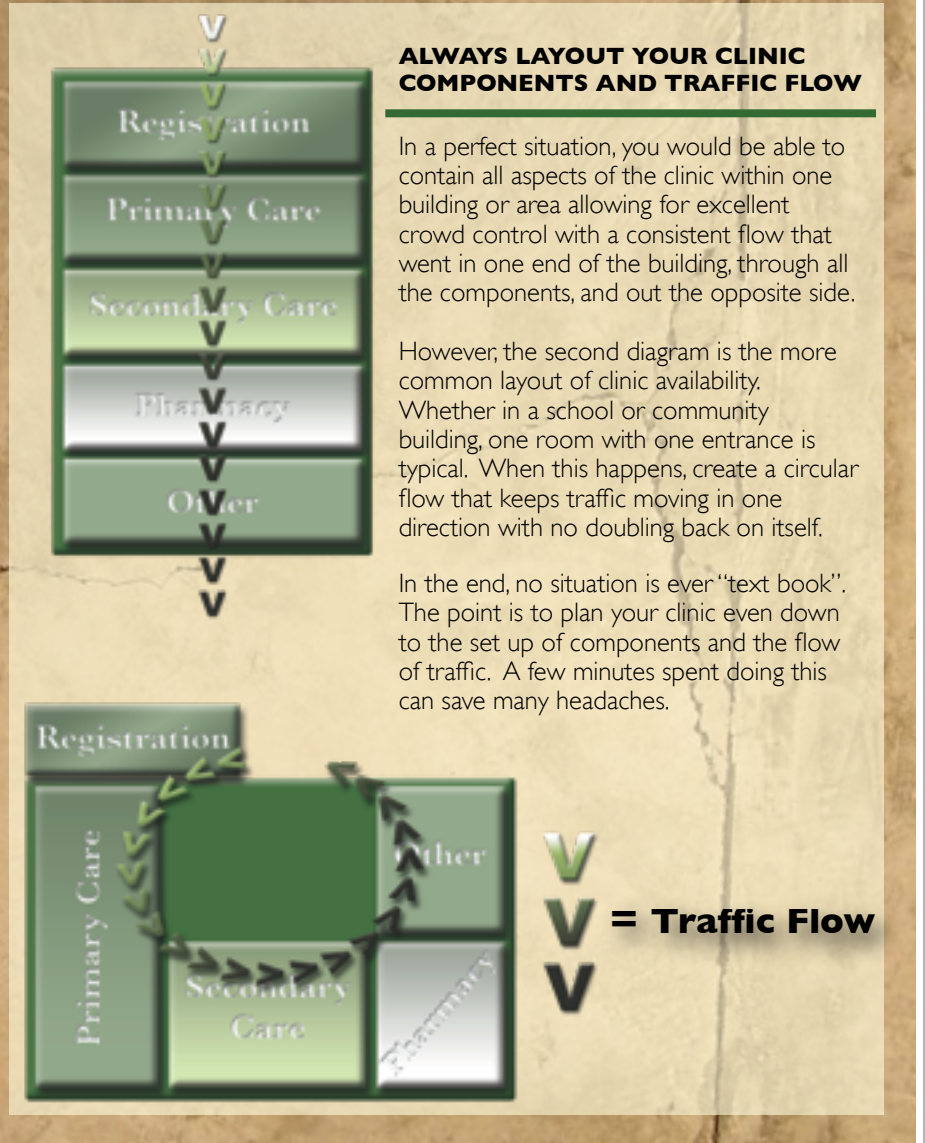
Take time to plan your registration. Know what information the field will need. Make sure you get it to the best of your abilities. Create your registration forms before the clinics. Forms are varied. Some groups like to use more visual forms with a picture of a body, and registration personnel simply circle the area of complaint from the patient. Other groups like to have more complete information and have a full page registration form that includes full histories, allergies, known medical conditions, etc... Your form needs to be comfortable for your team and your setting.

