International Work: Something for Everyone

Raymond A. Smego Jr., MD, MPH, FACP, DTM&H*

"Search, then, for some way in which your humanity may be used."

Albert Schweitzer

Most of us seem to understand the great dichotomies in life: how great joy can exist with overwhelming sorrow; how the way to see the light often comes after experiencing the darkness; how when we are at our weakest point we seem to find our truest strength. On a much more mundane plane, a dichotomy also exists in international work. Although admittedly not for everyone, in a work and life experience outside of one's own country there exists so much that can educate, enlighten, and enrich one's being. Many years ago in dark and distant Africa, Dr. Schweitzer admonished us all to use our greatest gift, our humanity, as if he understood the great mystery.1 In serving rather than being served, we find our purpose, our faith, and ourselves. It is crucial to note, however, that this statement places absolutely no relative value judgment on those who do or do not choose international service, and admits that health care workers abroad definitely do not have a premium on humanitarianism.

Several years ago while in the United States on a vacation from an overseas academic work assignment, I saw a television news segment about a middle-aged American nun who had been running a boys' orphanage in Jamaica for the past 20 years. When asked by the TV journalist why and how she had managed to end up in rural Jamaica rather than Harlem or Haight-Ashbury or impoverished Appalachia, the Catholic sister simply replied, "...because I seem to be a better 'me' outside of the United States." She went on to say that she had never fully understood it but that serving overseas seemed to allow her to use her own personal God-given talents to a greater degree and depth than when she was in her home country. Similarly, I think that many persons who choose international work find that their own skills are often most effectively expressed when shared with others in another culture.

In the 1970s, the Association of American Medical Colleges (AAMC) produced a five-volume work devoted to international health in medical education, and offered published credence to the value of clinical experiences in developing countries for students and educators. Subsequently, during the past 25 years, many American medical schools went on to develop international health programs or geographic medicine divisions designed to "internationalize" their learning, service, and research curricula.2-5 In directing a university international health program for allied health professional schools of medicine, nursing, dentistry, pharmacy, and medical technology for almost 10 years, I had the opportunity to observe the multitude of positive life experiences afforded to both American and foreign students, physicians-in-training, and academic faculty by doing international work. Through bilateral exchange programs involving both short- and long-term overseas assignments, we all learned from and about one another, and made lasting friendships along the way that survived both time and distance. International work is frequently so much more than its professional or academic content, and provides a unique kind of self-gratification for its participants that, although not necessarily better than domestic professional endeavors, is inherently different in the way it allows one to view the world, both from without and from within. Individuals who make a cross-cultural health commitment are peacemakers of a sort, and evidence of this can be found in the awarding of the Nobel Peace Prize to the humanitarian organization, "Doctors without Borders," in 1998. Need is relative, and certain individuals, for purely personal or spiritual reasons, may find more reward in working where one doctor or nurse serves 10,000 and 40,000 persons in the general population, respectively, compared to the 1:400 and 1:130 ratios in the United States.6

In 1994, after more than a decade of offering an international elective abroad for final-year medical students, the International Health Program at the University of Arizona conducted a questionnaire survey of student alumni who had participated in these international study periods, to determine their medical career choices.7 Interestingly,
and yet predictably, only a small number of students had eventually gone on to make international health a career pathway. However, what these researchers also discovered was that these alumni practicing in the United States had selected primary care specialties to a significantly greater degree than sub-specialties, and that these young doctors were practicing in underserved areas within the United States significantly more frequently than similarly age- and gender-matched physician colleagues in the general population. Was this group of international-seeking health professionals self-selected in their degree of idealism and service way back as medical students, or had an overseas experience, as one of our former fourth-year West Virginian medical students had exclaimed after a month elective in Pakistan, changed their lives?

