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Hoping to Help: The Promises and Pitfalls of Global Health Volunteering

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Hoping to Help: The Promises and Pitfalls of Global Health Volunteering

Abstract

Volunteers and the organizations that send them for short periods to poorer countries often describe the trips as “missions” or “brigades.” Both words describe organized, purposeful ventures to accomplish a goal. “Mission” has been used in religious contexts; “brigade” is primarily a military term. In whatever use, both words denote a group with a purpose, a calling, and a common cause.

What I am exploring here is the *purpose* of these missions and brigades and whether these hundreds of weekly arrivals really bring hope (or housing or health benefits) to Haiti or to the thousands of other poor communities around the world that receive international volunteers every year. It may seem obvious that the goal is to accomplish good for the communities visited, to “make a difference,” and often to “give back.” Whether this actually happens, and what other objectives might be involved in these volunteer trips, is rarely considered. These issues motivate this book. Do volunteers help or hurt? In what ways? Can these missions be handled more effectively?

Keywords

volunteering, charity, global health, poverty, effectiveness

Comments

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HOPING TO HELP

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*The Promises and Pitfalls of
Global Health Volunteering*

JUDITH N. LASKER

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*For Shira and Ariella
and
For the students who have inspired
and collaborated with me in this work
They will surely continue to make the
world better by their presence in it*

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CONTENTS

Acknowledgments	vii
Introduction: A “Tsunami” of Volunteers	1
Part I. The Sponsoring Organizations	19
1. Who Sponsors International Medical Missions?	21
2. The Activities and Goals of Sponsoring Organizations	43
Part II. The Volunteers	69
3. Becoming a Volunteer	71
4. What Leads to Volunteering, What Volunteering Leads To	92
Part III. The Host Communities	115
5. The Best and the Worst: Host Perspectives on Volunteer Programs	117

6. Benefits to Host Communities	129
7. “First, Do No Harm”: The Unintended Negatives for Host Communities	144
Part IV. Principles for Maximizing the Benefits of Volunteer Health Trips	161
8. Mutuality and Continuity: Two Pillars of Effective Programs	163
9. Community-Focused Research	179
10. Programmatic Focus	198
Conclusion: Lessons Learned; Responding to the Debate	208
Appendix A: Methods of Study	223
Appendix B: Recommendations for Having the Best Possible Global Health Volunteer Trip	229
Notes	235
References	245
Index	255

INTRODUCTION

A “Tsunami” of Volunteers

The developing world has become a playground for the redemption of privileged souls looking to atone for global injustices.

—OSSOB MOHAMUD, SOMALIAN BLOGGER, *GUARDIAN ONLINE*, FEBRUARY 2013

“Voluntourists” they may be—but their work can have a huge impact on their own lives and the lives of those they help.

—SAM BLACKLEDGE, BRITISH NEWSPAPER REPORTER, *GUARDIAN ONLINE*,
FEBRUARY 2013

Medical missions. Health brigades. Flying surgeons. Hundreds of thousands of people from the wealthier countries of the world travel annually to poorer countries for brief service trips as volunteers in programs sponsored by a growing number of community churches and national religious organizations, nonprofits large and small, colleges and schools of medicine and public health, hospitals, major corporations, and tourist agencies promoting “volunteer vacations.” Nearly every time I mention my research, someone has a personal experience to recount or tells me about a family member or close friend who has volunteered. That was not the case only a decade ago.

The number of people involved in volunteer activities is staggering. An estimate done between 1995 and 2000 concluded that the number of domestic and international volunteers contributing through voluntary

organizations in thirty-six countries, when taken together, would comprise the world's ninth-largest country in terms of population.¹ Those numbers have increased significantly in the years since.

Focusing on international volunteer activities originating in the United States alone, Lough and colleagues used census data to conclude in 2007 that about 1 million Americans volunteer in other countries each year. They estimated that these volunteers spend 162 million hours on international volunteering, valued (based on the hourly rate assigned to volunteer work by the Independent Sector) at close to \$3 billion; today, using the same method, that figure is \$3.6 billion.² Twenty-one percent of people whose volunteering is *primarily* international reported providing counseling or medical care,³ so the annual number of American global health volunteers is at least two hundred thousand, and the value is currently more than \$750 million.

This number estimates the value of volunteer time, but there are many hundreds of millions more in direct costs involved, which have not been counted. The majority of the money spent on international volunteering never gets to the countries that host volunteers. About half goes to airlines, and much of the rest pays for the cost of administration and supplies provided in the United States.⁴

In February 2013, the *Guardian* newspaper in London published, on its online Guardian African Network site, what turned out to be a debate over what has been called "voluntourism." The Somalian blogger Ossob Mohamud, in a contribution titled "Beware the 'voluntourists' doing good," wrote, "Voluntourism almost always involves a group of idealistic and privileged travelers who have vastly different socio-economic statuses vis-à-vis those they serve. They often enter these communities with little or no understanding of the locals' history, culture, and ways of life. All that is understood is the poverty and the presumed neediness of the community, and for the purposes of volunteering that seems to be enough. The developing world has become a playground for the redemption of privileged souls looking to atone for global injustices by escaping the vacuity of modernity and globalisation."⁵

Mohamud's piece generated a lot of reaction, including a response from Sam Blackledge, a senior reporter on the *Plymouth* (England) *Herald* staff. "No approach is without its flaws," he wrote, "but it is vital that people do not group charities doing this well with companies who are putting

very little into the developing world. Charities that invest in the developing world need keen, energetic, ambitious people to help them along. ‘Voluntourists’ they may be—but their work can have a huge impact on their own lives and the lives of those they help. It would be an awful shame if they were put off.”⁶

The exchange between Mohamud and Blackledge encapsulates the division between those who believe international volunteering is beneficial, indeed essential, and those who argue that it has too many problems and causes more harm than good.