What a form must include is a way to capture the best contact information available. It's also very good to have a simple checklist of health category that the patient fits into. At the end of the clinics, the field personnel need to be able to do a simple statistical analysis on the data collected to get a good sense of the health issues in a particular village. Giving the health personnel a good place to record this information will help. You will also need to decide if you are going to let the patient take any information of their visit to the clinic home with them. Some clinics do carbon copy-type forms and give one to the patient. The decision is up to you and the field personnel.

Registration is also a good spot to do general triage work. You can do blood pressure and other screenings at the registration desk. You can even train nationals to do this work. If you are using nationals to do follow up work, allowing them to do these types of activities lends credibility to the follow up work they will do later. Utilize the national disciples throughout your clinics.

From the registration area, create a simple flow to the primary care area. For best efficiency, eliminate 90 degree angles, but this is rarely possible. Each clinic will be different. Some will be general medicine only. Some maybe medicine, dental, eye, nutrition, etc... Try to have sections set up that are easy to move from one place to the other without doubling back against the flow of traffic. Give plenty of space for each care professional to do what they need to do. You need to have at least one room or closed off area where exams can take place in private. Know the culture you are working in at this point.

## Designing clinic flow:



Know what is appropriate and what is not. In some more traditional culture areas, men will not see women or vice versa. Also, make sure to have plenty of translators for each aspect of your care in the clinics. Competent care starts with good translation.

Dental clinics will need a lot of space and water. Make sure water is available (this is not always as easy as it sounds). Dentists will also require assistants and good translators.

A few simple ideas will help things run more smoothly. First, make sure that your primary care folks, dentists, and other care individuals have agreed upon a formulary for the medications. Make sure to provide them with a list of those medications.

Everyday, have the pharmacy take stock of what is left and provide those updates. The care professionals need to know what is available to prescribe.

Second, take very good care of your clinic personnel. It's a good idea to have one person assigned to the job of "team management". Assign one of the team members the job of making sure that the team has fresh drinks and snacks. If someone needs a break, the "team manager" makes sure the registration desk knows the situation and adjusts accordingly. Sometimes the field missionary is the best choice for this role. It gives them direct participation in the actual clinics and serves a crucial function. This is a very important role to teams and the overall clinic.

The pharmacy is another very important part of the clinic. The second best language person needs to be in the pharmacy. The person needs to understand English from the medical care personnel and be able to explain how to take medicines competently to patients. If you weren't able to do so at the registration, make sure that you collect the proper follow up information in the pharmacy. Make sure to collect the forms, cards, or whatever system is used to keep track of follow up and health information.

A great idea that we have seen used very well in pharmacies is pre-printed local language (at least where possible) instruction stickers for medicines. This usually sped up the pharmacy process and made directions much more clear.

Also, we've seen pharmacies that have used simple symbols for directions and put them on stickers that can be placed on medications. Such symbols as one round circle to represent one pill with a picture of the sun and a picture of the moon representing morning and night. These take more effort, but are usually simpler and help where language may be an issue. For more complicated medications, a good translator will be required.

If you have any add-on components to your clinics, putting them after the pharmacy and towards the exit of the funnel is advised. You may want to have a possible second entrance available for the

section as well. The reason for the second entrance may be that you could hold simple nutritional training, and people may attend that do not need to go through the clinic. These types of training and add-on components can help provide tremendous opportunities to follow up. For example, if you hold a nutrition screening for weighing children, the field personnel have the perfect opportunity to go back to that child's house and re-weigh the child on a weekly basis.

Get creative with the add-on components. You are looking to use any excuse you can to provide the field personnel with follow up opportunities. We've even been told of one clinic that took family pictures, then they would frame and personally deliver the pictures to the families at a later date. In countries that are not restricted, we suggest that you have a Gospel presentation component before and/or after the "entrances" to the funnel.

