AN ETHICAL EVALUATION OF AN INTERNATIONAL NONPROFIT AND THE IMPLICATIONS OF FOREIGN AID

by

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This thesis will aim to address ethical challenges that foreign aid poses to aid-receiving countries and investigate the frameworks of international non-governmental organizations (INGO). To do so, I worked closely with an INGO, that I will refer to as GlobalMed, and assessed their duties and obligations as international actors. I accompanied GlobalMed on a week-long service-learning trip (SLT) in Cusco, Peru where I conducted an ethnographic study through participant-observation. My research took place in mobile clinics, patient follow-up care programs, and development projects. The goal, by the end of this project, was to develop insights to the framework of GlobalMed, determine whether my experience aligned with the tenets of medical ethics, and gain a comprehensive understanding of the potential implications of foreign aid.

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Table of Contents

Chapter 1: Introduction

The United States, among other aid-granting entities, has invested close to $150 billion in Afghanistan over the past 20 years to transform it into a self-sufficient and prosperous country[16]. In 2021, foreign aid accounted for 80% of Afghanistan's budget, resulting in increased access to education, healthcare, and jobs. However, following the withdrawal of U.S. troops in Afghanistan in August of 2021, the economy and political state of the country collapsed almost immediately. The entirety of Afghanistan's national welfare and economic structure hinged on foreign aid, perpetuating a cycle of dependency that ultimately led to the nation's collapse as a failed state.

This serves as just one example of how foreign aid has fallen short in fostering self-sufficiency and sustainability within nations. These responses may do more harm than good. Global efforts that address health inequalities often lack a foundation in morality and ethics, thereby exacerbating the challenges faced by developing nations. Foreign aid, displayed in various forms, will be explored through the framework of programs implanted by non-governmental organizations (NGOs) in this thesis. Numerous global efforts are led by international non-governmental organizations (INGOs) and NGOs often relying on the support of volunteers and staff. However, the transient nature of volunteer involvement may exacerbate dependency and compromise the sustainability of aid efforts.

The purpose of this thesis is not to look down upon those who volunteer on international global health trips because for most, the intention is good. International service-learning trips (SLTs) are taken for a variety of reasons, whether they are volunteer missions or for medical experience, and those who go on such trips may not be aware of potential consequences of their

presence in highly dependent communities.[7] I aim to bring awareness and caution to such trips and shape this thesis around existing literature and my own personal experience.

International Non-governmental Organizations

It is important to distinguish between the two types of non-governmental organizations: INGOs work across borders and in multiple countries, whereas NGOs usually work in a single country. The World Bank estimates that over 15 percent of total overseas development aid is channeled through NGOs.[25] In fact, a recent estimate has suggested that there are at least 75,000 INGOs, and thousands more NGOs that work on a country-by-country level.[1] It is common for INGOs to partner up with university students, as the collaboration between the two can promote social responsibility and civic engagement among students and staff.[2] Working with INGOs can provide students with opportunities to gain practice in real-world projects and apply theoretical knowledge gained in their classes to address pressing social, environmental, and economic challenges. Working with students can provide INGOs with an abundance of volunteers that will aid them in providing relief to aid-receiving countries. However, students volunteering in international locations, especially in healthcare settings, may lack the necessary training and supervision to deliver high-quality aid and to navigate cultural and linguistic differences responsibly.

The INGO that I will be exploring throughout this thesis will be referred to as GlobalMed to protect the privacy of the actual organization. GlobalMed is a 501(c)(3) non-profit that works with low-income communities in Peru, Ecuador, Costa Rica, and Tanzania to improve their access to medicine and education. They spread their efforts by motivating students to establish on-campus chapters, participate in short-term SLTs, and contribute to fundraising initiatives.

GlobalMed reached out to me and a peer in September of 2023, asking us to consider establishing a chapter at the University of Oregon that would represent the organization. Through GlobalMed, we were told that in order validate our chapter, we would need at least 2 members from the University of Oregon to embark on an SLT to one of their designated locations. As a new chapter on campus, we didn't have many members willing to pack up their things and spend thousands of dollars on airfare and SLT fees and travel to a foreign country for a week. Therefore, accompanied by two fellow UO students, I purchased a ticket to Cusco and made a financial commitment of approximately $900 to GlobalMed for the chance to participate in an international healthcare volunteer opportunity.

In December of 2023, I traveled to Cusco, Peru as a student volunteer for GlobalMed. Throughout the week, I was able to partake in mobile clinics, shadow local healthcare professionals, work with the local community, participate in patient follow-up care, and build greenhouses for families in need. While this experience was educational, beneficial, and tailored towards my interest in healthcare, I observed certain barriers that hindered students from delivering effective care and encountered many ethical dilemmas.

The Tenets of Medical Ethics

Medical ethics constitutes an intrinsic and integral aspect of clinical medicine. In the United States, there are four fundamental tenets of medical ethics: (i) beneficence, (ii) nonmaleficence, (iii) autonomy, (iv) justice.[3] Beneficence entails the physicians' obligation to act in the best interest of the patient, advocating for their well-being, preventing and alleviating harm, assisting individuals with disabilities, and rescuing individuals in danger.[3] The principle of nonmaleficence dictates the physician must not harm the patients.[3] This principle encapsulates many moral guidelines, including not causing pain, deprivation, and offense. It's important to

note that beneficence emphasizes the active process of conferring benefit to someone, whereas nonmaleficence means refraining from causing harm. Autonomy, another fundamental tenet of medical ethics, describes that all individuals are deserving of respect and therefore have the power to give informed and voluntary consent regarding decisions about their health.[3] Lastly, justice refers to the fair distribution of risk and benefits among a population and that all persons will be treated with fairness and equitability.[4] To ensure that patients receive maximum beneficence, nonmaleficence, autonomy, and justice, the United States adheres to the Health Insurance Portability and Accountability Act (HIPAA).

However, HIPPA is not a universal law and is not present in countries other than the United States, though there are similar laws in place. Peru has laws in place that ensure the protection of the fundamental rights of persons and confidentiality of health-related information.[5] Though these laws protect certain aspects of patient care, there are unclear guidelines on what sort of care untrained individuals can provide to patients which poses a significant challenge in the quality of care provided through INGOs that recruit volunteers.