How do we know who is right? What evidence exists to support these conflicting views? Although short-term international volunteering is a massive and growing enterprise, there is very little information about what volunteers do, where they go, who is sponsoring them, and what they accomplish. Assessing the value of this enterprise must start with a much better understanding of what it looks like, from the perspective of both sponsors and host communities.

There isn’t even a common definition of “short-term.” When I began this research, I thought trips of six months or less should be included. Therefore, when I contacted organizers, I asked them about volunteer trips of this duration. Yet I learned from conducting two national surveys of organizers in the United States that the vast majority of volunteer trips last two weeks or less.⁷

In this book I focus on these brief health-related volunteer programs. The programs include both primary care and more advanced hospital and surgical interventions; prevention, such as improving water and sewage systems; health education; and medical training. As we will see, interest in “global health” in the United States and other countries is growing very rapidly and generating a huge demand for opportunities to help and learn in this domain. Yet many of the recommendations could be applied to other kinds of international volunteering—for example, those that focus on educational or environmental programs.

Short-term volunteering can have many benefits for the organizations that sponsor programs, the companies from which they purchase goods and services, and the individual volunteers who may gain in personal growth, credentials for careers, and bragging rights. But what are the benefits, and the costs, for host communities? Can these efforts be designed in such a way as to maximize the benefits (as in Blackledge’s

reference to “charities doing this well”) and minimize potential harm? It is a challenge—but one worth undertaking.

Dr. Edward O’Neil, founder and president of Omni Med, one of the thousands of organizations that send volunteers to poor countries to provide medical care and health education, aptly identifies the need for better assessment.

When those with long-term experience in developing countries speak of programs that send international volunteers, they often do so with skepticism or disdain—and not without reason. The field of global volunteerism is littered with the wreckage of the well-intentioned but poorly informed. While some service programs are models of efficiency, efficacy, and intelligent construction, . . . others base their program designs on what seems right, with little to no evidence for proceeding and even less monitoring and evaluation. Those of us who live and work in this space know that many programs have made and continue to make an enormous difference in the world. However, there is simply no data to back up this claim.⁸

So many of the people who spend time and money to volunteer in other countries do so because, as they will tell you, they are “giving back.” These volunteers acknowledge the good fortune in their own lives, and they feel a sense of obligation to help others. These motives are to be applauded. But we must still ask whether these mostly well-meaning efforts actually improve people’s lives.

Some volunteer programs enhance, and sometimes even save, lives. Others have very little effect on the host communities. Still others may cause harm. The best programs incorporate key qualities identified in this book and referred to later as “Principles for Maximizing the Benefits of Volunteer Health Trips.” I have come to these principles after extensive interviews with host-country staff, organizers, and volunteers; surveys of sponsoring organizations; and participant observation, as well as input from the work of others. Some of them may seem obvious, but they are all too often ignored.

I have learned that a major portion of programs do very cursory screening of volunteers and barely prepare them for the country they will be visiting and the work they will be doing. Too many have no local partners to work with in determining the local needs and the best ways to address

them. Too many organizations arrive in countries only sporadically (as described by one program director, a group might show up in a village unexpectedly and ring the bell for patients to come), with no continuity of programming and no follow-up to services offered to address possible complications. Most do not send volunteers for a long enough period to benefit the hosts or the volunteers optimally. And almost none evaluate the impact of their presence on host communities.

The best programs promote mutuality between hosts and visitors and continuity of programming. The best programs also collaborate with communities to carry out a needs assessment and involve the local staff at every step. Ideally, they focus on prevention and on integration of services. Longer stays are better than shorter ones, and language and cultural preparation makes a difference. Capacity building matters. Evaluating programs, and then incorporating the results into program improvements, is crucial—but it is rare.

It is too simple to paint the entire volunteer phenomenon with a single brush, either all glowing and shiny or all dismal and ugly. It is also insufficient to ask, as some people do, whether the benefits are greater for volunteers or for hosts; this is not a two-sided phenomenon but actually one with three main sets of actors, each of which is analyzed in its own section of the book. As we will see later, many benefits accrue to sponsoring organizations in the wealthy countries from sending volunteers on short-term medical trips. The question, “Who benefits?” must take their interests into account.

My hope is that this book will contribute valuable information and perspectives to the widening debate about short-term volunteering so that organizers, funders, volunteers, and hosts—all those who are “hoping to help”—can aim for the best use of precious resources in helping to make the lives of people throughout the world as healthy as possible.