Whatever your set up for the clinics, remember to do a couple of items that will help your overall experience. First, try to maintain good crowd control. Lines are something that do not exist in the developing world. Spending all day trying to get people in a straight line will probably be an exercise in frustration and futility. Instead, ask nationals or the missionary personnel to help develop the system that feeds patients to the registration desk. Their answers will be very different from

ours, but the general result is that the system will work.

Second, do your best to make the patients comfortable during their wait. Many will have to wait long hours. Provide seating if possible, and shade if necessary. Some clinics have provided clean water and served the patients to great effect.

Do everything you can to see all those that want to be seen in a day. That being said, one of the most important aspects of any clinic is that the local people see the care and affection that the clinic staff has for the people. More than a few projects have had very little actual medical impact but have succeeded in assisting field strategy because the local people recognized the difference and caring of the clinic staff.

If you are spending more than one day in a location, figure out a good way to have those that waited the day before be the first in on the second day. You may also want to have a system for knowing who has been seen and who has not. All clinics will have issues with those who want seen more than once. It's up to you and the field personnel to decide what you want to do.

Finally, decide whether or not you want to charge a nominal fee for clinics. There are groups that do so. Typically, the culture will dictate which is appropriate.

## Typical Trip Itinerary

Below is a typical itinerary for a two week clinical team that crosses an ocean. Of course, individual project circumstances will determine much of your itinerary. This is intended to be a good starting place. If your location allows it, one day will probably be a Worship day.

1. Travel to Project Country
2. Arrive at Project Country
3. Field Orientation Day
4. Travel to Project Site or Clinic
5. Clinic
6. Clinic
7. Clinic/Day Off/Bonus
8. Clinic/Day Off/Bonus
9. Clinic
10. Clinic
11. Travel from Project Site
12. Debrief
13. Bonus Day
14. Return Home



# Appendix C: General Check Lists

## Initial Steps Check List

- Why? Reasons for the trip with field strategy have been established.
- What? Exact project has been decided upon.
- Who? Needed personnel have been identified.
- When? The dates have been established.
- Where? A project location(s) have been decided upon.
- How? The logistic steps necessary have been determined.

## Stateside Logistics Check List

- Budget Figured
- Volunteer Application
- Health and Participation Waivers
- Immunization Information
- Necessary Documents obtained:
  - Passport Copies
  - CV
  - Medical License
  - Diplomas
- Orientation Material Distributed
- Trip Policies Distributed
- Air Fare Secured
- Visas Obtained
- Volunteer Insurance Obtained

## Field Logistics Check List

- Budget Figured
- Sites Selected
- Permissions Obtained
- People Group Information Sent to State-side Contact
- In-Country Travel Arrangements:
  - Pick Up From Airport
  - Travel to Site (bus, train, domestic flight?)
  - Travel From Base to Project Location
- In-Country Orientation Prepared
- Lodging:
  - Airport Lodging (coming and going)
  - Project Site Lodging
  - Bonus Lodging
  - Debrief Lodging
- Meals (2 week team-36 meals):
  - Travel Day Meals (6)
  - Clinic lunches (6)
  - Breakfast and Dinner (10-12)
  - Bonus Meals (6-8)
  - Orientation and Debrief (6)
- Medicines Purchased
- Medicine List Sent to VIMs
- Translators Secured
- Security Hired (if needed)
- Bonus Days Determined and Booked

## Clinics Check List

- Location at Project Site Determined
- Translators Secured and Understand Roles and Times
- Team Roles Determined
- Team Manager Determined
- Set Up Determined
- Crowd Control Determined
- Registration Information Determined
- Registration Forms Made
- Registration Screenings Determined (if any)
- Ability to Secure Water Determined
- Private Area for Exams Made or Secured
- Necessary Equipment Secured (tables, chairs, etc...)
- Medicines Separated, Bagged, and Labeled
- Other Training Determined (if any)
- Plan for a Following Day in the Same Location Determined
- Other: