

**HEALTHCARE MISSION TRIPS**  
**A MANUAL FOR HEALTHCARE MISSION LEADERS**

**Samaritans Now: The Healthcare Mission Task Force**  
**A sub-group of The Global Mission Partnership Task Force**  
**The Episcopal Diocese of Massachusetts**



--- GENERAL INFORMATION ---

**Healthcare “Mission” vs. Emergency Medical Relief**

The tsunami that washed away parts of Asia, the impact of hurricanes on the Gulf Coast of the United States, and the earthquake in Haiti have raised the issue of emergency medical relief to a broader audience. When we talk about emergency medical relief, we are typically speaking about first responders. In specific, emergency responders have professional training and certification in providing care in disaster situations. Organizations such as the Red Cross & Stone hearth Open Learning Opportunities (SOLO) offer certification courses. Training often involves things like how to make sure your environment is safe to work in, how to keep yourself safe and healthy working in a potentially dangerous environment, how to address emergency medical needs, and how to cope with the emotional challenges of functioning in a disaster area.

**What’s a Healthcare Mission ... and why do some call it a “Medical” Mission?**

Often, when we think in terms of “medical” missions, people have in mind doctors and nurses. The needs, however, may entail a much broader spectrum of healthcare professional training such as physical and occupational therapy, medical technology, psychological counseling, and so forth. As a way of ensuring that all healthcare professionals see a way in which to offer their skills through mission, many of us are adopting the term “healthcare mission.” Yes, it’s, essentially, a matter of semantics. But if the semantic choice engages a broader audience, aren’t we all better off?

**Long vs. short-term assignments**

Understandably, long commitments have bigger impacts. With a longer term commitment, you have the opportunity to develop close relationships and address specific problems over a period of time. In other words, care can be similar to the types of care most medical professionals are accustomed to providing in the United States. In addition, it’s possible to learn more about particular issues, for example, identifying and treating malaria, when you’re located for a longer period of time in one region.

Although there are benefits to longer-term assignments, short term healthcare missions can offer a great deal to a community. But there are a number of things that should be considered as they can improve outcomes and the overall impact of the healthcare team’s efforts.

As you begin to think about participating in a mission experience, you should give careful consideration to your goals. Are you interested in emergency response, and if so, is a healthcare mission the right group for you? Are you willing and interested in establishing an on-going system of care where you’ll be working? Will you be willing to do case-finding of people needing referrals and specialty care? Is your goal to provide hope and relieve some medical problems in a difficult to access area? As you consider these and other questions, your responses should help you determine how to prepare, the choice of area to visit, and whether or not you should be coordinating with other groups. Where there is a local healthcare presence, you should make an effort to make contact

and be available to the local practitioners. Also keep in mind that they may want updates from you on healthcare practices, or more specifically, on how you do things.

One key issue has to do with follow up. It's important for a team to do its best to connect into a local healthcare system or to work together with other teams serving at other times during the year. While it's tempting to want to bring healthcare to a region where none currently exists, by linking into an established structure, you're more likely to ensure continuity of care and improve outcomes. Even when medical care is not readily available in a particular region, you can often find some kind of lay structure of midwives, nutritionists, and possibly a visiting nurse who can provide coverage between your visits.

If you're only able to make a limited commitment such as one week per year, you might consider sponsoring a nurse for the center in which you're going to work. In many cases, you may discover that a nurse salary is under \$5,000. If you can't afford a full-time salary, you might be able to fund a half-time nurse at \$2,000 - \$4,000. Fundraisers in most churches can easily cover this amount. Your mission committee may already have a budget from which these funds could come. Keep in mind that Sunday School leaders might welcome a project such as raising funds to support a clinic. Don't limit yourself to your own church when trying to support a community clinic. You might consider partnering with other churches in your local community or other churches within your denomination. Secular organizations such as the Rotary Club are involved in a number of international programs in developing countries. As long as you are not using funds to support specific religious activities, many secular organizations might consider sponsoring something like a health clinic.

In making arrangements with a local nurse, you should think through medications for on-going care, and your expectations of the nurse with regard to seeing patients for follow-up. Will s/he dispense additional medications? Will s/he need any kind of training from you? Will you be able to reserve and provide sufficient medications to supply her/him until your return? Will you want to provide some kind of funding through the local Diocese to enable him/her to purchase medications? Will there be any kind of accountability and oversight through the Diocese? How will s/he communicate with you between visits? And of great importance, will there be any requirements regarding whether or not s/he can charge for office visits (and how much is an acceptable fee), and/or charge for medications (and, again, how much is acceptable). If you don't think these things through in advance, you may discover that you're provision of medications becomes a source of additional income for the nurse, a local leader, the church or the Diocese, and also that the cost becomes a barrier to follow-up, defeating the purpose for your arrangement.

### --- PRE-TRIP PREPARATION ---

Leadership planning for any mission trip, healthcare or otherwise, should begin about a year in advance. To begin, you need to develop relationships and begin to work out the details for your trip. Where will you serve? Who will you serve? When will you travel? Do you need visas? What are the

licensing requirements? What will be the accommodations for the team? Who will arrange them? Will you need translators? Who will make the arrangements? How much will it cost for transportation (air and local), accommodations (room & board),

### **Relationship Development**

Before you recruit a team, you need some details about where you'll be going, what you'll be doing, who you might need on your team, accommodations, and so forth. So you need to begin by developing a relationship somewhere. Decide where you want to go, and begin making connections. Be aware that these types of connections take time and can be challenging. Your natural inclination might be to pick up a phone. But what's the time difference? Will there be someone on the other end who speaks English? Do you speak the host language? If you're communicating with someone in a local community, do you need someone to make a connection at the Diocesan level on your behalf? If your contact is Diocesan, are you sure that information is flowing to the local community? Relationship building always takes work. Developing a relationship while having to deal with differences in time, location, language and culture can be even more work. If you keep this in mind, and occasionally take things on faith, you'll do fine.

### **Budgeting**

Now that you know where you'll be going and what you'll be doing, it's time to draft a budget. To start ... you already have a pretty good sense of standard expenses ... airfare to/from your host country, local transportation costs, room & board (from your contact), and spending money (based on what you know about the local economy). Work up a spreadsheet with those details as a starting point.

Think through all that you'll do when you are in your host country ... where you'll go (if you'll visit anywhere other than your clinic site), who and what will help you get there, will you eat while you're visiting (and if yes, what will you eat), will that be included in packaged fees or will you tell people to bring money to cover for it, and so forth. Think in terms of a flow chart for your itinerary (hint: you've probably done this many times before planning a family vacation). As you work on your draft, feel free to run numbers by your host. Often, there is a host representative that will have a good handle on some of your trip questions. That person may even have a substantive list of travel costs already prepared based on previous group experiences. In many cases, they will have a standard room and board fee of \$X per day for each person in your group. In the majority of countries where you'll likely lead your healthcare mission the rooms will be shared like in a dorm with basic shared services such as a couple of baths/showers for the group and the rate, which may or may not include all meals, will range from \$25 - \$60 per person for each day that you are on site. So, a safe starting point for a 10 day trip would be \$600 per person for room and board.

Now that you've completed a draft of your budget with all the obvious costs, think about all of the potential hidden costs and contingencies?

### Hidden Costs:

- If people travel at different times, you may not be able to get group rates. Does that increase the overall projected cost of the trip? (smaller group, higher airfares for all)
- Do you need a bus to get to and from the local airport?
- Are all taxes included? Do you know which ones are and aren't? It is recommended that group leaders determine the specifics of any passport tax or departure visa fees and hold sufficient funds to cover the exit fees for all volunteers. You don't want to discover at the airport that missionaries forgot the exit fee and spent all of their money buying crafts ... guess who gets to pay? Probably you!
- Did you include airport taxes, entrance and exit fees, and so forth?
- Are there meals that aren't included in the budget ... for example, does your local representative helping you plan include just breakfast and dinner in the overall rate s/he gave you and assume you're on your own for lunch?
- Do you get travel insurance as a group? If so, is that included in the team budget?
- Do you take gifts for your host?
- Do you tip the staff when you leave? (Every trip I've ever been on we've tipped the staff in some way either through the Diocesan offices as a single lump for all staff, or individually. You'll want to speak with your local representative about the most appropriate way to tip staff. Regardless of the answer, you're advised to have tips included in your budget ... it makes life much easier for the team leader to know you have that covered.)
- Is medicine funding included ... will you plan to raise funds for medications, seek grants, etc.? You might consider both including a small medicines fee in the budget for the medications you'll take with you as well as have someone do some fundraising and/or grant writing.
- Do you want people to read particular books, buy a language book, etc.? Might they be cheaper in bulk, bundled into the overall project cost?
- Are passport visas included in your budget? They probably aren't, but as a courtesy you should be prepared to tell people about the visa process and cost.
- It's assumed that everyone will cover their own pre-trip medical expenses for shots and any medications they want to bring with them such as Malarone or Chloroquine to protect you from malaria. But, will you also take a group first aid station and specifics for water purification?
- Will currency exchanges impact your budget between the time that you create it and the time that you travel? (Is the local currency pegged against a particular international currency ... the Mark, Pound, Dollar, Franc, etc.?) You may feel confident you did your homework only to discover that international currency rates have shifted significantly in six to eight months, increasing the cost of your trip by \$50 or \$100 per person. While you may not think that's much of a problem, discovering a \$1200 hole in your budget days before departure is no fun.
- Does your host country have things like fuel surcharges? (You might receive a quote for transportation to and from your host site, but get charged a different fee when you actually travel ... the fuel surcharge wasn't included in the quote, but there was an assumption on their part due to local custom.)

Sometimes you need to think in terms of worst case scenarios. For example, you are quoted \$2000 for a bus. You've projected and budgeted \$100 for the 20 people in your group. But by the time you travel, you're group is down to 16 and the bus still costs \$2000. Who covers the missing \$400? How do you reconcile the difference in your budget?

Some folks complete their budget and then add 20% as a cushion. The logic is that it is easier to give back money or require less funding in the final analysis, than it is to ask for more at the last minute. You might consider some kind of contingency factored in to your budget in the range of 10% to 20%.

Remember that budgets are practical. That means you need accounts, relationships with financial managers (church treasurers), and all of the associated accountability. You'll need to pay bills, purchase plane tickets, and receive grants and donations. If you plan to do any fundraising, you'll also need your funds going through a non-profit institution (most likely your church), because people making donations will want the tax deduction and organizations giving grants or other contributions will require it. Ultimately, someone has to make deposits and write checks. It's a good idea to develop a relationship with whoever is going to assist with the financial matters early in your process.

### **Models for covering trip costs**

In most cases, you'll probably have individuals pay their own share. For example, the overall trip budget might be \$18,000 and you plan to take 12 people, they will each be responsible for \$1500. We refer to that as the "entirely self-paid" model. While this is the most common, it is not the only option.

If the entire team is from one particular church, sometimes the church chooses to run everything through a sub-line of the mission budget. They let everyone in the group know the cost per person, but the church simply plans to pay for the cost. This provides the church with a way to feel totally connected and committed to the mission activity and also allow individuals of limited means to feel comfortable participating. This can also feel like a considerable leap of faith for a church concerned about pledges and paying the bills. In my experience, however, most people will contribute at least their share and many will give even more.

Other models incorporate some kind of need-based scholarships from the church for individuals who may find it challenging to raise the funds necessary to participate on a mission trip. My advice would be to make a decision about whether or not to worry about scholarship support based on your church demographics. While it's unlikely that a gainfully employed healthcare professional will need assistance, you might have "staff" that will handle registration, assist in the pharmacy, and assist with any number of other chores that need assistance.

There are also a number of hybrid models you could use such as the "1/3, 1/3, 1/3 model," that is 1/3 from the church's budget, 1/3 from fundraising and 1/3 from each individual. This model enables a church to have some ownership of the mission, allows the missionaries to do some

marketing and consciousness-raising through their fundraising efforts, and ensure that individuals will be committed by contributing their own funds.

One thing you might consider is a creative model that encourages and rewards individuals who help pull things together. For example, you'll need:

- grant writers
- people to organize medications as they come in
- potentially, people to collect bottles
- people to collect old luggage to transport medications
- people to help bottle, organize and pack all of the medications that you'll take with you

Rather than assume all of this burden yourself, why not consider a financial model for your trip that allows individuals who put in considerably more time than others to earn some kind of discount for their expenses? You could arrange costs in such a way that you shift some costs (up to a maximum) for volunteers to non-volunteers, so that those unwilling or unable to assist with the prep work pay a bit more than those who are willing to provide manual labor. There are a number of reasons why this model might not work, but it's worth consideration, given the amount of work involved in preparing for a healthcare mission trip.

### **Recruiting**

You'll probably do most of your recruiting in your home church. You may not have enough healthcare professionals available and interested in participating, though. So you may want to recruit outside of your church to fill your ranks. Keep in mind, though, that bringing in non-church members presents you with some challenges and responsibilities.

You may want to keep a few things in mind when recruiting. It's not advisable to have someone on your team who is heavily tattooed or with much facial piercing. This is not typically accepted in developing countries. While you and your team may be comfortable with someone on your team being openly gay, homosexuality is not typically tolerated in developing countries. It's important for any gay members of your team to understand that "don't ask, don't tell" applies on this trip. As you recruit, you'll want to pay attention to individual behaviors, language, and so forth, to get a sense of whether or not someone will fit it. Though it may seem uncharitable, you don't want to take anyone that is guaranteed to be a problem for you or the team.

Another thing that you should consider assessing up front is whether or not potential team members are healthy enough to go. You must inquire about people's health. You will be in situations that may have many physical challenges and a member that can't walk well, tolerate heat, carry bags, hold people, lift children, do without the usual sleep and can't eat food that's available will be a problem for the rest of the team. Also if people's health is fragile, a rugged mission trip could engage them. Mental health is also important. Participating on a healthcare mission team is not the place to work out a fear of being touched, fear of flying, depression or substance abuse issues.

Though it probably goes without saying, it's best to bring up issues regarding alcohol and drug use early in the process. There should be no drunkenness at any time while you're in your host country, and you should have a zero tolerance policy with regard to drug use. While most of us would like to think that people understand that, it's best to bring it up and be clear so that there can be no misunderstanding. (Most teams have a policy that drug use violators will be sent home immediately at their own expense.)

You are a church group going on a mission trip. Individuals interested in joining you need to know that you have certain expectations of the team relative to it being a "mission" team and not just another group from the Red Cross, Doctors without Borders, or any other NGO. Obviously, Christians and other people of faith may be fine with the fact that you're a faith-based mission team. But someone uncomfortable with prayer, for example, would need to know up front that the team is going to pray as a group ... hopefully, every day.

Recruiting is often best done by personal invitation. You may have your best luck contacting people who have expressed some kind of interest in the past or people you think might make good candidates if you helped them see themselves participating on a medical mission. Be advised, however, that too much effort on your part can often constitute a weak link on your team. If you spend too much time and energy talking someone into coming on the trip, they may not be spiritually, emotionally, or any kind of prepared to be a good team member. In addition, sometimes people can develop a sense of privilege, because "they didn't ask to come, but were 'pressured' by you," or something similar. You certainly don't want people who think they're somehow above or different from everyone else on the team, and you want people who will be committed to the overall success of the mission engagement ... good team dynamics, spiritual engagement, and so forth.

You're also advised to discuss in your first information session ... and, yes, you should plan some team meetings, which will be discussed further in the next section ... with potential team members what they each think is "mission." While you may think you're all in agreement, you may discover later, possibly after it's too late such as when you're already in your host country, that you have some issues. Mission means many things to many people. You probably don't want to discover during your trip that you have someone on your team who thinks mission is about "converting the heathens" or "teaching those Palestinians or Jews how to live in peace."

It's important to ask participants to make a deposit early in the process ... even if only a minimal \$100. This gives you a better sense of who is serious about going, and helps participants commit to the trip and the associated group processes. You'll need to decide whether or not you'll give refunds for cancellations, and if yes, under what circumstances. It may seem harsh to refuse refunds, but the alternatives are to figure out where to get the funds to cover the extra costs or ask the group to pitch in and pay the difference. Another alternative to guarantee you have commitment is to require that team members book their tickets on a particular flight. Once team members have booked their ticket, you can be fairly confident of commitment as refunds and reservations changes are typically difficult and expensive. (Note: Almost without exception, team members should ALL plan to arrive

and depart at the same time. Only under rare circumstances is it advisable to allow people to come and go at different times.)

A realistic example may be useful here. Let's say you've requested a \$250 deposit. You've now completed all of the planning for your trip and the costs are going to be what they now are (local transportation, room and board, potentially non-refundable airfare, insurance, etc.). Two people of a group of 12 have just decided to back out. You won't receive much, if any, savings from their dropping out, and will now be in a position of having to ask the rest of the group for \$50 per person to pick up the difference from losing the deposits from the two that dropped out. What seems fair? ... having to lose \$250 for dropping out (for whatever reason) ... charging the difference to the church mission budget ... or asking the group to pay more because someone dropped out? My general sense is that you want people to have a disincentive for dropping out ... or rather, you want to discourage people dropping in and dropping out. To do so, you raise the bar just enough to discourage it. It is probably best to require a non-refundable payment early on. Since people know it's non-refundable, they'll think twice before they give you a check, which gives you some assurance that they are committed to going. People will also have a disincentive for dropping out as they won't want to lose their \$250.