Volunteering for INGOs centered towards healthcare presents ethical challenges and risks for students, the organization itself, the aid-receiving community, and the healthcare professionals involved. Student volunteers may face health and safety hazards, legal challenges, ethical and cultural barriers, and emotional challenges, all while inadvertently perpetuating dependency on foreign aid. To effectively address these risks, it is imperative to conduct a thorough ethical analysis of the involved INGO. Additionally, establishing a framework for guiding future volunteer experiences and ensuring their adherence to ethical guidelines and professional standards are essential steps in understanding and managing the implications of the work of INGOs and foreign aid.

Methodology

During my time in Cusco, I completed an ethnographic study which allowed me to effectively observe interactions between healthcare professionals, volunteers, patients, etc. Since I was directly observing behavior and communication in a healthcare environment and handling personal identification and information about patients, I pursued approval from the University of Oregon's Institutional Review Board (IRB). After continuous discussion with a member from the IRB and with my primary thesis advisor (PTA), we decided that since the mobile clinics, follow-up care program, and development projects were open to the public and anyone in the community, expedited IRB approval was sufficient. I obtained this pre-approval for all study activities before beginning my work.

Following my experience in Cusco, I was able to reach out to two other students that traveled to Cusco with me for the GlobalMed SLT. I conducted interviews with my peers to gain formal insight into their experiences. One of my peers traveled to Lima as well and participated in mobile clinics there. Engaging with their diverse experiences broadened my perspective, offering a more multifaceted understanding of our collective SLT encounters than my individual experience.

To protect the privacy, I would keep a mental note of the observations I made and write them in a notebook on the bus ride home from the communities we visited, or in my hostel room when I was alone. Furthermore, I drew on insights and perspectives from the discussions and firsthand experiences shared by fellow student volunteers on the SLT after we left the communities we were in. I made a conscious effort to be present in the moment as I was in the mobile clinics and in the communities, as I didn't want to simply be there for my research only. As a student volunteer, I didn't want to exemplify the behaviors I will be critiquing in this thesis.

Limitations

I would consider the short-term nature of the SLT the greatest limitation in my research towards this thesis. With more time, I could have conducted more observations and talked to more patients. However, as much as my short-term experience limits the extent of observations I conducted, it is also very typical of service-learning trips in general and speaks volumes about the limitations of short-term SLTs. Throughout this thesis, I will explore how short-term relationships and presence in foreign communities may cause more harm than good.

In addition to my short stay in Cusco, I believe that my thesis could have benefitted from interviews with patients and local healthcare professionals. It would have been extremely helpful to have their insight and opinions on their feelings of the abundance of short-term SLTs in their communities. Many of these communities are visited again and again, over the course of a year, by rotations of American students who stay for only one or two weeks at a time. How does this make them feel? Does this get into the way of local healthcare professionals carrying out their duties efficiently? GlobalMed claims that their student volunteers increase the efficiency of mobile clinics and other projects, however it would have been supplemental to this thesis to explore the personal opinions of local community members. This was not possible due to a lack of time. The interviews would have had to take place during the mobile clinics, which would have resulted in me conducting interviews rather than carrying out my duties as a volunteer.

This thesis could have also benefitted from the experiences of students that embarked on SLTs through other programs, such as Medical Brigades or Doctors without Borders. However, it was challenging to find a student that had participated in such a trip. Furthermore, I believe that this thesis benefitted larger by centering observations and interviews to just one

organization. Further research should be conducted to provide a more expansive overview of the efforts of multiple foreign aid organizations and INGOs.

Literature Review

The discourse around foreign aid is composed of multiple viewpoints from global health experts, economists, researchers, and aid volunteers themselves. My study seeks to actively contribute to this ongoing discussion, and ideally provide more research for individuals to consider when assessing the impacts of international aid and actors.

Often, collaborations between universities and INGOs operate as student-registered organizations (SROs), meaning that SLTs are not subject to university oversight but are instead managed directly by the INGO itself. Therefore, extracurricular global health trips often lack formal guidelines and preparation, as they fall outside of academic programming.[6] Furthermore, undergraduate students who volunteer for such global health trips typically serve as volunteers rather than official employees of the INGO, presenting challenges regarding their training and support.

When inexperienced and mostly younger American student volunteers participate in global health initiatives through international short-term SLTs, there is a significant risk of escalating the dependency of already reliant communities. A columnist for Newsweek, Maya Wesby, published an article in 2015 where she explained that people in Ghana became too reliant on the medication and vaccinations brought in from foreign volunteers, that the citizens stopped purchasing health insurance, resulting in sickness and disease in times where volunteers wouldn't be in Ghana.[7] The free care provided by volunteers had a profoundly negative effect on the communities, causing them to become increasingly dependent on foreign aid to the point where

they could not function healthily without their presence. This story provides one example of why extracurricular global health trips such as these must come with precautions and the correct background information that all students and volunteers must be aware of. In a 2014 article that went viral, author Pippa Biddle recalls her international volunteer experiences through a highly critical lens. She reinforces that short-term volunteer trips such as these inflict more harm than they do good, and that to create long-term solutions in that setting, volunteers must understand the problems that the community is facing and continue to develop skills within that community.[8]

There are many students that report value and benefit from short-term international SLTs.[9,10] Furthermore, NGOs and universities can form a beneficial partnership with one another to strengthen the structure of their intended efforts; the university can provide an abundance of opportunities for their students to learn about responsibility and real-life issues, whereas NGOs can provide finance, managerial, administrative, and technical support, and also utilize the expertise of faculty and increase their activity by involving students.[2] However, there are also risks to forming a relationship like this, including inadequate guidance and training skills, budgeting practices, and the inability to support faculty long-term. Therefore, it is vital to consider the appropriate training and preparation that students need to effectively improve conditions in the areas targeted by NGOs. Often, however, training students requires time and resources that can better be utilized by targeted populations and professionals.[7]

When organizations fail to provide proper guidelines, ethical considerations, and the accurate cultural background of an area to their volunteers, whether first-time undergraduate students or experienced volunteers, this poses a serious risk of the failure to provide proper follow-up medical care, neocolonial attitudes towards host communities, lack of organizational accountability, dependency on external resources and funds, and putting forth the image of a

"white savior".[7] It is vital to recognize the unequal power dynamics between wealthy Western visitors/volunteers and the impoverished local residents. We must acknowledge that although the field of global health places emphasis on creating international and equitable relationships to maximize health outcomes in developing communities, there are still residues from a colonial past.[11]

Many voices on foreign aid argue for it, claiming that the United States has a duty to help countries in need since they have the funds to do so. One of these voices, economist Jeffrey Sachs, emerges as an advocate for foreign assistance. In his book, *The End of Poverty*, Sachs claims that mostly Western countries have a definitive duty to aid developing countries that are financially and politically in need.[15] Sachs explains how the United States contributes to half of the total foreign assistance shortfall, though the U.S. claims that this is due to private U.S. citizens and the nonprofit sector. Hence, Sachs expresses his support for the role that international nonprofits play in the provision of foreign aid and believes that they have the potential to aid in alleviating poverty.[15]

However, contrasting views emphasize the negative long-term effects of aid on dependent communities, which tend to outweigh the good. Economist and public intellectual William Easterly discusses the role of Western aid and efforts in international health programs and how the efforts of many well-meaning organizations may be doing harm instead. Easterly establishes his stance by reinforcing the idea that the West should not be handing out millions of dollars in aid based on what they believe is the epitome of suffering, and that a Western-dominated approach towards economic and global development in poor countries reflect a neocolonial approach.[12] Additionally, Easterly put forth systematic evidence which suggested that aid *decreases* democracy and bureaucratic quality, and instead results in increases in law violations

and corruption. After conducting cross-country analyses showing a positive correlation between the level of foreign aid and the level of corruption in recipient countries, Easterly concluded that countries receiving higher levels of aid tend to score lower on indices of corruption control, suggesting that aid may exacerbate corrupt policies.[12] Easterly, among other voices on this issue, also argues that aid dependency undermines the development of robust democratic institutions. Governments that rely heavily on aid may feel less accountable to their citizens since they do not depend on tax revenues from a broad tax base, weakening democratic processes and institutions. Additionally, aid funds are often misappropriated by the government or used for personal enrichment.[12]

Instead of focusing on preventative healthcare and grassroot issues such as poverty and poor economic growth, global organizations use large amounts of donor money in hopes of development and short-term refurbishment which instills a culture of dependency and reduces economic growth, resulting in an increase in unemployment and poverty, which is again responded to with more foreign aid.[14] Economist and author, Dambisa Moyo, explains how this vicious cycle of foreign aid contributes to corruption and economic failure in her book, *Dead Aid: Why Aid is Not Working and How There is a Better Way for Africa*. Moyo reinforces that Africa's long-term goal still lies in economic and sustainable growth, as well as mitigating poverty, though this is difficult to do when in a cycle of corruption. So why do richer, mostly Western countries still give foreign aid? Moyo explains that those who come from higher-income countries donate money to poorer and less developed countries due to the fear that if they didn't, then the poorer countries wouldn't be able to "pay back what they already owe", creating yet again, another ongoing cycle feeding into corruption.[14]

In his book, *Blind Spot: How Neoliberalism Infiltrated Global Health*, Salmaan Keshavjee explains the concept of *managerialism*, which can be described as an unwarranted reliance on the technicality of problem solving in public sector operations or NGOs in order to establish themselves systematically in society, which may often result in organizational risks and cause the organization to seek out short-term financial sustainability over long-term service missions such as preventative health care in the areas of need.[13] In other words, such organizations may become too caught up in receiving funding from many donors to support their large-scale international efforts and overlook the actual problems that the funding is going towards. When NGOs and global health groups intentionally or unintentionally create a change in the system that redirects decision-making from local levels of authority in the community needing aid to higher levels of authority in the community giving aid, it raises the issue of the distribution of power and displaced accountability.[13]

Organizations seeking out short-term sustainability often do so through voluntourism. Voluntourism, or volunteer tourism, is explained as a form in which people volunteer to help alleviate poverty, restore environments, or conduct research. The concept of voluntourism has grown through the years and has become commodified with more volunteers and organizations. Author Marta Salvador Almela discusses the reproduction of colonial dynamics through voluntourism, in which the Global North, including the West, is portrayed as capable benefactors.[26] Hence, a binary is created by voluntourism, in which the Global North rescues the Global South, and volunteers are portrayed as saviors and recipients as helpless. This perspective reinforces the "white savior" and is sometimes even put forth by volunteers themselves, whether consciously or unconsciously.

In research conducted by Bethina Loiseau and colleagues, volunteers noted that they provided superior services to host community members and even engaged in untrained medical procedures that reinforced this perspective. Volunteers often failed to recognize the negative impact of their presence and how unsustainable their actions were, and instead focused on their desire to help community members. Community members also reported that they felt that volunteers saw themselves as representing the voice of the community, resulting in feelings of helplessness, and viewing themselves as passive recipients of aid. The sending organizations suggested that "anyone can help", attracting volunteers that assumed that specific skills weren't essential.[27] This study highlights numerous challenges in short-term volunteering and indicate a need to revise current paradigms of international voluntourism. Bethina suggests that applying a methodology for planning and promoting social change could help optimize the impact of volunteer efforts on host communities.[27] It is also important to focus on the intentions of volunteers themselves and whether they are aware of the ethical dilemmas they are imposing onto target communities. Many volunteers believe that they are being activists for a large issue at hand, though they may simply be creating more issues.

