



LEHIGH  
UNIVERSITY

# HOPING TO HELP

## Responsible Volunteering in Global Health in Global Health

**Des Moines University**

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Thank you to  
Sondra Schreiber and  
Francine Bryce!!



Relevant to the content of this educational activity, Dr. Lasker discloses that she is an author and receives royalties from her book.

# THE TSUNAMI OF VOLUNTEERS. EVERY YEAR:

Thousands of organizations

Tens of thousands of  
volunteers

Billions of dollars

STMMs: Short-Term Medical  
Missions

STEGHs: Short-Term Experiences in  
Global Health





# WHO IS SPONSORING SHORT TERM MEDICAL MISSIONS?

- Faith-based organizations
- NGO's (non-faith-based)
- Private corporations
- Brokers and tourist agencies
- Educational institutions
  - High school
  - Undergraduate
  - Graduate health professions—our focus, though common issues with all sponsors, students, volunteers
- Many wealthier countries—South Korea, Taiwan, Singapore, Israel, Germany, etc.



# BOTH THE DEMAND FOR VOLUNTEER OPPORTUNITIES AND THE SUPPLY ARE INCREASING

- ▶ Allaccessmed.com
- ▶ <https://www.projects-abroad.org/volunteer-projects/medicine-and-healthcare/>

No qualifications needed!

# BUT THERE IS A GROWING CRITIQUE OF GLOBAL VOLUNTEERING



Scholarly/medical literature

"6 Tips for Students Against Ethically Iffy Global Health Field Placements"

Johns Hopkins School of Public Health, March 4, 2019

Instagram—Barbie savior, @nowwhitesaviors

Twitter--@nowwhitesaviors

Facebook pages (e.g. Critical Volunteering Reviews; Learning Service—Rethinking Volunteer Travel)

Blogs:

"The Hidden Dangers of Volunteer Tourism"

*The Daily Beast*, Feb. 22, 2019

"Why Travelers Should Avoid Volunteering in Orphanages"

Passionpassport.com, Feb. 22, 2019



# CONCERNS ABOUT THE ETHICS OF SHORT-TERM MEDICAL MISSIONS

- Allow students to practice without training.
- Allow health professionals to practice without licensing in host country, and outside scope of practice.
- Foster dependency rather than building capacity.
- Undermine local professionals (similar to food aid *causing* hunger).
- Reinforce differences in power—the “white savior” attitude.
- Inappropriate medications and equipment.
- Lack of continuity of care, including follow-up for complications after surgery.
- Massive investment of money and time, not cost-effective.

## AND YET...

"This experience changed my life!"



"Bringing hope to  
Zambian villages"



"Marco Island Sunrise Rotary medical mission  
Saves 10 lives in seven days."

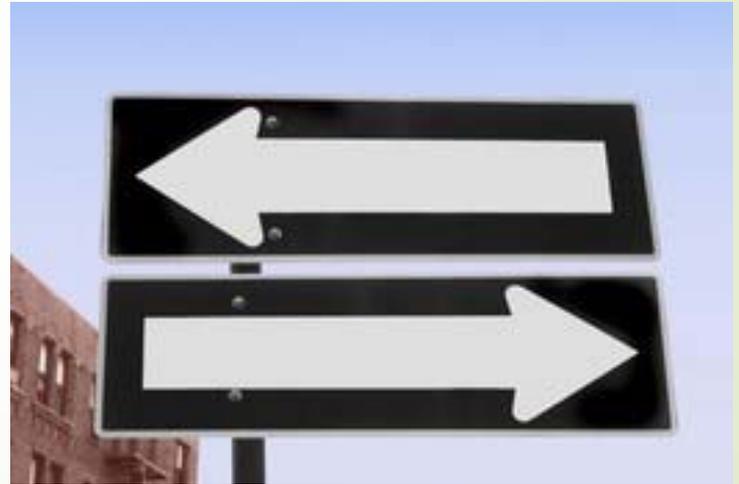
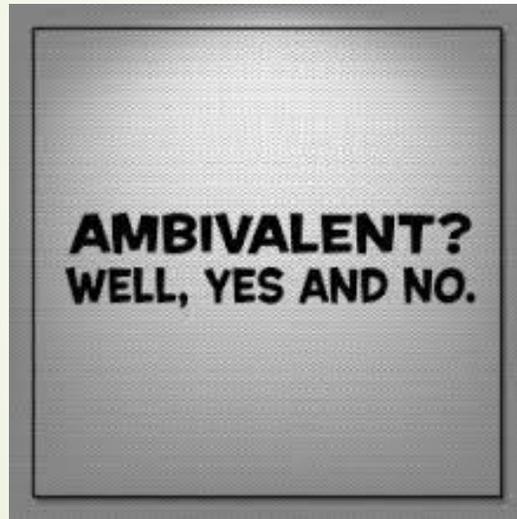




## THE ARGUMENTS *FOR* VOLUNTEERING

- Provides An Opportunity For Altruism.
- Brings Needed Services And Supplies To Underserved Populations.
- Exposes Privileged People To Poverty.
- Brings Money Into Poor Economies.
- Enhances International Awareness.
- May Lead To Future Advocates.

