

Archived version from NCDOCKS Institutional Repository <http://libres.uncg.edu/ir/asu/>



Unexpected Lessons From Short-Term Mission

By: **Linda Johanson**

No Abstract

Johanson, Linda (2008). "Unexpected Lessons From Short-Term Mission". *Journal of Christian Nursing*, 25(4), 200-203. Version of record available from Lippincott, Williams, & Wilkins. [ISSN: 0743-2550], [DOI: 10.1097/01.CNJ.0000337004.96647.ea]

Unexpected Lessons From Short-Term Mission

When I first started accompanying my physician husband on medical mission trips in 1997, I recall carefully preparing to embrace a foreign culture. Sponsoring organizations are meticulous with instructions such as “Don’t drink the local water,” “Be flexible,” “Learn some survival phrases in the native language,” and “Get proper immunizations.” I’ve found these suggestions helpful regardless of the country or culture visited. However, after 10 mission trips, I’ve discovered that everything you need to know for a successful mission trip isn’t necessarily printed in a “mission manual.” There is on-the-job training associated with mission work, and if you keep your eyes focused on God, he provides unexpected lessons.

Four short stories from my mission trips illustrate invaluable lessons I would not have otherwise learned. None were anticipated or planned.

STORY 1: HONDURAS AND THE PORTABLE SONOGRAM MACHINE

This story took place on our second mission trip to Honduras, so my husband and I considered ourselves “veterans.” We met with team members in the Miami airport on our layover to Tegucigalpa. After the introductions, a radiologist from Alaska began to report how he had been able to secure the use of a portable sonogram machine for this trip.

My husband and I secretly rolled our eyes at each other. A sonogram machine on the mission field? This doctor was obviously unfamiliar with the realities of mission work. The people of Honduras would need analgesics and antibiotics, not a sonogram. Even if a sonogram would detect something suspicious such as a tumor, then what?

Of course, we said nothing to the new team members, but harbored a negative attitude in our hearts. Let it play out, we thought. Everyone would see the inappropriateness of sonography in this experience.

To the contrary, on the first clinic day I was the one to be surprised. Word had spread that the American doctors had brought a sonogram machine. Curiosity compelled the villagers to sense new abdominal complaints so they could get an evaluation by sonogram. Soon hundreds were lined up for their sonograms. Although most of these tests returned negative, the patients listened to the Gospel as they waited their turn for a sonogram. Many accepted Christ as they waited to use this seemingly inappropriate equipment.

But there’s more to the story. Not every sonogram done that day was negative. One particular patient was hugely pregnant. She tearfully conveyed that she had been told by the local medicine man that her baby was dead (in utero). Could a sonogram be done to see if this diagnosis was correct?

Her test showed that her baby not only was alive, but also due any day. She was so thrilled that 2 days later when she delivered a healthy baby boy, she named the infant “Jeff,” after the radiologist who had brought the sonogram machine. We continued to use sonography the entire week, daily drawing hundreds of people to the clinic. I learned that sometimes God is able to use something that seems totally illogical to us for his glory.

This experience also precipitated introspection related to our perceptions of the healthcare “rights” of people in third-world countries. Why did we not perceive that the people in a developing country, equally created in God’s image, deserved the best quality healthcare, including ultrasound?

STORY 2: MYANMAR AND THE GIRL WITH SEIZURES

We were scheduled for a mission trip to Myanmar (formerly known as Burma), a Buddhist country ruled by a military dictatorship. Due to the unstable political climate, the team was limited to 10 members. A physician who signed on for the trip wanted to reserve a spot for a 16-year-old girl from his church to help with logistics. She had begged him to let her take part, indicating that mission work was a direction for her life.

Although it is wonderful to have logistical help, I felt ambivalent about this girl traveling halfway around the world without either parent. When I learned that she experienced uncontrolled seizures and had only 2 months before been comatose in the hospital after a major tonic-clonic seizure, I was opposed to her participation. The mission board, however, was willing to allow her to participate as long as she brought detailed instructions related to her condition and treatment.

When we arrived in Myanmar, the girl emptied her backpack to show us her medications, making a pile of disorganized pills in various colors and shapes. I began to panic. How could she assist the team if we were worrying about her having a seizure?

Within 1 day, God answered that question. We were invited to worship with local Christians who were teaming with this mission effort. The pastor introduced us to the congregation and asked for someone in our group to share a testimony. Without hesitation, our teenager stood to recount an amazing story of survival and dependence on God based on her seizure disorder. The Christians in Myanmar, who often were ostracized for their beliefs and judged as “different” by the Buddhists, empathized with the way she faced loneliness and uncertainty. Although they may not have understood her health condition, they were encouraged by her determined spirit and trust in God.