In her study, Phiona Stanley puts forth the need to bring awareness to voluntourism disguised as activism, such as U.S.-American teenagers traveling to Central America and volunteering in medical centers, completely untrained, and are placed in positions of power where they pretend to be doctors for those who are unable to afford proper medical treatment.[28] Stanley claims that modern volunteers, unlike past activist that were motivated by liberation and addressing structural violence, are now much more concerned with personal experiences and career enhancement. These volunteers often take on roles they are unqualified for, leveraging their Western status to secure positions that local people could fill if given the opportunity and

fair compensation. Additionally, the voluntourism industry has grown into a significant economic sector in Central America, with entire organizations and industries catering to Westerners seeking meaningful travel and life-changing experiences. This creates a codependent relationship where local economies benefit from the tourism, but the power dynamics remain skewed in favor of the Western visitors.[28] Stanley's critique doesn't solely blame the volunteers but highlights their role in a broader system of international privilege and exploitation. It questions the ethics of development practices that perpetuate neocolonial dynamics, calls for a reevaluation of how voluntourism is valued and promoted by Western institutions, and points to the need for a more critical approach to international voluntourism.

It is also crucial to address the effects of voluntourism on the well-being of the host communities, something that Brien Ashdown and his two colleagues explore in their research. Ashdown discusses how foreign aid and voluntourism can have detrimental impacts on community well-being, where the intentions of aid providers may be positive, their actions can result in physical harm.[29] Ashdown argues that international aid can damage cultural capital that encompasses the values and practices that support healthy and successful living within a community. While aid organizations aim to improve community well-being, their efforts can undermine cultural capital. For instance, language barriers arise when volunteers speak a different language than the locals, eroding the native culture and forcing community members to adopt foreign forms of communication, even though they are the ones meant to be helped.[29] Ashdown also supports that aid should be provided ethically, with critical self-reflection by those providing support. Aid, whether financial or volunteer-based, should aim to improve the overall well-being and uphold the cultural capital of the recipients. Unfortunately, aid often undermines these aspects and instead becomes a form of cultural imperialism and neocolonialism.

Furthermore, the motives behind foreign aid, as Ashdown argues, can sometimes be more about improving the donor country's image and maintaining international hierarchy than genuine altruism.[29] This self-serving motivation is extremely debilitating for the recipient community. Hence, international and developmental aid must be provided ethically and avid practices that can harm cultural capital and community well-being. Volunteers must engage in critical self-reflection to ensure their efforts genuinely benefit the communities they aim to help, rather than perpetuating systems of harmful dependency.

Together, these works suggest that voluntourism and aid, can worsen pre-existing issues in dependent, low-income populations and result in a cycle of dependency. It is vital to recognize that though volunteering and helping a community may seem altruistic, it may be more detrimental than one would initially think. Students must be educated properly on how their presence can impact local citizens, think about how their efforts can be sustainable rather than short-term, and learn how to empower local health leaders in the area they are visiting rather than praising their Western counterparts. By adopting an ethical perspective, student volunteers can better understand how their well-intentioned but unsustainable efforts could inadvertently cause more harm to the aid-receiving communities, potentially exacerbating long-term poverty and corruption.

Chapter 2: Voluntourism

> "I don't want a little girl in Ghana, or Sri Lanka, or Indonesia to think of me when she wakes up each morning. I don't want her to thank me for her education or medical care or new clothes. Even if I am providing the funds to get the ball rolling, I want her to think about her teacher, community leader, or mother. I want her to have a hero who she can relate to - who looks like her, is part of her culture, speaks her language, and who she might bump into on the way to school one morning." – Pippa Biddle, *The Problem with Little White Girls, Boys, and Voluntourism*

What is it?

The term *voluntourism* is a combination of the words "volunteer" and "tourism" and is usually used to describe short-term trips ranging from one to four weeks in which volunteers from high-income areas travel to lower-income areas to do service work, often internationally, and often at high personal cost.[23] Voluntourism is critiqued for being primarily dedicated to fulfilling the paying volunteers' altruistic intentions to help those that are less fortunate, rather than prioritizing quality service provision.[18] Though volunteers, including myself at one point, believe that their efforts are providing meaningful care and compassion, they often tend to do the opposite and feed into a never-ending cycle of poverty by leaving the aid-receiving community dependent on intervention through volunteers, resources, and in the context of this thesis, inconsistent medical care. The negative/positive binary surrounding the concept of voluntourism has grown as the concept of voluntourism has grown as well, providing us with a plethora of experiences and perspectives that either argue for the beneficial aspect of these short-term

programs, or against them.[18] The broader concept of voluntourism provides a useful framework for considering the specific risks and benefits of the SLT in which I participated, which I will explore later in this thesis.

Positive/Negative Binary

Programs that promote voluntourism often do so by promoting a transformational experience and an opportunity to give back to the less fortunate, dismantle poverty, explore the world, and gain impressive experiences for their resumé. Additionally, the ability to make cross-cultural relationships provide individuals with a multitude of knowledge and newfound attitudes that they can bring back to their home. Not only do such programs foster connections among individuals with shared interests, but they may also result in increased support for social movements, global health, and activism.[19]

The advantages of voluntourism serve as crucial points in understanding how, though well-intentioned, can exacerbate the potential negative consequences of foreign aid. Although many individuals that partake in these programs do so with positive intentions, they also gain something back from it, diminishing the altruistic nature of the very whole basis that voluntourism is built on. Many of these established programs provide participants with the opportunity to explore the area they are visiting, whether this means snorkeling in Asia, exploring the desert in Africa, or going to Machu Picchu in Peru like me. From prices ranging from a few hundred to thousands of dollars, one can simultaneously explore the world while also helping those that can't afford to.

Unfortunately, these volunteer programs often accentuate the disparities between participants and recipients. By incorporating foreign volunteers into activities like healthcare clinics and development projects, voluntourism reinforces the sense of superiority from Western

perspectives over disadvantaged communities, emphasizing an "us vs. them" mentality.[18] When foreign volunteers, often young Westerners, engage in tasks like painting walls or constructing infrastructure, it implies that they can perform these tasks better than locals, resulting in further unemployment and reliance on external assistance. Furthermore, in the context of medical voluntourism specifically, many initiatives lack sustainability, offering only short-term aid. Many medical voluntourism initiatives focus on providing short-term medical assistance, such as health screenings, vaccinations, or minor treatments during the volunteers' limited time in the community. While these interventions may address immediate healthcare needs, they do not often tackle the root causes of health disparities such as systemic issues within the healthcare system and a lack of trained healthcare professionals. Additionally, communities that rely heavily on medical voluntourism may become dependent on the intermittent influx of foreign volunteers for healthcare services. This dependency can undermine efforts to empower local leadership and sustainable healthcare infrastructure. Instead of relying on foreign volunteers, local community members could also benefit from the diverse experiences provided by these programs. However, voluntourism may be driven by egocentric tendencies, such as the desire for personal fulfillment or the perception of making a significant impact. These motives can lead to actions that prioritize the experiences and needs of volunteers over the long-term well-being of the communities they serve. This can hinder long-term sustainability, ensuring continued dependency on aid and a sense of indispensability among volunteers.