# WHAT'S A RESPONSIBLE PERSON TO DO ????



## FIRST--WHAT *EVIDENCE* IS THERE FOR PROS AND CONS?

- Anecdotal Evidence Of Benefit To Volunteers And Host Communities.
- Little Attention To Views Of Host Communities And Staff.
- Very Limited Evaluation Of Impact.





## KEY RESEARCH QUESTIONS

- What Do The People In Host Countries Think About All This?
- How Do Their Preferences Correspond To Actual Practices?
- How Can Short-term Volunteer Trips Be Improved For Everyone's Benefit?

## METHODS

- 379 Survey And Interview Responses From U.S. Based Sponsors.
- 124 Survey And Interview Responses From People Who Work In Host Organizations In 17 Countries.
- Participant Observation
  - Ecuador
  - Haiti



## **RESULTS: WHAT ARE THE BENEFITS TO HOST COMMUNITIES FROM *THEIR* PERSPECTIVE?**

- Health Benefits
  - 'Extra Hands' And Energy.
  - Equipment, Medicine And Supplies.
  - Training And Capacity Building.
  - Improvements In Patients' Well-being.
- Other Benefits
  - Contributions To The Economy.
  - Feelings Of Solidarity.
  - Formation Of Potentially Valuable Social Connections.



## RESULTS: WHAT ARE THE HARMS TO HOST COMMUNITIES FROM *THEIR* PERSPECTIVE?

- Extra Demands On Time--more Work Or Inconvenience.
- Staff Uncertainty About Future Employment—Lack Of Continuity.
- Competition With Local Services And Health Professionals.
- No Impact, Waste Of Time.
- Volunteers Often Unskilled, Unprepared, Stay Too Briefly, Sometimes Arrogant And Disrespectful.

<https://www.independent.co.ug/is-mzungu-savior-killing-babies-in-mayuge/>

## RESULTS: DOMINANT PRACTICES DO NOT MATCH HOST PREFERENCES

	Dominant practices of organizers	Dominant preferences of host community staff
Length of trip	1-2 weeks	3 weeks or longer
Selection of volunteers	Most applicants accepted; minimal screening	Should have skills, humility, and willingness to work and follow rules
Preparation of volunteers	Primarily travel information such as shots and packing	Should have preparation for language, culture, and work conditions
Nature of partnerships	Not all have partners; partners mostly subordinate in assisting and planning	Should have equality of decision-making, mutuality in relationship
Primary goals of trips	Direct provision of care	Capacity building
Needs assessment and evaluation	Done informally or not at all	Should be collaborative with host partner



# MANY GUIDELINES EXIST FOR BEST PRACTICES

- ▶ Analysis of 27 published guidelines for short-term overseas health trips show considerable consensus.
- ▶ Research in host countries supplements Global North perspective.
- ▶ No enforcement mechanisms.
- ▶ None represent host country organizations and leaders.
- ▶ Many host countries have regulations governing visiting medical teams; often ignored.

Judith N. Lasker , Myron Aldrink, Ramaswami Balasubramaniam, Paul Caldron, Bruce Compton, Jessica Evert, Lawrence C. Loh, Shailendra Prasad and Shira Siegel. Guidelines for responsible short-term global health activities: developing common principles. *Globalization and Health*, 2018, 14:18.



# SIX PRINCIPLES FOR EFFECTIVE AND ETHICAL PROGRAMS—IT CAN BE DONE

1. A host partner that defines the program, including the needs to be addressed and the role of the host community in directing and teaching the volunteers.
2. Sustainability of program impact through capacity building and continuity of care.
3. Respect for governance and legal and ethical standards.
4. Appropriate recruitment, preparation and supervision of volunteers, including training in language, health problems and their social determinants, and in cultural humility.
5. Regular evaluation of program outcomes.
6. Mutuality of learning between hosts and guests; respect for local health professionals.



# BARRIERS TO GUIDELINE ADHERENCE: SPONSOR PERSPECTIVE

- Benefits thought to be obvious; harms not recognized
- Following guidelines is time-consuming and expensive
  - Time spent developing real partnerships
  - Research before—needs assessment
  - Research after—evaluation
  - Investment in sustainable programs and capacity building
  - Investment in proper orientation and supervision of volunteers
- Sponsors have other goals\*
- Power differential between sponsors and hosts is major deterrent to creating mutual partnerships

J. Lasker (2016) International Health Volunteering; Understanding Organizational Goals. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*. 27:574-594



## BARRIERS TO GUIDELINE ADHERENCE: HOST PERSPECTIVE

- Host governments have higher priorities
- Logistical difficulty of regulating thousands of visiting groups
- Benefits of volunteer teams recognized
- Hospitality norms
- Visiting teams often ignore host country regulations



## BARRIERS TO GUIDELINE ADHERENCE: VOLUNTEER PERSPECTIVE

- There is no reliable source of information about sponsoring organizations that would allow others to know if they are working with a reputable organization that adheres to guidelines.
- Lack of knowledge
- Competing priorities
- Affordability challenges



## SIMILAR CONCERNS FOR ALL HEALTH PROFESSIONALS—ORAL HEALTH

“One could consider (performing) such activities for which one has no training as the epitome of hubris, arrogance, or chutzpah- pick the one you like.”