### **Team Building**

Once you've done your recruiting, you'll want to get this group functioning like a team, and in specific, like a mission team. How will they handle cultural difference? Are they prepared to encounter severe poverty? How will they handle serious illness that they are unlikely to be in a position to address? How will they integrate their experience spiritually? Will everyone know how to pack? How will people handle the culture shock that they'll experience upon returning home? These and other issues you'll want to either address or lay a foundation for addressing while on mission through pre-trip meetings.

It's easy for people to simply go and do what needs to be done without thinking through all of the emotional and spiritual aspects of their mission service. But sometimes issues present themselves at extremely inopportune times. For example, you might use a meeting to discuss cultural issues. In that meeting you may discuss things like tipping and gift giving. When you're on your trip and someone feels like they want to empty their bag to help someone they meet, your discussion of cultural, appropriate behavior, and group tipping give you a resource for addressing the person by pointing out that as a group you discussed how you'd handle these types of issues and what they are doing is not what you discussed. In addition, develop a group dynamic where these types of issues can be discussed enables team members to know that they have a place to bring their emotions and the kinds of issues that come up for them. While it may seem so easy to simply give extra clothing to someone who needs them, team members need to be aware that they may be creating a major problem in the community.

One example of how the need to give something and the implications of that gift being a potential problem is evidenced in a soup kitchen. The volunteer staff in a soup kitchen will often want to give

any leftovers away until everything is gone. Why ... because their desire to feed the hungry is why they're volunteering in a soup kitchen. What they don't consider, however, is how their need to give what is left can cause major problems on the street. What happens when some people stay late and get extra and others don't? What incentive do the guests have to leave if they think they might get extra if they stay long enough? The need to give and to do needs to be kept in check with appropriate behavior for a particular community. Rarely, if ever, is it okay for an individual to make a decision to give something that they have to someone in a host community. In most cases, you'll want to discuss it as a group, and make a contribution as a group. You might, for example, decide to leave behind all of your unused toiletries such as soap, deodorant, and shampoo, or maybe you want to leave behind all of your unused personal medications such as aspirin, ointments, and cold medicines. But, you do so as a group, and through an appropriate channel such as through a clinic administrator, a community leader who is hosting your team, or through a diocesan representative.

To address the preceding types of issues, you should consider having several team meetings. You might consider making a certain number of those meetings mandatory. You might indicate in your informational meeting that there will be five pre-trip meetings and anyone who misses more than 2 will forfeit their deposit and not be able to go with the group.

### **Team Meetings**

#### Topics for group meetings might include

- Group Formation
- Itinerary/Work Planning
- Regional Healthcare Issues (malaria, dengue fever, etc.)
- Cultural Education
- Practical Trip Preparation ... packing, money, and team transport of the medications
- Spiritual Preparation
- Traveling in a Broken World
- Dos and Don'ts while in the host country

In most meetings, you'll cover more than one topic. It's a good plan to structure meetings with an opening and closing prayer that members sign up to lead. This gets the group in the practice of praying together and encourages different models for leading prayer. Each meeting ought to have some kind of administrative update that includes details regarding any changes in costs, new specifics about the trip itinerary, reminders to get shots and hand in paperwork, etc. The remainder of the meeting would then be focused on any of the topics listed as an open discussion or some type of group exercise.

### **Other Planning Tips**

It's difficult to go from the extreme poverty that you're likely to experience to the opulence of the United States. To help deal with the cultural transition from host country to the U.S., you're encouraged to add a "play day" to the end of your itinerary. Typically a play day will include visits to a museum and/or historic sites, a famous restaurant or hotel, and shops selling items made by local

artisans. This has the added advantage of enabling missionaries to have a broader vision of a host country, rather than returning to the U.S. thinking all that there is to a country is undernourished children.

Volunteers should be encouraged to bring around \$200 in additional spending money for while they are in their host country. This amount should cover any out of pocket expenses not included in the trip budget as well as adequate spending money for the play day. You should determine the appropriate currency for your group's destination and then recommend that missionaries carry small denominations (\$20 or less). Large bills can attract unwanted attention and be an invitation to thieves. In addition, merchants are often suspicious of large bills and are unlikely to have sufficient funds to make change.

Travel insurance is highly recommended, since most U.S. health insurance plans will not cover treatment abroad or medical evacuation. (You should suggest that missionaries check with their providers, however, because sometimes urgent care is covered anywhere in the world.) Medical coverage can cost as little as \$6/day and typically includes a death and dismemberment benefit, luggage loss protection, and most importantly medical evacuation to your home country in the case of an emergency. Be sure to carefully review the medical evacuation coverage. Many policies will state that they provide medical evacuation, but the fine print will indicated up to \$50,000 ... in a developing country that will probably get you as far as an airport. There are a number of carriers for travel insurance with good medical coverage. For example, DAN, the Divers Alert Network, provides coverage at a minimal cost to members. You may not be a diver, but a \$40 membership fee and annual cost of \$30 for comprehensive medical coverage is quite inviting. Some options you might consider include the Church Pension Group (1-800-223-6602), online insurance opportunities ( [www.insuremytrip.com](http://www.insuremytrip.com) ), and your local travel agent. All are good places to get information about your insurance options. Though few of us have it high on our to do list, in some areas of the world it might be advisable to consider purchasing kidnapping insurance.

You are encouraged to accept the hospitality of your hosts and sample the cuisine of the region. Note, however, that in certain circumstances and regions you need to be wise while being a good guest. Be careful of fresh foods when you're unsure about their origin or whether or not they've been cleaned with potable water. Many people traveling in the countryside of poorer nations tend to carry pepto bismol tablets and acidophilus supplements. Both can help limit any stomach upset and can be used as a prophylactic (e.g. 1 pepto tablet per day; 1 acidophilus caplet before each meal) to ward off digestive distress.

