



blood sugar. Praise God, when I re-checked it, her blood sugar was normal! God gives the knowledge and tools we need on (and off) the mission field to be His hands, feet, mind and spirit!

From my very first mission trip until now, God has been growing my passion for helping people and doing missions around the world. The goal of every mission trip is to reflect Christ in everything we do, and ultimately bring Him glory. The treatments that we provide for the people of the country only last for so long, but what truly matters is the impact that we make for Christ. That is something that, once received, can never be taken away from the people. I honestly cannot wait to go on another medical mission trip. As a student, you go there expecting to make a difference and impact their lives. But the whole experience impacts your life as well, as you witness their consuming love for God, and how they still praise God in spite of their circumstances.

My name is Nina Abraham. I am currently a pharm D. candidate at Palm Beach Atlantic University Gregory School of Pharmacy (GSOP). I am extremely passionate about missionary work which is why I take every opportunity my school provides to go on mission trips. I have had the opportunity to go to Costa Rica, and the Dominican Republic where I get to put the skills I learned into practice. I am also involved with CPFI, and have been to many of the national and regional meetings. My plan after I graduate is to hopefully work in a hospital as a pediatric pharmacist. I love being able to bring a smile to patient's faces especially when the patient is a child!

Short-Term Missions, Long-Term Impact: Leveraging Partnerships with Local Health Care Providers and Churches

By Justin W. Cole

To many people, the Dominican Republic is known as a vacation destination with posh resorts, but great poverty and discrimination are found in many parts of this island nation. The sugar cane growing regions of the Dominican Republic are a prime example. Sugar is one of the main agricultural products exported from the Dominican Republic, and nearly all sugar cane is cut by hand with machetes. For many Dominican citizens, the work of cutting sugar cane is beneath them. Migrant Haitian workers have come to the sugarcane fields looking for the opportunity to work for meager wages in the fields.¹ The workers and their families live in small, impoverished villages called bateyes or “slums,” where clean water and safe food are scarce. Many Dominicans live in similar conditions near the bateyes.

In May of 2017, a team of two pharmacists, three pharmacy students, and a languages student was organized through Cedarville University's School of Pharmacy and Global Outreach to share the gospel and serve the people living and working in the bateyes. The aim of this trip was three-fold: to meet the medical and spiritual needs of the people in the bateyes, to survey the health needs in the bateyes, and to set the stage for future medical mission partnerships with a mission organization called Del Rey Ministries. In essence, our aim was to support the work that God was already doing in the Dominican Republic. Through this experience, the Lord taught us much about how short-term missions can effectively support the long-term investments of individual pastors, missionaries, and health care providers in the field.



Upon our arrival, we quickly observed the difficult living conditions near the sugar cane fields. The medical needs of these people are extensive, ranging from treatment of parasitic infections (due to water contamination), hypertension, HIV/AIDS, and dental conditions. Prenatal and postnatal care for women and infants is inadequate. Seeking relief from these maladies, the people of the bateyes turn to many things, including local witch doctors. The poverty in the bateyes is material, physical, emotional, and spiritual. We also heard stories of discrimination against the Haitian workers in the bateyes. Some Haitians are not able to obtain citizenship papers even after living years in the Dominican Republic, which is the key to obtaining many resources in the country. Without these papers, a person cannot get married, own property, or access health care services. Essentially, over 500,000 people are treated as if they do not exist. The need for advocacy, quality medical care, and the good news of the gospel is urgent. While many well-intentioned people have come into the region offering assistance, some

of the efforts have caused harm to those living in the bateyes. In contrast, Del Rey Ministries is working to affect lasting changes by making the gospel of Jesus Christ known throughout the bateyes. Their strategy for successful ministry is three-fold: identifying local Christians that God has called and equipped to be spiritual leaders in their communities, equipping those leaders to teach sound biblical instruction and serve the people, and supporting local leadership for long-term impact with short-term mission teams.²

In addition to equipping spiritual leaders, Del Rey Ministries collaborates with a local doctor. Dr. Yasquina Benjamin grew up in Batey Marguerita as the daughter of a local pastor. After attending medical school, Dr. Benjamin chose to forgo a lucrative job in the city to care for the people of the bateyes. She works to provide care by traveling to where there is need and working from her in-home clinic, which consists of only two rooms – each about the size of a small bedroom. Her resources are often limited, but her heart for Christ and

the people of the bateyes is great. Partnerships with the local pastors and Del Rey Ministries allows Dr. Benjamin to address not only the medical needs, but also the material and spiritual poverty in the area. Through this trip to the Dominican Republic, God was faithful to teach us lessons about the importance of strong local partnerships as a part of effective medical mission efforts.