Francis Serio, DMD, founder and co-director of the Dominican Dental Mission Project.

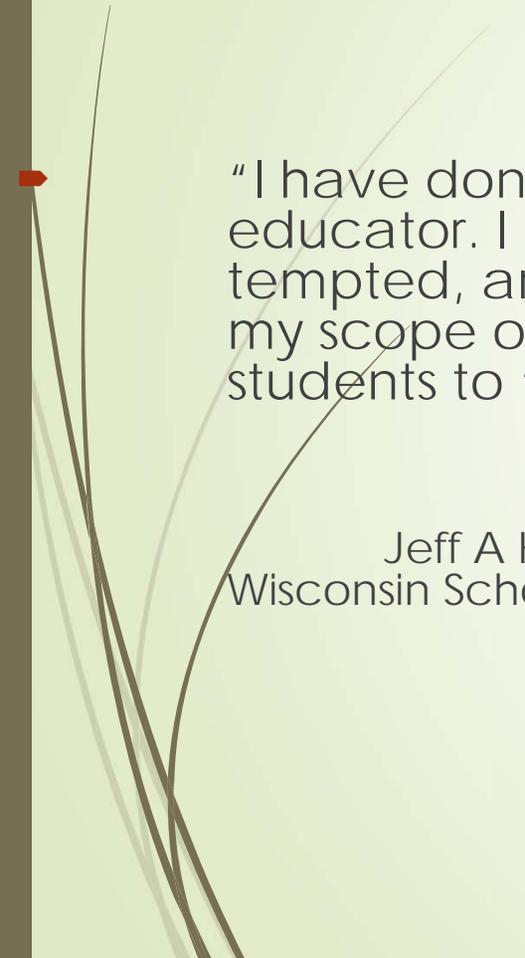
# NURSING

" (My biggest concern is that) nurses and doctors are not licensed to distribute medications (including OTC) - pharmacist are! But US pharmacists are not permitted to distribute medication abroad -when we bring medications for distribution internationally we are breaking WTO agreements and the meds may not be formulary and directions may not be in the language of the country. PLUS there is no follow up - a total mess!"

Ruth McDermott-Levy, PhD, MPH, MSN, RN, Director,  
Center for Global & Public Health, Villanova  
University College of Nursing



# PHYSICAL THERAPY



"I have done a fair amount of international work as a clinician and educator. I have experienced a lot of situations in which I have been tempted, and if I am going to be honest, I have done things outside of my scope of practice. I'm not proud of it and I now have to tell my students to 'do as I say not as I have done' ...for many reasons."

Jeff A Hartman, PT, DPT, MPH, Assistant Professor, University of Wisconsin School of Medicine and Public Health, Physical Therapy Program.



# CHALLENGES FOR PHYSICAL THERAPY

"I think a lot of the temptation arises from the fact that physical therapy is either not known or misunderstood throughout the world (including the US). As a result, patients assume you are a MD and thus treat you as such. In addition, I have travelled with the infamous "short-term" medical team made up of random medical personnel and my role has not always been clearly defined nor has it been given the proper environment to work in. As a result, I can be put in situations in which I am being asked to do things that I should not be doing or no one else has expertise in dealing with."

...the lack of transparency and understanding... gets us into trouble and puts us into situations in which we have to ask "Is something better than nothing". We need to be pro-active so that we don't find ourselves in those situations."

Jeff Hartman, DPT



# RECOMMENDATIONS—ADVANCE PREPARATION OF VOLUNTEERS

“Clinicians and students need to be aware of the potential ethical pitfalls of Global Health and they need to know how to avoid being in those situations. Formal academic curricula, professional guidelines, competencies, etc.. are all vital for each profession.”

Jeff Hartman, DPT



# RECOMMENDATIONS—CLEAR EXPECTATIONS

“Physical Therapy scope of practice allows wound care (e.g. diabetic foot). Yet we don’t do it in Guatemala since Guatemalans do it differently--different bandages and medications. So it’s an ethical issue, not a scope of practice issue.”

“People have donated medications in advance. Now we say no, we don’t do this. It’s not within our scope of practice.”

“We make a real effort to educate partners about what we can and cannot do. For example, it is trendy to use kinesiotape lately. Although it isn’t medication, we won’t do it unless they are trained appropriately.”

Maureen Helgren, PT, PhD, Associate Professor of Medical Sciences, and Erin Sabato, MA, Director of International Service and Learning, Quinnipiac University

“Project expectations- both for participants and the served populations- must be properly articulated so that there is no misunderstanding or disappointment.”

Francis Serio, DMD



# FAIR TRADE LEARNING

- ▶ <https://compact.org/resource-posts/ftl/>



QUESTIONS? COMMENTS?

THANK YOU!