Here Come the Volunteers

On a weekend in June 2012, I stood at the airport in Port-au-Prince, Haiti, and watched while groups of North Americans rotated in and out of the country for one-week volunteering projects at orphanages, building sites, health clinics, and

churches throughout the island nation. A group from New Brunswick, Canada, had come to build houses designed to be earthquake resistant; they would use rubble from the devastating 2010 earthquake as material. Another group from State College, Pennsylvania, was in Haiti to do construction work on an orphanage. College students and their pastor/adviser from Georgia Baptists for Haiti—wearing T-shirts emblazoned with “Preach, Teach, Heal, Build”—spent a week working in an outpatient clinic. Other groups of people I saw at the airport were also wearing matching T-shirts identifying their organizations and emblazoned with slogans such as “Hope for Haiti.”

The large numbers of arrivals and departures at the airport reminded me in some ways of the weekly Saturday turnover at American time-share vacation resorts. Hundreds check out; hundreds more check in. But here they were coming in groups, with purpose and with the idea that they would make a difference.

Volunteers and the organizations that send them for short periods to poorer countries often describe the trips as “missions” or “brigades.” Both words describe organized, purposeful ventures to accomplish a goal. “Mission” has been used in religious contexts; “brigade” is primarily a military term. In whatever use, both words denote a group with a purpose, a calling, and a common cause.⁹

What I am exploring here is the *purpose* of these missions and brigades and whether these hundreds of weekly arrivals really bring hope (or housing or health benefits) to Haiti or to the thousands of other poor communities around the world that receive international volunteers every year. It may seem obvious that the goal is to accomplish good for the communities visited, to “make a difference,” and often to “give back.” Whether this actually happens, and what other objectives might be involved in these volunteer trips, is rarely considered. These issues motivate this book. Do volunteers help or hurt? In what ways? Can these missions be handled more effectively?

My interest in this topic intensified a few years ago when I began working with students who went on short-term health-related volunteer service trips sponsored by a major corporation. My students accompanied employees and worked on research projects, reporting their findings to corporate leadership after each trip. The three students who participated in these excellent opportunities returned with many questions and with

suggestions about how the volunteer project could have been improved for all concerned.

Each of these three students was born outside the United States—two in Africa and one in Latin America. Perhaps their concerns were sharpened by their backgrounds, which gave them a different perspective from that of many volunteers from wealthy countries. But I have also had many American-born students who have participated in volunteer trips and returned wondering aloud whether they had made any difference.

These students all asked the same questions I'm asking here, even if in different ways. They had departed with great enthusiasm and returned excited about and grateful for their experiences. But in some cases they were deeply troubled about whether their trips had led to improved health for the residents of the countries visited or whether they had mainly served the interests of the volunteers and their organizations.

The conventional wisdom in the "sending" countries is that health-related volunteering *must* be a good thing for the host-community members because it has to be better than having no volunteers at all.¹⁰ After all, they bring medicine and skills and equipment to areas lacking them, and that must be beneficial.

When I ask whether the enormous expenditure of money and time represented by short-term volunteering produces the best possible result for the health of residents of the countries visited, some insist it's the wrong question. They see the benefits more in terms of the impact on volunteers, who are presumed to gain greater intercultural and international understanding and may be influenced to work for greater justice in their future. One man who heard me speak about my research commented somewhat angrily. "I want my son to learn to be charitable," he exclaimed, "and this is a way to do that. So why are you even questioning its value?"

As a social scientist, my response is to expand my questions to ask whether this is the best way for a young person from a wealthy country to "learn to be charitable." I wonder what this son and his peers can learn from a week or two in a poor country. *Do* they become more charitable? *Do* they become advocates for justice or more culturally aware? Some observers believe they do, while others worry that volunteers may come away with distorted impressions that actually perpetuate some of the very problems they hope to alleviate.¹¹ And again, the evidence is mostly lacking.

Many people believe volunteers help improve the health of people in poor countries, but others are convinced they do not. Indeed, many people consider it a self-serving, colonialist-like adventure with as great a potential for harm as for good. Of course, the reality is much more complex than a simple determination that volunteering is good or bad, and I have endeavored to present a more nuanced account based on research carried out both in the United States with sponsoring organizations and in four host countries with teams who work with volunteers.

Fortunately, many people who sponsor volunteer programs *do* want to know whether their involvement actually has an impact. Organizers and prospective participants alike are interested in gaining a better understanding of whether what they are doing makes a difference for the people they hope to help. The enormous human and economic investment in volunteer trips should prompt a desire in everyone involved to know more about how these precious resources are invested and whether this is the best way to improve the lives of people in poor communities of the world. Everyone involved must focus on how to make this effort as valuable as possible.

And what an effort it is. The explosive increase in international health volunteering in the past two decades—Dr. Neal Nathanson vividly compares it to a tsunami—is driven by several forces. Nathanson, founding associate dean for Global Health Programs at the University of Pennsylvania Medical School, asked students how they would explain the increased interest: “They don’t know. 9/11? CNN? Rwanda? . . . They want to help; it’s something visceral, a tidal wave sweeping the country, a tsunami, something in the air. They are responding to their visceral impulse. ‘There is so much need, and I want to be part of the solution.’ Not any further than that.”