Chapter 3: The SLT

Preparation

My SLT to Cusco, Peru was scheduled from December 30th to January 7th, 2024, and I distinctly remember feeling ill-prepared for the adventure ahead. Upon further reflection, I've identified several steps that trip coordinators and members of the international GlobalMed executive board could have taken to better equip students traveling internationally, promoting a sense of confidence and readiness for the journey.

For instance, before my departure, I found myself seeking out an itinerary which ended up differing slightly from my experience due to lack of administrative oversight. As my peers and I had never previously participated in a GlobalMed SLT, nor were we connected with anyone who had, we lacked basic understanding of what activities we would be doing and how we might approach them appropriately. While GlobalMed does provide a comprehensive "What to Pack" document on their website, even this required digging on their website to find, rather than direct communication post-registration.

Furthermore, despite numerous meetings with the expansion associate at GlobalMed regarding the establishment of our campus chapter, our discussions failed to adequately address the specifics of our SLT, resulting in confusion on both ends.

One significant concern was the absence of guidance regarding essential medications for the high-altitude conditions of Cusco, situated at 11,000 feet (about 3.35 km) above sea level. Proper vaccinations and medications are crucial in such environments, yet this information was only provided after consulting our primary care physicians. This lack of communication from GlobalMed potentially jeopardized our health and safety, particularly considering the experiences of fellow students who fell ill due to altitude sickness or unfamiliar dietary changes.

In healthcare SLTs, establishing rapport with patients is crucial, especially as untrained students and volunteers are supposed to be restricted from performing medical procedures. Effective communication is key to enhancing patient comfort and safety. However, many of us lacked proficiency in Spanish, posing challenges during mobile clinics where language barriers led to medication errors and logistical issues. GlobalMed has no language proficiency requirement. Extensive cultural sensitivity training and a requirement for basic Spanish proficiency prior to SLT participation could have greatly mitigated these challenges, yet such resources were not readily available.

While GlobalMed does offer a cultural sensitivity guide online, I believe a more proactive approach, such as in-person training sessions, would better prepare students for the unique cultural and linguistic aspects of their SLTs. Overall, prioritizing comprehensive pre-departure preparations and cultural competency training is essential to ensure the success and safety of student participants in global service-learning experiences.

Itinerary

One observation I made was the absence of an itinerary upon registering for the trip. Despite waiting for several weeks, no itinerary was provided, leading to considerable confusion and frustration among myself and my two peers. We were left uncertain about the schedule of mobile clinics, the development project activities, and the timing of any events. Additionally, as we had signed up for a Machu Picchu exploration on the final day, we lacked essential information regarding departure time, preparation instructions, and transportation arrangements.

After reaching out to a member of the international executive board of GlobalMed, we eventually received a detailed itinerary. However, upon arrival in Cusco, we discovered that some activities had been rearranged due to New Year's Eve celebrations. While this adjustment

didn't cause significant inconvenience, it would have been optimal if we had received an accurate and comprehensive itinerary well in advance of our departure for Peru.

However, proper preparation and in-depth training sessions would require significant time and effort from GlobalMed staff- resources that could be better spent directly on the communities receiving care. This apparent contradiction further supports the core issue: the use of inexperienced student volunteers is problematic. Organizations like GlobalMed should focus on empowering local leaders and educating them on how to run mobile clinics and provide healthcare to their citizens. Additionally, they should prioritize using local volunteers rather than foreign ones. Regardless, this solution demands time and ethical considerations. This thesis argues for halting the use of student volunteers and instead focusing on local community members. When organizations do use student volunteers, they must invest significant time in educating them to prevent further harm to host communities. This shift in focus from the community to the volunteers is inherently problematic and detrimental.

Mobile Clinics

During the SLT, the schedule primarily consisted of three days dedicated to mobile clinics, followed by a development project on the last day. The remainder of our time in Cusco was filled with sightseeing and exploration of the city. Our days typically began at 7:00 AM when we departed from our hostel to reach the mobile clinic sites, located more than an hour away in surrounding communities. These communities reached out to GlobalMed, requesting the presence of volunteers and local healthcare professionals to open a clinic for the day, providing free healthcare services from approximately 10:00 AM to 3:00 PM, depending on patient turnout. At the end of each mobile clinic day, we often engaged in discussions with the community presidents and healthcare professionals who had invited us.

The GlobalMed mobile clinics were structured with ten stations, including dentistry, pharmacy, triage, education, three family medicine stations, OB/GYN, toothbrushing, and hygiene stations. Each station was accounted for by the respectively trained and certified local healthcare professional, who was then paired with two student volunteers. Throughout the three days, I had the opportunity to rotate through several stations, including triage, OB/GYN, family medicine, toothbrushing, dentistry, and pharmacy. Patients would initially arrive at the triage station, where their vital signs and personal information were recorded before being directed to the appropriate care station. Once patients completed their treatment at their respective stations, they would proceed to the pharmacy to collect their prescribed medications.

Patient Follow-Up Care Program

Prior to our SLT, we were told that the three main pillars of GlobalMed's efforts lie in mobile clinics, patient follow-up care programs, and development projects. With this information, we anticipated that patient follow-up care programs would be a significant aspect of the program, accessible to all volunteers. However, on the second day of mobile clinics, a member of the international executive board singled out myself and one of my peers, inviting us to accompany them to the patient follow-up care program. Since this was such an unexpected invitation, we were uncertain about what to expect, especially considering that approximately 25 to 30 other volunteers were not given the same opportunity.

