



Toxic Charity: How Churches and Charities Hurt Those They Help (And How To Reverse It)

by Robert Lupton

“In the United States, there’s a growing scandal that we both refuse to see and actively perpetuate . . . while we are very generous in charitable giving, much of that money is either wasted or actually harms the people it is targeted to help.”

Lupton has earned the right to make this critique, having spent over four decades working, and living, in inner city Atlanta “trying to develop models of urban renewal that are effective and truly serve the poor.” According to the summary on the cover, **“Lupton has experienced firsthand how our good intentions can have unintended, dire consequences, diminishing the dignity of the poor while increasing their dependency. We converge on inner-city neighbourhoods to plant flowers and pick up trash, battering the pride of residents who have the capacity (and responsibility) to beautify their own environment. We fly off on mission trips to poverty-stricken villages, hearts full of pity and suitcases bulging with giveaways – trips that one Nicaraguan leader describes as effective only in ‘turning my people into beggars.’”**

As summarized in a review in Christianity Today (CT), “Our self-centeredness contributes to the problem. We evaluate our giving, Lupton argues, ‘by the rewards we receive through service, rather than the benefits received by the served.’ Short-term mission trips are a case in point. Such “junkets” involve expenditures of between \$2.5 – 5 billion annually, yet produce little lasting change, often displace local labour, and distract indigenous church leaders from more important work. We get more than we give when we go. Meanwhile, our relief-oriented, commodity-based charity flourishes at home because even though its effects are irresponsible, it feels good to the givers. Lupton grieves that ‘our free food and clothing distribution encourages ever-growing handout lines, diminishing the dignity of the poor while increasing their dependency.’”

Lupton proposes that those who want to serve the poor effectively apply the following principles, modeled after the Hippocratic Oath for physicians:

The Oath For Compassionate Service:

- 1) Never do for the poor what they have (or could have) the capacity to do for themselves.**
- 2) Limit one-way giving to emergency situations.**
- 3) Strive to empower the poor through employment, lending and investing, using grants sparingly to reinforce achievements.**
- 4) Subordinate self-interests to the needs of those being served.**
- 5) Listen closely to those you seek to help, especially to what is not being said – unspoken feelings may contain essential clues to effective service.**
- 6) Above all, do no harm.**

“Personal responsibility is essential for social, emotional, and spiritual well-being. To do for others what they have the capacity to do for themselves is to disempower them. The negative outcomes of welfare are no different when religious or charitable organizations provide it. The struggle for self-sufficiency is, like the butterfly struggling to emerge from its cocoon, an essential strength-building process that should not be short-circuited by ‘compassionate’ intervention. ***The effective helper can be an encourager, a coach, a partner, but never a caretaker.***”

Examples:

- **A food co-op** (in which local residents pay \$3.00 in co-op dues for \$30.00 worth of groceries, and *they* buy the food, box it, and distribute it) instead of a traditional food pantry.
- A free clothing closet transformed into a **revenue-generating thrift store that teaches job skills.**
- A soup kitchen transformed into an **entrepreneurial venture** for female recipients who had a vision for starting a catering business.

“In a recent survey of the one hundred fastest-growing churches in the United States . . . question (was asked) . . . ‘Is your church engaged in community development ministry? All answered in the affirmative. But when asked to name their **target neighbourhood** and **transformation goals**, none was able to give a definitive answer. All were engaged in community service of various sorts, but **none were focused on transforming a specific community.**”

“As important as days-of-service work may be, they simply do not effect lasting change. What is required to transform a deteriorating neighbourhood is *geographically focused vision with measurable goals over extended time.* Without a vision of what the transformed community will look like and a clearly defined strategy for getting there, sporadic, short-term volunteer service is likely to be little more than a well-intentioned, feel-good activity.”

What are the top three priorities for a healthy community?

“Safety, decent schools, and a viable economy. There are doubtless a dozen or more other characteristics of a healthy community, but these top the list. **Without priority given to these three ingredients, community transformation is not likely to happen.**”

“Real transformation requires an *asset-based* approach that **focuses on a community’s strengths more than its needs, takes seriously the gifts and talents of the poor, and seeks to do ministry in the community *with* them rather than *for* them, thus protecting people’s dignity.” (CT)**