There are, of course, many forces that contribute to the form in which these desires and opportunities are expressed.

What Drives the Growth of International Volunteering?

Volunteering is much more than an individual decision to offer service to others. Often it is the product of purposeful policymaking with the goal of serving a variety of priorities at many different levels, including international, national, and corporate. And while there have been medical

missionaries and international volunteers for centuries, we are now looking at a fairly recent and complex phenomenon that has been actively fostered by many powerful actors for a large variety of reasons.

The world's poorest countries have seen a sharp decline in public services. Privatization of health services resulted in part from Structural Adjustment Programs required by the World Bank and International Monetary Fund in response to mounting foreign debt crises in the early 1980s.¹² These policies, emerging from a growing dominance of neoliberal ideology favoring the private sector, have led in many places to a severe decline in basic services formerly offered, however poorly, by national governments. At the same time, the HIV/AIDS pandemic created overwhelming new demands for services and a tremendous and tragic loss of educated and skilled personnel in many countries. The recent Ebola epidemic in West Africa and civil wars and refugee crises in many parts of the world vastly exacerbate this situation in the countries affected.

Claire Wendland, a physician and anthropologist from the University of Wisconsin who spent two decades providing medical care and doing anthropology field work in Malawi, highlights the increasing degradation of basic public services she observed: "Public hospitals and clinics have visibly deteriorated under the triple pressures of budget austerity measures, increasing population, and a huge surge in HIV-related illnesses. Nearly every medication and supply—including such basics as sutures and iodine—ran out on a regular basis during the years of my fieldwork there. Staffing was so skeletal that one clinical officer might care for several hundred inpatients in a district hospital, and one nurse might be responsible for a ward of 60."¹³

These are the kinds of conditions that spur outside organizations to set up alternative hospitals and clinics staffed by volunteers. Awareness of the needs also drives major fundraising campaigns in wealthy countries to support programs that intend to address the needs.

The decline in public services described by Wendland has been accompanied by changes in the types of needs. In past years, the major health issue in poor countries was infectious diseases, many of which were addressed by large-scale vaccination, sanitation, and education campaigns. With the partial or complete success of some international campaigns and subsequent increase in life expectancy, noncommunicable diseases such as

diabetes and hypertension are becoming more prominent in the health and mortality profile of countries everywhere in the world. Poor countries have experienced a sharp increase in chronic ailments that require ongoing and regular medical attention, yet this type of service is too often unavailable in many parts of the world. At the same time, infectious diseases continue to kill many people prematurely. This has been referred to as the “double burden” of disease in poor countries.¹⁴

All of this unfolds within the context of increased globalization and changing geopolitics since the mid-1990s. Arturo Escobar describes a new “geopolitical formation” that resulted in “securitization of development,” the end of the “Washington consensus” (widely accepted views about development that dominated the practices of powerful institutions since the 1970s), and the disappearance of socialism as an alternative.¹⁵

These changes have motivated many individuals and organizations in the wealthier countries to take on some of the goals of development not met by previous efforts or models and thus contributed to the rise of volunteering. Jim Butcher and Peter Smith, who have been studying volunteer tourism, agree that these fundamental political and ideological changes have driven the increase in volunteering, an activity they refer to as an example of “life politics,” which focuses on individual identity rather than grand political narratives for acting on one’s environment. They note that the growth of life politics in contemporary life represents a move away from “collective solutions to social problems towards individual life choices.” This shift occurred, they argue, as a result of the collapse of Communism and the end of the Cold War, leading to a “far-reaching ‘crisis of meaning’ . . . that pushes ethical consumption to the fore.” With no clear societal model offering an alternative to the market economy, individualistic approaches received a boost, and individual volunteering as a strategy for change was one of the results.¹⁶

The same forces are likely contributing to the enhanced involvement of private corporations in international volunteering. Some have described the increased role of corporations in social services “as part of the rolling back of the state across the world”¹⁷—not unlike the explanation for the increase in nongovernmental organizations (NGOs). Notably, companies often frame as “investment” what used to be considered “gifts”—another shift that can be linked to the dominance of neoliberal ideology regarding the primacy of the market.

Mass media help fuel the increase in volunteering by publicizing need in poorer countries. Celebrities, too, draw attention through their advocacy work, going back to the highly publicized events such as Band Aid's Christmas recording in 1984, the Live Aid concert in 1985, and many examples since.¹⁸ In more recent years, there has been a great deal of attention to Sean Penn's post-earthquake efforts in Haiti, volunteer work done by the British princes in Chile and Malawi, and Oprah Winfrey's creation of a school for girls in South Africa. CNN began an annual "Heroes" contest in 2006 to bring attention to individuals who have begun innovative programs in response to specific problems such as sex trafficking and hunger.¹⁹ All of these create dramatic, well-publicized examples that others may want to imitate.

The Internet and social media, too, have played a big role. They make it much easier to find out about volunteer opportunities and share experiences with others. Indeed, organizations responding to my survey listed the Internet as the main method of recruitment for organizations seeking volunteers.