We were driven approximately 15 minutes away from the mobile clinic site to a home. As we stepped out of the car, I noticed three children playing in the tall grass, accompanied by their mother holding a baby. The children stopped playing as soon as I approached, and I immediately felt a sense of discomfort, as though I were intruding on their privacy. I couldn't help but imagine how I would feel if a foreign stranger showed up unannounced at my doorstep.

Through English translation, we were informed that GlobalMed had been supporting one of the children's cancer treatment and surgery expenses, as well as transportation costs. We learned about the mother's background, including her experience of domestic abuse by her husband, and how GlobalMed had provided her with a shelter just outside her home for moments of difficulty.

Although appreciative of the background information provided about the family we were visiting, I couldn't shake the discomfort of having such personal details shared in front of them without their consent, especially since they couldn't understand what was being discussed. There was a very high possibility that the mother wouldn't have been comfortable with her personal matters to be disclosed in such a manner. The visit lasted around 20 minutes, and as we said goodbye and returned to the car, heading to our next and final location for the patient follow-up care program, I found myself anticipating the same feelings of uncomfortableness I had just experienced.

Development Project

During the development project phase, student volunteers dedicated their day to community gardening and constructing greenhouses for families facing limited access to fresh produce and plants. GlobalMed collaborated closely with these communities to enhance teamwork, leadership, social capital, and trust. In our SLT, the development project yielded four greenhouses, each supporting a family of seven, totaling 28 individuals.

However, I've noticed that these development projects can vary between SLTs. While some may involve tasks such as painting homes or building staircases, others, like ours, focus on gardening and greenhouse construction. Candidly, although we were informed that our gardening efforts benefited four families, we were never told that prior to partaking in the project.

Therefore, it felt somewhat superficial, as all we did was dig in the garden. Unfortunately, it didn't truly feel like we were creating a lasting and impactful change.

Chapter 4: Risks

Patient Risks

Short-Term

It is imperative to address the risks that patients face, particularly considering their heightened vulnerability and reliance on aid within the community. While SLTs may appear beneficial, they often occur in resource-constrained environments where medical supplies, equipment, and facilities may be inadequate, potentially compromising the quality of care provided to patients. In my observation, GlobalMed took no steps toward ensuring that the care environments were safe and well stocked. During my time at the toothbrushing station, for instance, I encountered challenges with the water supply. Although I was instructed to fill glasses from the nearby sink for the children to rinse their mouths with, the water had been stagnant, resulting in visible dirt particles and unknown contaminants. Despite this issue, there were no alternative water sources provided, and I was instructed to proceed using this compromised water supply. Additionally, during my time at the dentistry station, I was instructed to clean the tools used on each patient by washing them in a bucket of soap and water, drying them, and then using them for the next patient. However, there was no time to change the bucket between patients, and the dentist told me to continue using the same bucket of water for all the tools. This practice compromised the hygiene standards of the instruments, as blood, bacteria, fillings, and other contaminants would accumulate in the bucket with each patient, increasing the risk of disease transmission.

Language barriers further complicated interactions between volunteers and patients, as well as with local healthcare professionals who only spoke Spanish or Quechua. At the OB/GYN station, for example, the physician only spoke Quechua, which neither I nor the other volunteer

understood. Therefore, we relied on observation to learn procedures, potentially increasing the risk of errors due to inadequate training and communication. This could have been avoided if someone had organized a list of written instructions prior to our participation in the station or had utilized a translator, or if volunteers were required to have Spanish or Quechua expertise. Inadequate introductions and communication protocols also posed challenges, potentially making patients uncomfortable with the presence of unfamiliar individuals. With most student volunteers lacking proficiency in Spanish or Quechua, proper introductions and patient permissions for student observation were often overlooked, contributing to a sense of discomfort and potential breaches of patient privacy.

Additionally, the lack of standardized training procedures and supervision may have inadvertently led to patient harm through incorrect procedures or misunderstanding of cultural sensitivities. For instance, at the pharmacy station, I had the responsibility of reading medications off the patients' papers and picking out a medication to hand out to them. However, all of the medications were written in Spanish and I wasn't familiar with them. Additionally, many of the medications had the same name, but some were in liquid form whereas their counterparts were in solid form. Hence, I, along with others, struggled to identify medications without training, leading to delays and potential errors in medication dispensing, especially since the environment was very fast-paced and crowded. Similarly, at the dentistry station, inadequate guidance on suctioning techniques resulted in frustration and potential disruption during procedures.

To mitigate these risks and ensure patient safety and comfort, it is essential for organizations like GlobalMed to implement comprehensive training programs, language proficiency requirements, and standardized protocols for volunteer interactions, ensuring

effective communication, cultural sensitivity, and quality care delivery during SLTs. Moreover, given that volunteers pay high costs to participate in SLTs, GlobalMed should divert some of that funding toward supporting basic hygiene and equipment at its medical stations. Regardless, the implementation of these methods may still fail to combat the long-term effects of aid.

Long-Term

Failure to prioritize cultural sensitivity and community engagement in ongoing service trips can result in misunderstandings, resentment, or mistrust between students and the communities they serve. This breakdown in communication and trust undermines the effectiveness and sustainability of future interventions, posing long-term risks to community well-being.

When student SLTs focus solely on short-term interventions without empowering local communities or establishing sustainable healthcare infrastructure, there is a risk of perpetuating dependency rather than promoting self-reliance. Furthermore, resources allocated to student SLTs, such as funding, personnel, and medical supplies, may divert attention and resources away from more sustainable and effective healthcare interventions, hindering efforts to address underlying health system challenges and prioritize long-term solutions.

Ethical concerns arise when student SLTs prioritize the educational needs and experiences of students over the well-being of the communities they serve. Issues such as voluntourism, exploitation, and the commercialization of poverty may surface, particularly when students participate solely to enhance their admissions applications, given that most of the student volunteers on these types of SLTs are aspiring pre-medical or healthcare students. As students may turn a blind eye for personal gain, they may not realize how such practices contribute to a cycle of dependency and raise ethical concerns.