What are the potential contents of an international contribution? Well-trained and caring health professionals can become involved in shorter-term service or relief programs, or may assist in longer-term capacity building in poorer countries in various separate or overlapping roles that include those of a clinician, educator, researcher, administrator, or collaborator or consultant in public health or public policy, educational program development, medical informatics, technical procedures, and research design. Potential contributors must always examine and question the possible impact of the contribution being considered. He or she should ask, "Am I going overseas as a medical 'tourist,' or can I make a small difference?" Ideally, a longer-term and ongoing commitment is most desirable. Indeed, as Escovitz points out, "...many experienced international health workers believe that the short-term volunteer worker may negate his or her contribution by taking valuable time of local hosting clinicians away from their duties." Nevertheless, as an initial step, short-term periods of work may prove useful in convincing an individual that such work would be more rewarding for extended periods of time. Curiously, another dichotomy frequently surfaces with mutually beneficial and gratifying cross-cultural contributions, in the self-awareness by the contributor that he or she has gained as much or more than what has been contributed.

How many American health care professionals chose international work? In studying health manpower abroad Dr. Timothy Baker, from the Johns Hopkins School of Hygiene and Public Health, surveyed a variety of health care workers and found that approximately 5000 Americans are working in overseas job assignments at any point in time. Nurses represent the largest category of these health care workers, followed by physicians, although a cadre of health care personnel, including hospital administrators, pharmacists, medical technologists, etc., choose international work. These individuals serve as medical missionaries or academics, hold corporate or government health care posts, staff nongovernmental organizations (NGOs), or merely donate their time and energy as short- or long-term volunteers. And what about other expatriate medical workers? In some of the poorest countries in the world, Haiti for example, if it were not for dedicated missionary doctors and nurses from North America or Europe, who labor under the most arduous of physical and professional circumstances, there would be no functioning health care system available to these most deprived of the world’s citizens. Although their personal and collective motivations may not always be publicized, the sacrifices and contributions of these international health workers to our global family are clear and immeasurable.

For some, the term "tropical medicine" may conjure up recollections of the days of European colonialism, or of Audrey Hepburn in The Nun’s Story. There is a bit of romance in reading about the historic London or Liverpool Schools of Tropical Medicine and Hygiene. Yet clinical tropical medicine still remains a relevant medical subspecialty in our present age of emerging and re-emerging infectious diseases, even if there has been a shift away from rural bush practice toward urban slum health care delivery. Since 1994, the American Society of Tropical Medicine and Hygiene has helped develop and accredit six new domestic diploma courses in this field, leading to DTM&H certification.

Although many interested persons may be intimidated by the prospect of looking for a position in the international health arena, in fact there exists a plethora of work and learning opportunities abroad for health care professionals. The Journal of the American Medical Association has amassed an extensive compilation of religious, governmental, and multinational groups, agencies, and organizations that offer both remunerated and non-paying overseas service opportunities for physicians. These include such diverse entities as denominational and nondenominational churches, the Peace Corps, Project Hope, Health Volunteers Overseas, and the Foreign Service operated by the United States State Department. The American Society of Tropical Medicine and Hygiene has published its revised and updated third edition of the Directory of International Opportunities, listing a wide variety of educational, training, research, and general opportunities in tropical medicine and international health. Others, such as Project Concern International and the National Council for International Health, produce monthly health career newsletters (Appendix 1). Whether one works in a poor developing country for a month or a lifetime, in the way an international experience affects an individual’s perspective on life it truly can be said that there is "something for everyone."

REFERENCES


APPENDIX 1

Selected International Health Resources

**Project Concern International**  
(publishes OPTIONS: a resource for national and international volunteer opportunities for health care professionals)  
3500 Afton Road  
San Diego, CA 92123  
Tel: (619) 279-9690  
Fax: (619) 694-0294

**National Council for International Health**  
(publishes the monthly NCIIH Career Network)  
171 K Street, NW, Suite 600  
Washington, DC 20006  
Tel: (202) 833-5900  
Fax: (202) 206-8018