"Communication is there at markedly increased rates of speed through social media," Dr. Mark Rosenberg, CEO of the Task Force for Global Health, told me. "YouTube alone would be enough to account for this, but that's just one facet of people's increasing awareness of what's going on, that we live on the whole planet and that the United States is not totally isolated and insulated from the rest of the world. I also think there's increasing awareness of the disparities in terms of health status and access to good health and access to the means of health. I think increasingly people see that it's not very equitable."

As individual awareness of volunteering opportunities has grown, many national governments are now providing considerable encouragement and financial support for volunteering.²⁰ It is maddening that the reductions in the social safety nets of poorer countries promoted by many of these same governments and by international financial institutions such as the World Bank and International Monetary Fund have created the very need to which those same actors have responded by promoting volunteer interventions.

In some cases, the goal of governments in supporting volunteering is to provide an alternative to military service; in others, it is to foster a positive

image of the country among people in other nations or to build civic engagement as a practice among citizens.²¹

In the United States, it has become customary for presidents to promote volunteering. President George H. W. Bush had his “Thousand Points of Light.” In 1993, President Clinton created AmeriCorps (including domestic and international service organizations), the size of which President George W. Bush increased in 2002. In 2009, President Obama signed into law the Edward M. Kennedy Serve America Act, which called for a further increase in positions in the AmeriCorps program from 75,000 to 250,000 by 2017 and the creation of four national service corps.²²

Similar trends are seen in Europe. Two thousand six saw the launching of the Manifesto for Volunteering in Europe by a network of thirty-eight volunteer development agencies and centers. The manifesto states that “voluntary action is . . . an important component of the strategic objective of the European Union of becoming the most competitive and dynamic, knowledge-based economy in the world.”²³

At an even broader level, the United Nations created the United Nations Volunteers (UNV) division in 1997 and declared 2001 to be the International Year of the Volunteer, an event celebrated in 130 countries²⁴ and followed by conferences and reports in succeeding years. In 2011, UNV released “State of the World’s Volunteerism Report; Universal Values for Global Well-being,” with a focus “on the universal values that motivate people the world over to volunteer for the common good and on the impact of volunteer action on societies and individuals.”²⁵ The United Nations itself sponsors eight thousand volunteers annually; the majority of them are from developing countries.²⁶

Most of the explanations for increased international volunteer activity focus on meeting unmet needs. But we cannot lose sight of the motives for gain, a number of which are explored in this book. Nations pursuing political and security goals, individuals seeking personal advantages, and companies seeking profits also contribute to the growth of this phenomenon.

The tourism industry is one example of the latter; agencies have discovered that potential customers can more easily justify a major expenditure on travel if it is tied to an altruistic venture and is not just for pleasure. Many cruise lines offer one-day service opportunities as excursions in the countries they visit.²⁷

Increased wealth makes volunteering possible for the more privileged residents of countries in the global North, who must pay their own expenses or find donors to assist, whether through their churches, their schools, their employers, or NGOs.²⁸ And the experience of volunteering may well enhance that privilege, as those who can afford to embark on international missions gain experience and credentials. Questions about justice and equality are necessarily part of any analysis of this growing enterprise.

All the activities that encourage volunteerism unfold in the context not only of a decline in public services but also against a backdrop of widespread criticism of foreign aid. In light of publicity about waste, inefficiency, and the harmful consequences of many such programs, as well as concerns about the many unmet needs at home, it is perhaps not surprising that the majority of the American public believes that the U.S. government spends more on foreign aid than it should (and more than it actually does).²⁹ But we must seriously ask whether volunteers, sponsored mostly by private organizations and enabled by private donations and their own ability to pay their expenses, can do better.

The Critiques

As short-term international volunteer programs become ever more popular, they have also been the target of criticism. Among the epithets: “drive-by humanitarianism,”³⁰ “fistula tourism,”³¹ and “slum tourism.”³² Nigerian American writer Teju Cole posted a series of comments to Twitter about the “white savior industrial complex,” which he called the “fastest growth industry in the US.”³³ The growing involvement of privileged people in programs in poor countries has even been referred to as a new form of colonialism, a comparison I will return to in the final chapter.³⁴

The criticisms also take the form of very specific concerns about whether short-term medical missions are helpful or harmful to host communities.³⁵ For instance, Daniel A. Guttentag, a professor at the University of Waterloo in Canada, writes that most studies of what he calls “volunteer tourism” are overwhelmingly positive about its value, but that these studies focus almost entirely on the value for volunteers. As a response, he lists what he considers five possible negative impacts.³⁶

First, there is “a neglect of locals’ desires.” To make recruitment effective, a program may be more focused on the volunteer’s satisfaction than on host needs. The quality of those volunteers leads to the second on the list: “A hindering of work progress and the completion of unsatisfactory work.” Volunteers are often unskilled, and they may need attention that interrupts an organization’s work, or they may do poor-quality work.

When volunteers work on construction projects that could be done by local residents, they may be undercutting employment opportunities in the host community. This leads to Guttentag’s third negative impact: “A decrease in employment opportunities and a promotion of dependency.” Volunteerism can also promote deference to outside expertise, diminishing self-sufficiency.