One of the key contributors to stomach upset is water. In most instances, you will be provided with purified water which you should consume regularly to prevent dehydration. In many cases, it will be recommended that you use purified water to brush your teeth and wash your face as well. It is often a good idea to carry a bottle of tablets (Potable Aqua) for making water drinkable, in the event that you're unable to discern whether or not your water is clean. Treated water is not the best tasting, but beats the stomachache that follows a drink of problem water. (Tip: a small amount of Gatorade is a good way to sweeten up the bitter taste of treated water.)

Recommend to missionaries that they carry **a copy of** their passport. Passport theft is a danger. Missioners should report a lost or stolen passport immediately. Leaders often find it helpful to keep a list of contacts, emergency medical information, and a copy of each missionary's passport (in

addition to each member keeping a copy of their passport on their person in a location other than their passport). Once the leader's packet of information is completed, it's a good idea to make a copy of the entire packet, including the passports, and leave it with a person who is willing to serve as your point of contact in the U.S. in the event of an emergency.

Yes, you will need immunizations. It is recommended that missionaries review the advice of the Center for Disease Control (<http://www.cdc.gov/travel/>) at least six months prior to travel. Depending on a physician's advice and health insurance coverage, immunizations and medications may cost up to \$600. Be aware that many immunizations require time, so missionaries should not wait until the week before the trip to schedule an appointment with a primary care physician or travel clinic. It's advised that missionaries consider seeking immunizations three to six months prior to departure.

### **Packing**

**NOTE: In most cases, clothing should be cool and loose fitting**

There are cultural considerations related to dress. In many countries, for example, it is not acceptable to wear shorts or sleeveless tops except for specific times such as recreating. Also, be aware that in many countries, women wearing shorts or tight-fitting and/or revealing clothing in public might be considered disrespectful and/or receive unwanted attention. Healthcare mission teams have the advantage of wearing scrubs, which are comfortable in a hot climate and have the added advantage of quickly identifying missionaries as part of a healthcare team.

#### Suggested packing list for an average trip

Boots or sneakers (that are sturdy and water repellent)  
A pair of light pants for church and any other non-medical related activity  
T-shirts/long sleeve shirts (and/or scrub tops)  
Lightweight skirt or sundress for church and other non-medical related activity  
Sweat socks  
Underwear  
Hat with broad brim ... preferably crushable (Baseball caps do not protect your ears and neck)  
Sweat band/bandana  
Rain suit/Poncho  
Water bottle/Canteen  
Sun Glasses ... preferably with UV protection (Tropical sunshine can injure your eyes)  
Medications (with copy of prescriptions) ... which should be packed with carry-ons  
Imodium AD/Pepto Bismol/active culture Acidophilus/Cipro (pill form)  
Alcohol wipes  
Liquid hand wash with disinfectant  
Sunscreen SPF 35 or higher  
Bug repellent with at least 33% DEET (remember, mosquitoes carry diseases) ... and in some cases, preferably 100% DEET. (Keep in mind that exposure to a chemical for a week is usually preferable to contracting malaria.)  
Band Aids

Bacitracin/Neosporin or other antibiotic ointment (though the team will also have some in the medical supplies)

Small flashlight with extra batteries (head lamps are great for reading in bed!)

Shower shoes (e.g. flip flops)

Camera

Regular toiletries (including a small roll of TP and a pack of tissue)

Bar soap

Tylenol/Aspirin

Menstrual hygiene products

You may want to encourage people to limit themselves to a carry-on bag, to maximize your shipping capacity for medical supplies and ensure that everyone's personal gear arrives with them. Some travelers find it helpful to get out everything they plan to take. Then they step back and consider what they REALLY need. In most cases, many items will return to draws and shelves before packing. If reconsidering doesn't do the trick, you might also remind them that chances are good that whatever they bring they are likely to have to carry at some point ... possibly long distances and uphill. The thought of carrying what we bring typically encourages people to limit what they take.

--- THE HEALTHCARE MISSION ---

**Credentialing & Lay Team Members**

What skills do I have to offer? When you go, you go to serve; so what can you do to serve? You can always use a few non-medical people if they are comfortable participating/assisting, so don't assume there everyone participating should have some kind of healthcare certification.

- you need to have current licensing for ALL medical professionals
- the team leader should always check credentials and keep copies for his/her records
- you often have to mail your credentials (such as when you go to Guatemala) in advance
- you are under an obligation to do your best and bring your best; if you aren't a good doctor at home, you'll be a terrible doctor in the field (which is a problem for a team)
- good interpersonal skills are important

You need to have accurate and up-to-date licensing and certification information on all staff (and copies of what you have should usually be sent ahead). However, keep in mind that you don't need a medical degree for crowd control, management of materials, assisting as a runner for medical professionals, or dispensing medications in a field clinic. It's good to have medical professionals participating in all of these functions, but the point is that there is plenty of room for lay participation. So don't assume that everyone on your team has to be a medical professional. In fact, it is probably a good idea to intentionally add a few people who are not (though all should have some kind of exposure and basic knowledge of medical practice, and should be comfortable in a medical environment). Also, keep in mind that you aren't running a surgical unit or a hospital. In the majority of cases, you'll be treating the equivalent of basic medical needs, in part, because you won't have the facilities to anything more advanced, though under certain circumstances you and your team may be staffing a hospital.

It's important that you begin to blend staff and merge them as a team. Any pre-trip meetings you can use to facilitate group development is advisable. The medical staff should be comfortable working with and incorporating lay members of the team into delivery of care. You run the risk of having wasted time, if the medical staff feels they can only count on one another rather than use the remaining staff. For example, in most cases a lay person is just as capable of checking on the amount of a medication in stock in the pharmacy as anyone else on the team. It doesn't take a medical degree, in most cases, to read labels. With that in mind, it might be wise to think through with your lay team members how they might handle certain situations ... what to say if asked to assist with something that doesn't feel comfortable to them, how to handle passing information (what's a useful message to another physician, and what's not), and so forth. In this way, you'll have certain protocols in place to aid in daily operations and enable all members to function comfortably together.