GlobalMed offers multiple SLT opportunities throughout the year, with a new group of volunteers each time. These SLTs occur during various weeks throughout the year; sometimes, one SLT is followed up by another SLT with new volunteers the next week. Regardless, this continual turnover of volunteers leads to inconsistent provision of healthcare services, disrupting the continuity of care and weakening the overall resilience of local healthcare systems. While some may view this as an opportunity to provide more assistance, it can be harmful to local community members who have formed bonds with individuals and may feel unsettled by the constant influx of unfamiliar faces. In certain instances, well-intentioned service trips may inadvertently disrupt local healthcare systems by undermining existing structures. Healthcare delivery is not solely about medical interventions but also about building trust with patients, which often hinges on cultural understanding and sensitivity. Local healthcare professionals are likely to have a deeper understanding of the community's cultural norms, beliefs, and preferences, which is essential for effective communication and patient care. When foreign volunteers are predominantly from a different cultural background, they may struggle to connect with patients on a meaningful level, potentially leading to misunderstandings or mistrust.
The predominantly American composition of GlobalMed's volunteers, despite local healthcare professionals, may convey a misleading message and create tensions within communities, ultimately undermining the long-term effectiveness of healthcare delivery.

Volunteer Risks

Aside from risks that SLTs pose the aid-receiving community and patients themselves, volunteers that participate in such service trips also face risks. Travelling to certain regions for an SLT may expose students to safety and security risks, including political instability, civil unrest,

crime, or natural disasters. These risks can be further amplified by inadequate infrastructure, poor transportation, and limited access to reliable communication.

Students may also face certain ethical dilemmas during SLTs, whether this may be having to deal with personal and private matters of a patient or being asked to complete a medical procedure. Navigating these situations can be tricky and impose psychological stress on the student as well. For example, a student volunteer on our SLT was asked to conduct a pap smear on a patient. Considering that none of the volunteers had any medical training or experience with the designated medical procedure, this should **not** have even been a question.

Witnessing challenging medical cases, working in underserved communities and individuals living in poverty can take an emotional toll on students. They may experience stress, burnout, or feelings of helplessness, particularly if they lack adequate support systems. Personally, though I was grateful to have been able to experience the rich culture and community, the duration of my SLT was too short to leave feeling positive about the impact I left. I didn't feel qualified enough to be in Cusco- I felt out of place.

Chapter 5: Benefits

Patient Benefits

In underserved areas with limited healthcare resources, student SLTs and volunteer resources can improve access to essential medical services. Patients who may not have regular access to healthcare can receive screenings, treatments, and health education from volunteers and healthcare professionals during these trips. Student SLTs may offer specialized services or treatments that are not readily available in local healthcare facilities. This could include dental care, vision screenings, preventive health education, and other services tailored to meet the specific needs of the community. This was the case on our SLT as well. Either way, why not teach these specialized services to local aspiring healthcare professionals? If GlobalMed is utilizing student volunteers from the United States, why don't they utilize volunteers from local neighborhoods or students in Cusco that are interested in healthcare, or simply students that want to gain more volunteer hours? If the local community is not engaged in such activities, it may lie in a lack of education and motivation. Therefore, local empowerment and education is essential in targeting root causes of dependency, and something that should be a priority. In this way, special opportunities are reserved for the local community, and the area is left with an abundance of knowledge so current and future community members can benefit from it.

GlobalMed's SLTs involve collaboration with local healthcare providers and community organizations. The utilization of local healthcare professionals undoubtedly strengthens community ties, builds trust, and empowers the locals to prioritize their health. However, foreign volunteers greatly compromise the local involvement of healthcare professionals. For instance, at every family medicine station I was at, I wrote down the symptoms and appropriate medications associated for the patient that the physician was with. However, though it was a privilege to be

able to shadow a healthcare professional, I felt lost for most of the time. I was unable to understand most of the symptoms of the patients as efficiently as I should have been able to, and I had to write down a list of medications for the patient without even knowing what any of them did. Instantly, I felt that I was slowing the physician down. In a thorough attempt to keep up with the physician, I had to prescribe many medications that I wasn't even aware of the course of the action of the medication itself because I had no time to ask about what medication did what, or even if the name of the medication that I wrote down was right. This not only felt ethically questionable, but I felt as if I had the power to seriously harm someone. Regardless, I did appreciate GlobalMed's utilization of local healthcare professionals.

Patients may also benefit from the emotional support and companionship provided by student volunteers. Compassionate care and genuine human connections can have a positive impact on patients' mental and emotional well-being, especially in these challenging healthcare settings. I was able to engage with many of the children who were at my toothbrushing stations. When I taught a elittle boy how to brush his teeth and floss, and continued to put fluoride on his teeth, I gave him instructions in Spanish to not drink milk for about an hour after the time of the fluoride treatment. The moment I spoke in Spanish, the boy's eyes seemed to light up. We continued to converse in Spanish until his father called him into the clinic to get a checkup. I left our interaction feeling happy and satisfied that I was able to hold a fulfilling conversation with someone in Spanish. However, this tied back into the idea of the longevity of our impact on the people of the community of Cusco. Though I remember our interaction vividly, I can't say the same for the little boy. As mentioned before, GlobalMed holds mobile clinics multiple times throughout the year that community members come to regularly, with new rotations of student

volunteers. The chances that our conversation held a lasting effect on the boy are slim, given that he is seeing new and foreign faces a few times a year.

Student Volunteer Benefits

Many volunteers may participate in an abroad opportunity, such as SLTs, because that they want to help those in impoverished communities, though many times these experiences also have the ability to build up their resumé and application to graduate programs, thereby providing another reasoning as to why student volunteers value international aid programs: to get ahead of their peers.[17] However, though it is true that graduate programs such as medical schools value volunteer experience in premedical students, these do not *have* to be international. Regardless, students that volunteer abroad in SLTs often partake in practical hands-on experiences in their field of study. Additionally, students often step out of their comfort zone and develop adaptability in unfamiliar environments. As a senior in college, I hadn't spoken Spanish since I was taking a Spanish course during my junior year of high school. However, prior to my departure to Cusco, I practiced my Spanish and was then able to communicate with Spanish-speaking individuals in Cusco throughout the entirety of my trip. Though this was out of my comfort zone, I was still grateful for the opportunity to be able to adapt to an international and unfamiliar environment.