The fourth and fifth impacts on Guttentag’s list are considerably broader. One is “reinforcement of conceptualisations of the ‘other’ and rationalizations of poverty.” Many volunteers do not change their own attitudes but may reinforce a dualistic conception of us-them, the latter defined by simplistic images of poverty. Or they may rationalize poverty by focusing on impressions of “poor but happy” people. Further, volunteers’ belongings and wealth may affect local values and consumption patterns, which Guttentag calls “instigation of cultural changes, caused by the demonstration effect.”

Ian Birrell, a British journalist who has written extensively about the popular volunteer option of visiting orphanages in poor countries, captures many of the criticisms that are also made of medical missions. In a 2010 column in the *Guardian* (London), he describes some of the negative impacts.

Wealthy tourists prevent local workers from getting much-needed jobs, especially when they pay to volunteer; hard-pressed institutions waste time looking after them and money upgrading facilities; and abused or abandoned children form emotional attachments to the visitors, who increase their trauma by disappearing back home. . . . In Africa, tour firms throw in a visit to an orphanage alongside a few days on the beach or watching wild animals. Critics argue that dropping in to take photographs of orphaned children, who may have seen parents recently waste to death, reduces them to the status of lions and zebras on the veld. Many orphanages let tourists work with children. But what would we say if unchecked foreigners went into our children’s homes to cuddle and care for the kids?

We would be shocked, so why should standards be lowered in the developing world?³⁷

This may seem harsh, but each aspect of Birrell's critique has been mentioned by people writing about medical missions: the competition with local workers, both health professionals and the unskilled; the voyeurism toward and objectification of poor people; and the free access to patients and children given to people without proper credentials or screening.

Such critiques can be disturbing in an era when there is growing demand, especially in wealthier countries, for international service opportunities; when the needs are great; and when overall the media have given admiring attention to humanitarian trips. The idea that groups of nineteen-year-olds with energy and good intentions and "Hope for Haiti" emblazoned on their T-shirts should be anything but applauded will strike many as surprising, even offensive. Even greater offense might be taken when surgeons who use their vacation time every year to travel to remote locations and operate on patients and train local physicians are subjected to criticism.

Despite the criticisms, dedicated (and sometimes just curious or adventurous) volunteers continue to flock to and spend their own money on programs designed to help fill the huge gaps in public health and medical services in poor countries. At issue is whether that energy and those financial and human resources are used to benefit poor communities to the maximum extent.

Most of the conflicting assessments of short-term volunteering reflect the views of people in the global North—the wealthier countries that send most volunteers. But it is crucial to know what people in the host communities—the global South—think. Their voices have rarely been heard in this debate, which is why I devote so much space in this book to recounting what they have to say. What do they see as the value of having volunteers come to their communities? What, in their opinions, are the qualities of the good volunteers, and what describes the ones who are not so welcome? What are the best kinds of volunteer programs in terms of benefit to their communities?

Of course, not all short-term volunteering is the same, but the criticisms must be taken seriously. The most frequently published critiques have appeared in medical journals and address the important ethical problem of

allowing medical students to work far beyond their training in communities with few resources.³⁸ My concern here is primarily with a larger ethical question: whether the investment of billions of dollars of resources in the short-term volunteering enterprise can be justified by the results in terms of improvement in health, reduction in health disparities, or other measures of value to the host communities.

The director of a large volunteering organization, who has dedicated his career to creating short-term volunteer services, told me,

If short-term occasional health services were the best way to get medical care, we'd be doing it in our own countries, and obviously we are not. We know that short-term trips are not the perfect way to provide healthcare services. But we also know that there is an incredible demand for healthcare services in poor areas, and an incredible supply of volunteers that want to support projects around the world. The trick, then, should be to improve the way in which these volunteers provide services, minimizing the negatives of short-term trips and maximizing the positives, while also supporting the capacity of local healthcare systems.

His comment is a poignant reminder of how far these programs are from creating ideal conditions for improving health but also of the challenge to volunteer program sponsors to make programs as beneficial as possible.

To begin to get a handle on how short-term volunteering can provide the most benefit for all people involved, we need to know more about the three major parties in this enterprise—the sponsoring organizations, the volunteers, and the host communities. We need to consider the size, scope, and widely varying characteristics of short-term health-related volunteering. That includes further understanding what motivates volunteers and organizations to undertake these trips. It involves looking at the characteristics of these service programs—what they do and where and how they partner with organizations in the host countries. It means exploring the goals of the different types of sponsoring organizations and how they might conflict with the needs of people in the host countries. And finally, it requires asking what qualities of programs and volunteers are most likely to be useful to both volunteers and host communities.

Ultimately, my goal is not to advocate for all volunteering or to call for its dismantling. Rather, I hope to contribute to making it more effective and valuable to all concerned.

A Note on Data and Study Participants

My research includes both quantitative data from a survey of U.S. sending organizations and qualitative findings from interviews and observations, both designed to gain an understanding of the nature of short-term health volunteering. This approach provides multiple viewpoints while allowing for cross-checking the validity of results from each type of method. (Further details on methodology, including an explanation of how I selected the organizations studied, are in Appendix A.)

