



HOPING TO HELP

Promises and Pitfalls of Global Volunteering

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GROWING CRITIQUE OF GLOBAL VOLUNTEERING



- Scholarly/medical literature
- 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, 2/22/19
 - “6 Tips for Students Against Ethically Iffy Global Health Field Placements”, Johns Hopkins School of Public health, 3/4/19



CONCERNS ABOUT THE ETHICS OF SHORT-TERM MEDICAL MISSIONS

- Students practice without training.
- Health professionals practice without licensing in host country, and outside scope of practice.
- Volunteers
 - Foster dependency rather than building capacity.
 - Undermine local professionals.
 - Reinforce differences in power—the “white savior” attitude.
 - Deliver 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!”



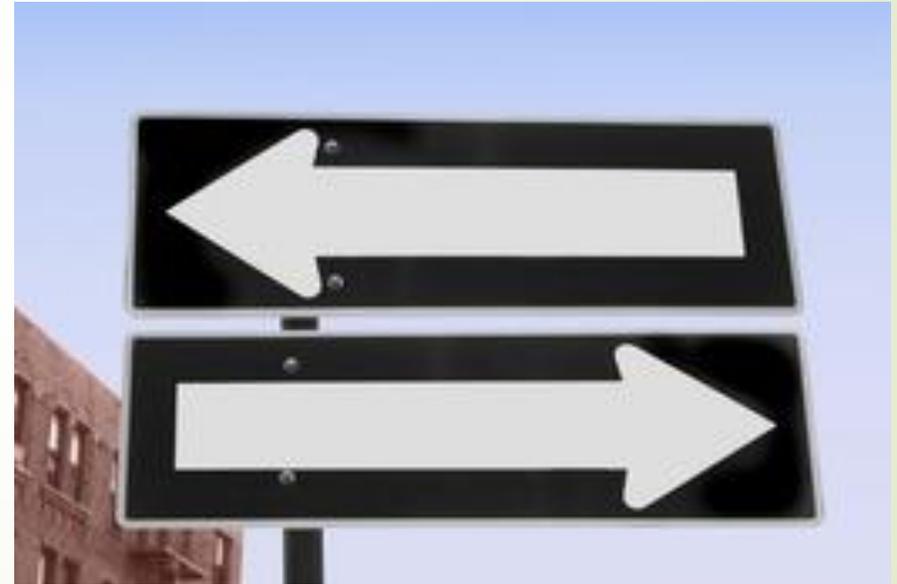
“Bringing hope to
Zambian villages”



“Marco Island Sunrise Rotary medical mission
saves 10 lives in seven days.”



WHAT ARE RESPONSIBLE PEOPLE TO DO ????





WHAT DO WE NEED?

- Strong ethical framework
 - Informed by values
 - **Informed by research**
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CURRENT RESEARCH ON GLOBAL HEALTH VOLUNTEERING

- Mostly anecdotal evidence.
- Little attention to views of host communities and staff.
- Very limited evaluation of impact.





MY 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

- Two studies—Lehigh U. and Catholic Health Association
 - 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.

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



RESPONSE: WRITE GUIDELINES FOR BEST PRACTICES!

- Dozens of guidelines exist
 - WEIGHT guidelines
 - Professional organizations (WMA, AFP, ANA, ADEA, IFMSA)
 - Individual scholars and practitioners



ANALYSIS OF 27 PUBLISHED GUIDELINES*

- Remarkable consensus on best practices.
- But none led by host country organizations and leaders.
- No enforcement mechanisms.

*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.



CONSENSUS: SIX PRINCIPLES FOR EFFECTIVE AND ETHICAL PROGRAMS

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. ***

*Based on review of research into host countries' views (almost all by outsiders)



BARRIERS TO GUIDELINE ADHERENCE: SPONSOR PERSPECTIVE

- Benefits thought to be obvious; harms not recognized
- Time-consuming and expensive
- Sponsors have other goals*
- Power differential between sponsors and hosts is major deterrent to creating mutual partnerships



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

- No reliable source of information about sponsoring organizations' adherence to guidelines.
- Competing priorities.
- Lack of knowledge.

WHAT IS NEEDED?

- Research driven by host communities and scholars (on CBPR model)
 - “They tell them they are going to Africa and everyone want to go to Africa so they join them to see the black monkeys here [Laughing...] In fact, they come here to see that we are no monkeys after all. You understand {I: Okay} When they come they marvel at the level of expertise of the Ghanaian doctors and nurses.”
- Enforcement of laws and guidelines



QUESTIONS? COMMENTS?

THANK YOU!