Through his missionary journeys, the Apostle Paul worked tirelessly to make the mystery of the gospel of Christ known to many peoples. Paul was also careful to leave each city and region with leaders and teachers, and he continued to encourage these leaders through his letters. His desire was to “entrust” the ongoing work of gospel teaching, shepherding, and discipleship to “faithful men” as he journeyed to new places following the leading of the Holy Spirit (2 Timothy 2:2, ESV). He recognized his role in planting seeds of the gospel, the role of others in cultivating faith and obedience, and God’s faithfulness in giving growth (1 Corinthians 3:6-9, ESV). In addition, obedience to the Great Commission involves “teaching them to observe all that I have commanded” (Matthew 28:20a, ESV). This work is best done by dedicated long-term missionaries and local leaders who have time to teach the “whole counsel of God,” which is a work that Paul dedicated himself to while he was in Ephesus for two and a half years (Acts 20:27, ESV). As short-term laborers, careful planning for ways in which teaching and discipleship can continue even after our service is complete is important for spiritual growth of the people. From our experience in the Dominican Republic, we observed the following three practical ways of facilitating the Great Commission when participating in short-term medical mission trips.

Allow those in the field to inform and lead planning efforts.

As health care providers, we often have the mentality that we know what is best for the people we serve. In reality, what works in the American context might not work in another culture or country. We quickly learned that having a local health care provider leading the planning efforts allows us to be ready to meet the most urgent needs. Dr. Benjamin knew where the greatest medical needs were and directed our efforts to the appropriate bateyes. For example, Dr. Benjamin was aware of a child with a congenital neurologic condition needing treatment. She arranged for one of our medical clinics to allow us to meet this young girl and provide for other needs in the community. Often the medications that short-term teams assumed were necessary were

actually not needed. Since Dr. Benjamin was familiar with the communities and their medical needs, she was able to identify the needed medications and secure channels to ensure they were available for each clinic. This allowed us to be more efficient in dispensing medications and providing counseling for each patient. We learned that our job was not to be the solution, but to support, encourage, and enable those already working in the communities.

Make provisions for ongoing medical care after the trip.

The patient-provider relationship is integral to ongoing medical care. Having a local doctor serve as the primary caregiver in the clinics allowed the team to gain rapport with the people that we otherwise would not have. During the medical clinics, Dr. Benjamin was able to identify people in need of additional care in the future. We also spent some of our time discussing Dr. Benjamin’s new in-home clinic and establishing resources and technology to help her manage the clinic. Dr. Benjamin is also well-connected with the local pastors in the area and is equipped with partners who can help her identify and address the spiritual needs of the people. As Dr. Benjamin continues to address the medical needs of those in the bateyes, our hope is that our support allows her to do so more effectively.

Be diligent to connect the people with spiritual teachers and mentors in the field.

Our team had the opportunity to provide fluoride treatments and dental health education to the children in one of the local schools. As part of these efforts, our team shared the gospel with every child in the school. We came to realize that Dominicans and Haitians are very kind and accommodating to Americans, to the degree that some may be quick to respond to the gospel because they feel it will please us. The response we desire to see is a response to God’s work of grace in their heart, not an intellectual or emotional response to a message of man. Because of this, we were careful to point the children to Dr. Benjamin and the local pastors who could provide culturally appropriate teaching, discipleship, and encouragement in the faith. In addition, our medical clinics were held in bateyes where biblical instruction was simultaneously provided for the Dominican



pastors by a team of American pastors and elders. When our week was over, we felt confident that there were still local spiritual leaders in the bateyes, ready to cultivate any spiritual seeds sown.

Taking care to foster relationships with mission agencies and local men and women already at work for the gospel in other parts of the world is imperative to making a lasting impact for the kingdom. The ongoing work of faithful men and women laboring for the name of Christ in the bateyes of the Dominican Republic is evidence of this impact. They serve as an example of how we should be more intentional in meeting the physical and spiritual needs within our own communities. May God continue to use our humble attempts at short-term medical missions to affect lasting impact for the gospel, the glory of God, and the good of His people.

References

1. Labor Dept. finds bitterness in sugar workers’ lives. <https://www.usatoday.com/story/news/nation/2013/10/03/sugar-workers-human-labor-rights/2919687/>. Accessed July 28, 2017.
2. Del Rey Ministries. <http://www.delreyministries.org/>. Accessed July 28, 2017.

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