## Registration & Triage (on site)

It's important that you have some system for managing the flow of patients. The management system requires several people. Some form of medical record (a little plastic cover can be extremely helpful) helps both to organize flow (put a number on each record) and also to organize information (the doctor completes it with the patient during the visit). Patients should be educated to save their records for a future visit with any other doctor, and also to bring their record with them if they are asked to return on a different day during your visit. There are a number of places online where you can find templates for creating a medical record. There are also places where you can purchase forms. Keep in mind that you want something simple and limited to one page. You'll want it to be as easy as possible to transport both for you to get it there as well as for patients, and you don't want to run the risk that patients will lose pages, which would greatly reduce the value of giving them a medical record. As a convenience, a template is appended to this document. It fits on one half of a standard page, and fills both sides. If you use a heavier paper, such as card stock, they will hold up better for your patients.

Be aware that many patients may choose to act as though they don't know the registration system so that they can bump up in the line. Others will claim status/rank, and still others will claim urgency. In some circumstances a hosting church may give priority to their members and staff. It's best to respect this, while also trying to see the sickest patients first.

As you organize registration, you should be prepared, ideally with a pseudo-professional (someone with a base level of medical knowledge), to make difficult decisions that you can hold to. You also need to manage the flow by instructing people and moving the line along. If the line begins to develop mayhem, you're done.

It's important for your registrar to keep an open mind about people when they are doing some of the preceding. Remember that you're in a host country with different cultural norms. The majority of the mission team also probably doesn't know what it's like to wait for months or years to have a pain addressed by a doctor. If you had a pain for several years, thinking you were going to just have to live with it, and then waited for months to see the doctor once you became aware that one would be coming to your remote village, you might be pretty tempted to pull rank or try to figure a way to jump the line, too.

When seeing a family or group, you should see the children first ... and see all the children, regardless of whether or not they have been officially registered. Also, have someone on the team keep an eye on the crowd to insure that those who the most ill get seen. They have a tendency to come late in the day, so it's important that someone make note of them or they could be turned away.

Each area of your "office" clinical set up should have a separate purpose. In other words, you need a pharmacy where you dispense meds and give shots (if necessary), you need a station (or stations) for seeing patients, possibly a station set with nursing staff to do vital signs as part of your in-take, and

then a station for any specialists. The better the flow management, the less likely you'll be tripping over people when you're attempting to make referrals, etc.

If you have a referral system, or a pass-back system, you need to manage it well. For example, if you have a dentist, and discover a patient needs to be seen by the dentist, you need to be able to manage the referral in an equitable way. Since everyone else has a numbered appointment, how do you insert the referral into the registration system? If the dentist needs certain information, how do you ensure that doctors and nurses record the necessary information and note it before completing the referral? These types of questions should be discussed before you begin to see patients rather than after a problem presents itself.

Any number of issues might arise in the course of a day ... team dynamics, supply issues, service issues, etc.). It would make sense to have issues brought to the administrator. Have the administrator be responsible for tracking everything. Your administrator probably shouldn't be a medical professional, since you don't want to waste your healthcare expertise on business management. But there should be an identified medical contact person with whom the administrator can confer to ensure that the system and any subsequent modifications are working for the healthcare staff. Each evening, the administrator should conduct a review session with the team, discussing any issues that came up, asking for feedback on any concerns, and working with the team to develop any changes in registration protocol for the next day.

With a specialist (dentist, optometrist, etc.) you should consider some kind of triage system for referrals and assistance. What do you do, for example, if a patient goes to the specialist first, and then there is a need for further medical assistance? If you have a patient that sees the doctor and then needs to be referred, how does that patient get handed off in a fair manner (and integrated into the number system)? ... and so forth. One solution might be to think through scenarios prior to opening. Discuss with the administrator how best to manage the flow for you. The administrator should then implement a system that would meet your specific needs. The two important pieces are communication and prior planning. No, you won't have every situation covered. But if you discuss some likely scenarios, the administrator will be in a better position to manage anything that comes up without having to consult the medical professionals every time.

A challenge that can, and probably will, arise is a medical condition that you are unable to treat. Not only will the staff feel uncomfortable that there is little or nothing that they can do, but the individual might be somewhat insistent that someone treat his or her, or more likely their family member's, problem. Sometimes you may have to deal with people who are quite unhappy because you are unable to help them. In addition, the help they need, such as surgery, may not be free ... and you are. In those circumstances, people can get aggressive. People can even get a bit overly assertive. The best way to handle these situations is to be clear with your hosts that you understand why the individual is upset and that if there was anything else you could do you would gladly do so, but there isn't. You may discover that they know the personalities and certainly they will appreciate the situation. All you can with the patient is keep your cool and continue to reiterate what you can and can't do to help.

If you are brought a patient who is clearly dying, stay with them and provide the best compassionate and comfort care that you can. Don't leave them or send them home. Make sure the family knows you expect their loved one to die and you'll do all you can to make the individual comfortable. But it's also important that you are clear with the family that you cannot cure the dying person. Be sure to explain what every medicine you give is for and be certain that the family understands completely. Unfortunately, teams can be blamed for a patient's death and your work discredited if you don't handle this type of situation well.

### Medications

Knowing what medications to bring can be a challenge. It's tricky to have a good sense of what is best to bring to a site. You should spend some time in dialog with your local host prior to arriving or with another medical practitioner who has been to the same region, to get a sense of what you're likely to treat so you can determine how best to treat it ... hence what to stock in your pharmacy. There may be certain things that can be treated quickly and easily and others that will require some advanced treatment. You might consider giving everyone you see a particular medication, such as Albendazole, since most are likely to have some type of food or water borne infection.