As a group member, this girl carried her weight, helping with clinic setups and eyeglass fittings. With her vivacious

youthfulness and striking blonde hair, she was an attraction in Myanmar, especially to the children, many of whom had never before seen a white person. She did have two very minor seizures during the 2-week trip, but neither impeded the success of the mission. I learned not only to be appreciative of this teen, but also to be less judgmental. It was clear that God puts mission teams together for a reason, and that every member has potential for service, although we may not initially see the exact rationale.

STORY 3: RUSSIA AND

THE CLINIC THAT WASN'T

It was early morning in Russia, and we were loading the van for a medical clinic at a children's camp outside Moscow, a trip anticipated to take 2 hours. We went to the Samaritan's Purse warehouse to pick up shoeboxes for distribution to the kids at the camp. By the time we had the team, medical equipment, and shoeboxes loaded, it was almost noon. "Should we let the people at the camp know we are running late?" I wondered aloud.

"Oh, they will figure it out," the Russians assured me. "We don't have to bother to call them."

Once under way, our trip stretched into 4 hours we encountered a traffic jam, and the 2-. It seemed we needed to let someone know how late we would be. I mentioned that the people at the camp would be worried that something had happened to us.

The Russians remained unconcerned. "They won't be worried," everyone concurred.

After a bout of engine trouble and a few wrong turns, we arrived at the camp 9 hours late. I was sure someone from the camp would run to the van, inquiring, "Where have you been?" But the Russians were correct. No one hurried to see if we were okay. No one asked why we were late, and no one complained that they had wasted the whole day waiting on us.

I also was sure we would immediately set up the clinic and try to see a few children. Instead, we got out of the van, chatted politely, brewed tea, and took a leisurely tour of the facility. At about 7 p.m., we passed out the Samaritan's Purse shoeboxes to the children. We never opened the clinic. No one asked, and it wasn't discussed. The Russian hosts told me it was obvious we were late for whatever reason, and because it was too late for the clinic, we just didn't have it. What was there to discuss? Later, we were invited back for another opportunity to provide a clinic.

This inattention to time was a foreign notion to my American thinking. As a nurse, I rarely take off my watch. I am a list maker, an organizer, and very routine-oriented. Yet, oddly, freedom from these time constraints yielded a sense of relaxation. What I learned from the Russians was that even if the plan doesn't happen according to the schedule, it still can turn out positively. Worrying doesn't change the outcome.

STORY 4: HAITI AND

NOT BEING KIDNAPPED

Our home church supports a long-term missionary in Haiti who is an administrator of a small hospital, several churches, several schools, and an orphanage. Recently, on furlough, she made a presentation at our church, and my husband and I felt an overwhelming urge to assemble a medical team to assist her in this impoverished and needy land.

Thinking others in our church were similarly touched by her testimony, we organized a meeting for interested people to begin planning for the mission. To our surprise, no one from our church wanted to go to Haiti. The stories of filth, danger, and poverty were a deterrent rather than a compulsion. Some tried to discourage *us* from going by reminding us of recent kidnappings of missionaries in Haiti.

I was beginning to worry, but my husband would not be deterred. Instead, he posted a notice within his hospital network to recruit for the trip.

Two individuals from the hospital network responded—a registered nurse and a nurse practitioner. Would a group of four be enough for a medical clinic, or should we cancel? My husband would not consider canceling. We maximized our resources by each carrying 100 pounds of medications and supplies for the clinic in our checked baggage and using carry-on backpacks for personal items and scrubs.

Because work is hard for the local Haitian people to find, we were able to hire local logistical help inexpensively. The long-term missionary in Haiti was able to find two local physicians and a dentist to augment our group. About midweek, a work team of 14 arrived from Florida to work on a building project. They were overstaffed for the job they intended to do, so they loaned us four people on two different occasions. Over the week, we treated 2,000 patients! We always traveled with this entourage of helpers and never felt unsafe.

Would I still have believed the trip was God's will if we *had* been kidnapped? I believe "yes." This experience taught me that if God is nudging you to do his service, it's important to obey in spite of the obstacles. He is big enough to work out the details even if the outcome isn't exactly what we might be expecting.

BEYOND THE MISSIONS MANUAL

It is my belief that the intention of short-term medical mission work is not so much a focus on how many patients are seen, how many diseases are treated, or even tangible medical outcomes such as long-term reduced infant mortality. Rather, it is an opportunity to use the vehicle of free medical care to show love for fellow humans and to share the Gospel of Christ with those who might not otherwise hear it.

When preparing for a medical mission trip, be attentive to suggestions from organizing sponsors who also want to make these overriding goals attainable. Currently, efforts are underway to establish standards for short-term missionary organizations through evaluation in several areas, one of which includes appropriate training. Search out good information on short-term mission ministry (see [Web Resources](#)).

With each mission trip, stories such as these augment and enrich basic survival skills. The lessons learned are practical not only for subsequent mission work, but also for personal growth. Anymore, when preparing for a mission trip, instead of anticipating problems, I find myself wondering what unexpected events God will use to further his kingdom and deepen my spiritual walk.