My research associates and I interviewed 119 people, including 55 host-country staff members in four countries in Africa, Latin America, and the Caribbean; 15 volunteers; 27 officials of U.S. sponsor organizations; 15 American and French staffers working full-time in host countries who have worked with volunteers; and 7 global health experts.

I also conducted an Internet survey of U.S.-based organizations that send volunteers overseas for short-term health programs. Responses represent 177 different organizations. Each year these organizations send, in total, an estimated 20,637 volunteers to other countries for health projects. That averages out to 119 per organization. Some individual organizations send fewer than 10, while others send as many as 1,500 in one year. Educational institutions, on average, send fewer volunteers than other types of organizations (half of them send 25 or fewer), while NGOs report the highest number of volunteers, with more than one-third sending 100 or more volunteers per year.

I refer at times to results of a similar survey on which I collaborated, which was distributed by the Catholic Health Association to its member hospitals and health systems in the United States. We received responses from 152 organizers of short-term medical missions and 205 recent volunteers on such trips.

Additionally, my students (with me or under my supervision) observed medical missions, conducted pre- and post-surveys of volunteers and host-country trainees as well as focus groups with the

latter, and made follow-up visits to mission hosts for interviews and focus groups.

All participants were assured they would not be named without their permission, and no host-country staff members are identified by name. Officials of sponsor organizations, global health experts, and expatriates working with volunteers are identified only if they approved the quotes attributed to them. Others are identified only by generic descriptions of their positions.

Part I

THE SPONSORING ORGANIZATIONS

Each year, thousands of organizations large and small send hundreds of thousands of volunteers to work in health-related projects in other countries. Volunteer programs vary a great deal in their history, the types of activities they engage in, and their models for programming, but certain patterns emerge as they are studied.

In order to understand the impact of international health volunteering, we need to know more about who is sponsoring these activities, what they hope to accomplish, where they go, and what they do. We will see that the volunteering enterprise reflects the goals and history that sponsoring organizations bring to it, as well as the larger social forces that have driven its growth.

WHO SPONSORS INTERNATIONAL MEDICAL MISSIONS?

Most of the volunteer programs I write about began in the last two decades, a time of tremendous growth in NGOs and in university-based international activities. Volunteer organizations, though, have been working in other countries for a long time. For example, Catholic Medical Mission Board dates its origin to 1912 and has worked in 123 countries. Project Hope launched its traveling hospital ship in 1958 and has taken it to 35 countries. Operation Smile was founded in 1982 to provide cleft palate repair and surgical training in poor countries; in recent years, it has expanded to offer dentistry and burn care. These and other organizations operate worldwide and raise millions of dollars each year.

Individual physicians have founded many international volunteer organizations. They are driven by a desire to make a difference and often also by religious faith. Their destination choices are most often a product of personal history or chance encounters rather than an analysis of where needs are greatest. The choice of focus—primary care, surgery, screening, or health education—is also a product of perceived need or of personal capabilities rather than any kind of systematic assessment.

Types of Organizations

The great majority of organizations that send volunteers from wealthy countries to poorer countries to work in health-related projects fall into one of four major types:¹

- Faith-based organizations
- Nongovernmental organizations that are *not* faith based
- Educational organizations
- Corporate groups

Most are nonprofit entities. Some, particularly the NGOs, were created specifically to sponsor volunteer activities. Others have broader goals and activities, of which international volunteering is one part. For example, the volunteers who go on short-term health-related trips for educational institutions and corporations tend to come from the ranks of the students or employees of these organizations, and service trips are only a small part of the overall organizational mission. Since the 1990s, a growing number of for-profit commercial firms offer fee-paying “voluntary work” placements.² These broker firms may create their own service projects or just connect volunteers to existing projects. They often consult with universities or corporations to help them offer volunteer opportunities to students or employees.³

The responses to my national survey of volunteer organizations encompass three of these groups, with faith-based organizations dominating.⁴ The small number of corporations that directly sponsor international health volunteering were not included in the survey. They are, however, an important and increasing presence, and I discuss them later.

To get a deeper sense for what these organizations are about and how they became engaged in the world of global health volunteering, we need to look more closely at their origins and growth. Most have stories that reveal how their different goals and personal experiences have helped define their programs and their choices about where to send volunteers.

“Pap Smears for Jesus”? Religious Volunteer Organizations

I am attending a 2013 conference on Christian medical missions with more than five hundred other people. We meet in a large nondenominational church in the

Midwest for a weekend of workshops, plenary sessions, and exhibits by many Christian organizations that are there to recruit volunteers or publicize their activities in sending supplies to poor countries. Some sessions are straight medical information—how to deliver emergency care in resource-poor settings, for example. Others focus on how to use medical care to serve an evangelical purpose.

The attendees gather for the opening session in the huge sanctuary. The first speaker is a convert to Christianity who tells us, “God is going to use you to serve someone, and that will raise up attention for a bigger conversation. Meet the need, but something bigger is going on. Meeting people’s needs leads them to ask you why you’re there.”