Unlike a medical visit at home, you need to get over your concerns of modesty and patient privacy (let go of your HIPPA training) ... because it's likely that there won't be any privacy. Children will want to watch, farm animals will be running around in the yard, patients will pile in hoping to see the doctor as soon as possible, and the majority of patients won't be modest. Women will lift their shirts to show you a growth on their breast. Men will drop their pants to show you an infected cut on their leg. What can be even more challenging is that others will want to see too. That's just the way it is likely to be in most countries. Know that you are, and will be, watched at all times. There is no real downtime on a healthcare mission until you are alone with your team in the evening.

When you set up shop, you'll want to speak with your host to arrange for patient meeting areas. In some cases, you'll need a table, bench, bed or couch so that someone can lay down in case you need to do a more extensive exam, or in case someone severely ill is brought to you. It's good to include table paper with your supplies, not because you need to be so sterile (because you can't be), but because many of your patients will have skin issues such as scabies, and you won't want to share that with other patients.

All stations will need an interpreter unless your doctors are fluent. Note, though, that even if the practitioner speaks the language, it's still useful to have interpreters nearby, given local kinds of issues that are easier understood and addressed by local people. Sometimes there are things that locals talk about that you may not know. While your patient will feel great if you can address him or her in their native tongue, you'll be more confident that you are understanding your patient and making a correct diagnosis by having an interpreter confirm what you believe you've heard.

The pharmacy needs to be set up to enable a reasonable flow of patients. One of the interpreters should be stationed in the pharmacy to assist with distribution and to explain to patients how to take their medication. In some cases, the interpreter will also need indicate to a patient that they should

return for a follow-up later in the week. Keep in mind that your interpreter may be having delicate conversations with patients. For example, he or she may have to explain to a woman that she is being given vaginal suppositories that need to be inserted at certain times of the day. For this reason, the pharmacy interpreter needs to have particular patient skill and be comfortable having those types of conversations with patients.

**Typical Medication Formulary** (\*Try to discern what types of illnesses and issues you're likely to treat; numbers will vary on the size of the team and number of patients you'll see in a day ... 150 patients per day is probably a good estimate)

Famotidine 40 mg 6,000  
Calcium Carbonate 30,000  
Omeprazole 20 mg 3,000 (or any PPI or H2 blocker you can purchase at a reasonable cost)  
Pepto Bismol 1,000  
Cimetidine 300mg 10,000  
Acetaminophen 500 mg 10,000  
Acetaminophen drops 80mg/.8cc 8cc5 bottles  
ASA 325 mg  
Ibuprofen 600 mg 10,000  
Ibuprofen 200 mg 20,000  
Prednisone 10mg 1,000  
Amoxicillin 250 mg chewable 500  
Amoxicillin 250 mg/5cc 100 bottles  
Amoxicillin 500mg 5,000  
Cephalexin 250 mg 1,000  
Cipro 500mg 100  
Doxycycline 100mg 1000  
Bactrim DS 1,000  
Metronidazole 250mg 10,000  
Acyclovir 200mg 100  
Albendazole 400mg 2,000  
Chloroquine 250mg 1000 (or malarone, depending on what part of the world you're in)  
Terbinafine 250mg 1,000  
Griseofulvin 500mg 5,000  
Ceftriaxone 1GM for injection 10  
Permethrin Cream large amount & Ivermectin tablets  
Amlodipine 5mg 2,000  
Atenolol 50mg 40,000  
Hydrochlorothiazide 25mg 40,000  
Verapamil 80 mg 2,000  
Citalopram 40mg 2,000  
Phenytoin 100mg 5,000  
Albuterol 2mg 1,000  
Albuterol 4mg 1,000  
Albuterol MDI 50  
Glipizide 5mg 5,000  
Metformin 500mg 10,000

Ferrous Sulfate 325 mg 10,000  
Folic Acid 1mg 20,000  
Childrens chewable Multivitamins 50,000  
Adult Multivits 50,000  
Prenatal Vitamins 15,000  
Hydrocortisone Cream 1% 25  
Topical antifungals 250  
Clobetasol cream .05% 25  
Lidocaine 2% 2 bottles  
Epinephrine 1:1000 2 bottles  
Lotrimine (or any antifungal creams)  
Biaxin  
Hand Lotion (soothing cream)

Keep in mind that you'll need to be prepared to improvise with medications. You may see more of one illness than anticipated, you may have a medic preferring to prescribe a particular drug, and so forth. When you have different types of professionals with different medical decisions to be made, sometimes you discover that medications you brought aren't sufficient to meet the need. What do you do? If you run out, how will you treat patients? Ideally, in these types of situations, the team should plan to renegotiate and discuss issues of this type in evening meetings. As a team, you'll need to plan how to use and manage the remaining medications. In other words, the team needs to agree on treatment protocols to enable the best management of your limited medication supply.

You need to remain in dialog with your professional staff so that they know what you have on hand, what you lack, and what you're comfortable substituting to achieve the best outcome with what you have. It may not be the ideal, but you'll need to make your peace with what you can and can't provide.

One important issue to consider when assessing and reassessing is what you have brought to treat children. You can often give an adult a child's medication, but can't often go the other way. So, as you consider what you can and can't use to treat certain issues, you should take into consideration what you have to treat children as a priority. You may want/need to hold back certain treatments for children, to ensure you can continue to treat the kinds of issues you've been seeing.

How will you organize and distribute medications from your pharmacy? Many people recycle their pill bottles. It would be a good church project to ask people to save and donate any and all bottles from household medications, prescription drugs, etc. Request that donations come in without labeling both for ease of use and also for confidentiality (your team doesn't need to know what everyone in the church takes for medication).

