

Medical Humanitarian Missions

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Many family physicians are engaged in medical humanitarian operations throughout the developing world, and many more have considered such participation.¹ The term “medical mission,” originally a subset of religious missionary work, is used here to mean any humanitarian medical endeavor.² Over the past two years, we have planned, organized, and led 10 humanitarian assistance operations in the Trans-Sahara region of Africa. These experiences have ranged in length from three days to three weeks, and have involved patient counts from 200 to well over 2,000.

All of our experience is courtesy of the U.S. Armed Forces, which simplifies the basics of finding a sponsoring agency and determining that agency’s ability to provide logistic support. Although the process of finding a sponsoring agency is somewhat more complicated for civilian physicians who would like to participate in a humanitarian mission, there are numerous organizations (faith-based and secular) that place physicians in medical missions around the world for periods of weeks to years (*Table 1*).

Table 1:
Organizations with Medical Mission Opportunities

American Academy of Family Physicians

(http://www.aafp.org/online/en/home/clinical/disaster_prep/humanitarian.html)

American Academy of Pediatrics

(<http://www.aap.org/cgi-bin/overseas/aapartcl.cfm>)

Christian Medical and Dental Associations

(<http://www.cmda.org/cmm>)

International Medical Volunteers Association

(<http://www.imva.org>)

Samaritan’s Purse World Medical Mission

(<http://www.samaritanpurse.org/index.php/WMM/index/>)

The Evangelical Alliance Mission

(<http://www.teamworld.org>)

The International Center for Equal Healthcare Access

(<http://www.iceha.org>)

Although there are rare opportunities to participate in funded events, most organizations will not provide funding. At a minimum, you should plan to provide your own transportation and meals.³

This editorial is based on our limited experience in medical humanitarian missions, and the following recommendations come from lessons we learned the hard way.

HAVE A GOAL

Consider your motivation for participating in this endeavor. Do the goals of the organization you are supporting align with your own? Is this a single visit or an ongoing mission? For short-duration missions (i.e., up to one month), consider a mission that predominantly serves children who tend to have more acute illnesses with higher likelihoods of cure from a focused intervention. Children also stand to benefit most from simple treatments like vitamin A supplementation or deworming.^{4,5} (*Table 2*).

MAKE A PLAN

New missions should be coordinated with the U.S. Agency for International Development, which receives guidance from the Department of State. Request a meeting with the regional medical officer of the host nation, who can often provide data on things such as local disease prevalence, seasonality of diseases, and referral hospitals. The help of local officials is vital to conducting a smooth operation. Visit the regional hospital for your target area to learn how local physicians diagnose and treat regionally significant diseases. Before you begin, know where you will refer very ill patients. Determine credentialing requirements and medical liability for visiting physicians — often, neither is required.⁶ The formulary should be primarily based on the safety profile and effectiveness of each drug. The ability to affect a cure in a single dose reduces the possibility of harming patients from dosing misunderstandings. Do not attempt to force changes to any existing protocols, formularies, or infrastructure that will not be sustainable after you depart.

Table 2:
Medical Resources for Humanitarian Missions

<p>WHO vitamin A distribution guide (http://www.who.int/vaccines-documents/DocsPDF/www9836.pdf)</p> <p>WHO deworming guide (http://whqlibdoc.who.int/hq/2004/WHO_CDS_CPE_PVC_2004.11.pdf)</p> <p>The American Society of Tropical Medicine and Hygiene (http://www.astmh.org)</p> <p>Tropical Medicine Central Resource from Uniformed Services University of the Health Sciences (http://tmcr.usuhs.edu)</p> <p>The Queen's Medical Center Hawaii Medical Library (http://www.hml.org/WWW/tropical.php)</p> <p>Traveler's Health: Yellow Book Arguin PM, Kozarsky PE, Reed CM, eds. <i>CDC Health Information for International Travel 2008</i>. Philadelphia, Pa.: Elsevier Mosby; 2007. (http://wwwn.cdc.gov/travel/contentYellowBook.aspx)</p> <p><i>WHO = World Health Organization.</i></p>

BE FLEXIBLE

Working in any developing nation is challenging; things will change, and change again. Try to remember that no matter how substandard the facilities and resources of the location are, this is what the locals have and they are doing their best with what they have. Keep in mind that this is really not about you: they got by before you showed up, and they will continue to do so after you leave.

PREPARE YOUR TEAM

Make sure that team members have appropriate immunizations and malaria prophylaxis. Establish a medical evacuation plan in the event of significant illness or injury to a team member. Many organizations require commercial medical or evacuation insurance. If you do not speak the local language, find a good (vetted) interpreter. Learn local greetings and polite phrases, in addition to local manners.

ENFORCE SECURITY

Crowd control cannot be overemphasized. Even if you help many patients, leaving an angry mob at the end of the day will erase the good will of your efforts. Control of the patient line starts with planning: In initial meetings, underpromise (and subsequently over-deliver) on the number of patients you will be able to treat. When you ultimately see more patients than promised, satisfaction will be high. Enlist the local authority figures (e.g., mayor, chief, elders) to help control the crowd. Never do "giveaways" in a crowd — this can create instant and profound chaos — and do not allow team members to give away things such as water, food, candy, or empty water bottles. These items and surplus supplies can be given to a local official for distribution after you have gone.

TAKE A TEAM PHOTOGRAPH

Why consider taking the time to stop and get a good photograph of the mission team? Under the altruistic overtone of the mission is the reality that this is a chance to see a part of the world and to encounter disease processes that you may not have seen otherwise, and to gain insight into a way of life about which you may have never known. The clinical questions you will come across are likely to fuel your desire to study medicine with an enthusiasm you may not have had for some time. Volunteering in the developing world and seeing the day-to-day hardships that persons there struggle with may help you gain a lasting sense of perspective on your own challenges. Taking a photograph is a tangible way to capture some of the vigor and experiential lessons you and other team members may want to preserve from the mission.

We started our efforts in medical humanitarian missions with a sincere hope of improving the lives, however modestly, of the persons to whom we brought medical care. Although we have met with some level of success in this goal, the impression on ourselves, our world view, and our practice of medicine has been far greater.

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