Another speaker is a physician who asks us not to tell others her name or the place where she has been working, since missionary work is forbidden there. She tells us that God has given her the opportunity to use her gifts of medicine to work with people who have little access to medical care or to the Gospel.

Another medical missionary reports that she prays with 80 percent of patients, and they see that it works. She claims that her prayers healed a schizophrenic. Her advice to the audience: “Take the opportunity to tell people about Christ. Don’t come home bragging about seeing five hundred patients if you didn’t use the opportunity to talk about the Gospel. Be a servant. It’s all about Jesus first, medicine second. Don’t be a jerk. You’re there to serve people. That is what Jesus did.”

I begin with faith-based organizations because the origins of volunteering can be traced primarily to religion and because they comprise by far, the largest component of current short-term volunteering. Just over half of those who responded to my survey identified their organizations as “faith-based.” As Dr. Mark Rosenberg, CEO of the Task Force for Global Health, told me, “The early history of global health was very much dominated by missionaries and mission groups trying to do good.”

To this day, the largest numbers of American volunteers, whether they serve domestically or internationally, are connected to religious organizations.⁵ The Princeton sociologist Robert Wuthnow estimates that 1.6 million church members travel on short-term international mission trips each year.⁶ The anthropologists Robert Priest and Brian Howell estimate that “upwards of two million” North Americans per year go on short-term missions. These estimates are not all for health-related mission trips.⁷

And not all of them adopt the type of evangelism advocated by many speakers at the conference I attended. In fact, many deeply devout

volunteers object to including any preaching in the services they provide. For example, one physician who regularly travels with a religious organization expressed strong disapproval of the purveyors of what she calls “Pap smears for Jesus.” As we will see in this chapter, faith-based organizations that sponsor international trips in which volunteers offer health-related services (often referred to as “medical missions”) adopt three quite different approaches to the role of faith in their activities.

The scope of faith-based volunteering is vast; from international missionary branches of major Christian denominations, many founded more than a century ago, to small groups organized by one or two leaders for specific projects, faith-based overseas volunteering groups cover the widest variety of programs.

Just about every major Christian denomination has a missionary branch operating in many parts of the world, with medical care often a central part of the work. The United Methodist Church’s Volunteers in Mission project supports a “global health initiative.” The Catholic Medical Mission Board’s Medical Volunteer Program operates in many countries to provide clinical care and public health interventions. The Presbyterian Church (USA) has a mission branch with a program in International Health and Development. These are but a few examples. The list of churches and church-sponsored hospitals with international medical missions is long and includes Seventh-Day Adventists, Church of the Nazarene, the Episcopal Church, Mormons, and various Catholic orders such as the Salesians and Maryknoll. Hospitals and health systems founded by Catholic and other religious organizations sponsor many short-term medical missions overseas, as do a very large number of independent faith-based NGOs.

Then there are the thousands of volunteers from individual parishes doing work that is not coordinated through any denominational body or larger faith-based volunteering organization. Typically, these trips involve either onetime or occasional missions with local church members and are not usually advertised or affiliated with any national efforts. Most often the trips are carried out in partnership with specific churches in the host country and have a focus on Bible study and assisting the congregation with projects such as construction or repairs on the church building. But some also include bringing medical supplies and setting up onetime health clinics.

Consider just a few recent examples from my own community, the Lehigh Valley metropolitan area in eastern Pennsylvania. One Moravian congregation has made occasional visits to church partners in Tanzania and Nepal; another has sent groups to Haiti. A Methodist church sent a volunteer group to South Africa, while a different Methodist church has sent groups to Jamaica and Kenya. An individual member of a nondenominational Christian church arranged a trip on her own for other church members, working out the details with a Haitian pastor in nearby Philadelphia who has a church in Haiti.

Programs like these, publicized and organized locally, are nearly impossible to study in detail. The numbers are so vast that it is not possible to know their full scope. They have no NGO designation and very little Web presence. The sum total and impact of thousands of such volunteer efforts have yet to be measured, but they are certainly a very important part of the international volunteer phenomenon and deserve attention. They also raise concerns about impact, especially as many of the missions do not return to the same locations and may leave behind medications in communities and never follow up.

Robert Wuthnow writes about the constantly increasing global outreach on the part of American churches. He mentions many of the same factors influencing this growth that are outlined in the introduction for international volunteering activities more generally. Additionally, as congregations become more prosperous, more likely to include immigrants, and more exposed to the global economy and world travel, they increasingly devote resources to international mission activities. This is particularly true of the wealthy “megachurches,” which engage heavily in evangelical activities.⁸

While almost all faith-based volunteering is located in Christian organizations, there are a few Jewish and Muslim groups. American Jewish World Service (AJWS) places volunteers with NGOs in developing countries on both short- and longer-term projects and provides financial support for many grassroots organizations. In accord with Jewish tradition, its volunteers do not promote their own religious views; their efforts center on the pursuit of global justice, and they integrate volunteer activities with a study of Jewish values to make volunteers more aware of their role as advocates for justice. Hillel: The Foundation for Jewish Campus Life partners with