You need to consider what you'll do with any leftover supplies. If you have a relationship with a local community, program, or group, and intend to return, ideally you'll leave remaining medications (after completing an inventory) for your next visit. You may also want to donate medications to a

diocesan clinic or medical center. Whatever you do, you'll be unlikely to want to bring them home, so you should consider figuring out what you'll do with extras before leaving on your trip. To be clear, it's not helpful to assume that you can place that responsibility on a local host. You could unintentionally create a major conflict in a community, based on whom you leave with the remaining drugs from your pharmacy. You also have a responsible to ensure that remaining medications are not sold on the street.

Organizing your pharmacy is important. You need some method for accessing medications, since you're unlikely to have sufficient room to unpack everything at once. The ideal is to organize medications with some type of method by alphabet or type of medication, and label EVERY bag. You may need to keep in mind weight issues, but if you are organized and label things you should be okay. It's a major pain to have to struggle to find things or assume you're out of a particular medication, because you can't find it. Labeling as much as possible helps take the guess work out of finding things when you need them.

Naturally, medications are not the only supplies you need to bring. Keep in mind who will be with you and what their particular profession will need for supplies. Each professional should plan to bring their own diagnostic equipment. The kinds of additional things you may want to include are rubber gloves, scrubs, syringes, pill bottles, tarps to cover your stations (especially in the event of rain), various types of gauze, thermometer(s) with probe covers, blood pressure cuffs, stethoscopes (byos & pc), medical record forms, something for people to carry medications away (small bags?), vitamins for all ages, toothbrushes for all patients, magnifying glasses, if possible (with a chart for testing), and so on. You might also want to consider diagnostic testing supplies. Pregnancy tests, slide tests for malaria, urine dip sticks, glucometers, hemoglobinometers, and portable blood chemistry devices can all be useful to have on hand.

Old duffle bags and suitcases can be an excellent means by which to transport your medications and supplies. You'll likely need to keep them less than 50lbs. But if you check with your airline, you're also likely to be able to take extra baggage (in number, not weight) without incurring additional fees. Speak with a local official of your airline, indicating that you're on a humanitarian mission and that you're luggage will contain donated medicines and medical supplies. Most airlines will do their best to assist you. Some teams pack in plastic storage bins which are ideal if you'll be staying in one place.

To make things easier at arrival, you should consider putting some kind of bright ribbon or luggage tag on ALL baggage. In this way, you'll be able to easily identify everyone's luggage as it comes through baggage claim. If your host is helping, it's also significantly easier for them to identify your bags. If you use donated old suitcases, etc, be sure they are in good shape. You don't want bags that fall apart, don't close, or will be difficult to carry. If you plan to return for another medical mission, you might consider bringing some, or all, of the luggage back with you so that you have it for the next trip. One easy way to get it home is to collapse bags into other bags. Some of your group may also want to purchase gifts on your last day. Since they will likely pack light, the empty medication bags can serve as return transport for purchased items.

It's advisable that team leaders carry sufficient cash in the event that they are required to pay a customs "fee" of some kind (and fee is being used rather loosely here) to get your supplies. Occasionally, customs officials will expect dollars to allow your supplies in.

Gifts (or tips) for hosts (interpreters, those who host, local medical staff – who often don't get paid or frequently don't get paid enough, clergy who arrange things, drivers, cooks, etc.) need to be handled with great care and in dialog with your host. Most often, a diocese will ask that you give any gifts or tips to a diocesan officer and allow the diocese to handle distribution as it deems appropriate. This can be one of the most difficult parts of a mission trip. People develop relationships. We have a desire to help. We have a desire to support someone in exchange for a job well done. But what we don't realize is how our gift or tip will be perceived. Sometimes we inadvertently set up inequities among diocesan staff by giving someone a big tip because we interacted with that particular person more, which can cause resentments and bad feelings among the other staff. There are so many things we don't know and so many ways in which we can create a problem. As you discuss tipping and gifts as a group at the end of your trip, you might want to use the opportunity to discuss what might be behind people's desire to give directly if they are struggling with an indirect gift through a diocesan official, for example. Do they have a need to give? Do they feel the need to make a difference in someone's life? What does what they are feeling have to do with their own relationship with money? ... and so forth. If you don't feel comfortable bringing up the issue directly, you might invite people to share their thoughts and feelings. The key point, however, is that no matter what individuals in your group are thinking and feeling, the leaders of the team need to make the decision about gifts and tips and need to do so in consultation with their host.

Another challenge for team members are those people who ask for things. People may ask for your shoes, an article of clothing, money, jewelry such as a watch, and so forth. It's best to discuss this issue with the team prior to departure and to set clear boundaries ... that is, team members should not make any private arrangements for giving anything, no matter how simple it may appear or how needy the individual may be. ALL requests should be directed to the leader, and in many, if not all, circumstances the leader will politely explain that the team is unable to accommodate the request. It's important for team members to understand that everything they do reflects on, and impacts, the rest of the group. Regardless of how hard it may be, individuals do not have the right to make decisions on their own regarding any kind of gift. In addition, no one on the team should make any kind of promises or be perceived as making a promise. If the team leader wants to make a promise, s/he should be 100% certain that s/he can deliver.

Politics and sexuality should be considered taboo and not topics for discussion with the locals. It's easy to misunderstand and be misunderstood. If politics comes up, listen, and keep your opinions to yourself. Likewise, you should not be having discussions about sexuality. That's no one's business. However, if it comes up, you should not be expected to tolerate derisive comments from locals about gays and lesbians. Be an example of tolerance and acceptance, but don't push the issue. That's not the reason you're there.

For medications ...

<http://www.crosslinkinternational.net>

CrossLink International is a non-profit, Christian ministry that provides medical humanitarian aid. We equip medical mission teams, local free clinics and mission hospitals with customized orders of medicines, supplies and eyeglasses.

<http://www.blessing.org>

"Blessings International is a non-profit organization whose mission is to alleviate suffering and provide medicines world-wide by facilitating relationships that promote health." (Can buy meds at better prices through blessings)