Student Volunteer Interviews

To gain insight into the experiences of other students, I interviewed two University of Oregon students, Ben Cross and Margot Lee, that both also went to Peru with me on behalf of GlobalMed's SLT. Ben completed his SLT in Lima, Peru and Ivy Smith completed her SLT with

me, in Cusco, Peru. The purpose of these interviews was to expand on the feelings and motivations of other students that also volunteered abroad.

When and where was your SLT?

Ben: *My SLT was last winter, from December 31st to January 7th, in Lima, Peru.*

Ivy: *My SLT was from December 31st to January 7th in Cusco, Peru.*

How did GlobalMed prepare you for your SLT?

Ben: *I had a meeting with them to talk about logistics, hostel arrangements, and transportation so I felt prepared in terms of that. However, I felt pretty lost since it was all up to us to. We also had to find a flight that matched up with their schedule so we could get picked up at the right time, which was sort of difficult.*

Ivy: *I was sent emails of things we should expect and was put into a GroupMe that sent information about the SLT. But other than that, I guess we didn't know a ton of what to expect.*

What were your motivations for this SLT?

Ben: *Firstly, I wanted to serve as a Co-Founder/Co-President for GlobalMed at my university. To do so, we were obliged to go on at least one SLT. After looking into it more, however, I thought it would a really cool experience to go abroad and experience communities that I've never experienced before, especially low-income communities in third-world countries. I was also looking forward to providing service to underserved individuals shadow healthcare professionals and gain insight as to what medical care looks like in Peru. I was also motivated*

by the fact that one of my friends was going with me and we got to experience a trip to a place we've never been and provide healthcare to low-income communities.

Ivy: *Honestly, I really wanted to do something like this. I had studied abroad in Spain where I had done premedical shadowing and it felt really cool to a different culture and view healthcare with an outside perspective compared to what I know about American healthcare. I enjoyed my time in Spain, but I wanted to focus my time on something that was more volunteer-oriented, something that felt like I was making a difference.*

Did you have any prior experience as a healthcare volunteer?

Ben: *Nope, no prior experience at all. It was my first time directly working with patients instead of just shadowing another healthcare worker.*

Ivy: *No, I did not.*

What type of work did you do in the mobile clinics?

Ben: *We shadowed physicians, did some triage work, and aided in the preparatory work. We would help kids brush their teeth, take some vitals, and work with the family medicine doctors to form a sheet of main vitals so that they could have that prepared for them when they actually came to the family medicine doctor. Some people also worked in the OB/GYN and dentistry station, which I did not, but students there were able to participate in teeth cleaning procedures, fillings, extractions, and more.*

Ivy: *I did general clinic, toothbrushing, and triage. It was mostly helping out with the doctors and nurses that were there.*

How do/did you feel about the work you did?

Ben: *I feel pretty good about it. I think the biggest takeaway from that was just being able to interact with the people there and seeing the responses to what we were doing there. Like when we were helping the kids brush their teeth, their families seemed extremely grateful and constantly gave us their thanks, which felt really good. In the moment, it obviously felt good to give to the communities, but also having a few months to think about our impact really solidified my feelings about the work we did.*

Ivy: *I feel really good about the work we did. I feel as if we made a difference, and the communities were so grateful towards us. I felt as if we helped the communities and that feels good. Months later, it still feels life-changing to me, and I hope that feeling stays with me for a very long time.*

How much did you communicate with individuals in Peru, and how would you describe these interactions?

Ben: *I communicated quite often with the locals there, in terms of going to the shops in the plaza and the GlobalMed leaders. This communication was mostly in English because locals could kind of tell that we weren't fluent or were foreigners. Everyone was really polite, though.*

Ivy: *I communicated a lot, whether it was with vendors, GlobalMed staff, or the actual patients. I thought these interactions were great. They were very understanding of my rusty Spanish, and they were very nice people.*

Do you feel as if you made meaningful and lasting connections to individuals in Peru? If so, do you still have contact with them and have followed up?

Ben: *In terms of communities themselves, I don't feel an everlasting connection to them just because the mobile clinics worked in a very fast-paced manner. Like during stations, patients would go through 4-5 stations in about 30 minutes, so you only had about 5-10 minutes with each patient. Sometimes this was enough, as I would feel connections being made while I would talk or help a patient. On the other hand, I definitely felt a strong sense of connection to the faculty of GlobalMed since they were with us while we were in the mobile clinics and hostels and kept strong communication with us. I still keep contact with the faculty of GlobalMed, but not the patients I talked to.*

Ivy: *I do, more so on my end than theirs. I talked with a GlobalMed nurse, and her story remains with me to this day. I have not contacted or followed up with them since my time in Cusco, but I think about it a lot.*

Did this experience encourage you to find new volunteer opportunities?

Ben: *Yes! I recently started working at a local mobile clinic to perform triaging and aid doctors in the care of unhoused individuals around the city. I do this about every weekend and reminds me of my experience in Peru.*

Ivy: *Yes, I was inspired to seek out local volunteering opportunities as well.*

Do you feel that you have changed at all after your experience?

Ben: *I think if anything has really changed, it's that I have a better sense of how meaningful and strong culture can be. The culture in Peru was robust, and there was a large sense of community there. I also think that my general perception of economic inequities has broadened a lot. When I was in Lima, I saw so many slums and it emphasized the strong split between the rich and poor, which we don't really see as much as here in America.*

Ivy: *Definitely. You always know that these third-world countries are out there, but I didn't truly understand what it was like until I got there, and it truly changed my perspective on life and healthcare. It was eye-opening, to say the least.*

How did you personally benefit from this SLT?

Ben: *I benefitted in that I finally got to get out of the country and experience a culture I've never experienced before and help individuals that I never thought I'd have a chance to.*

Ivy: *Just a life-changing experience. On the selfish side, the feeling I get when I help people is very fulfilling and makes me feel very good. I also personally benefitted by being able to put this on my resumé when I apply to PA schools.*

Do you feel as if you made a lasting and sustainable difference?

Ben: *I think that personally just from what I was doing there, I don't think I made a sustainable and lasting difference. But in the broader sense, I think that the mobile clinics are making a lasting difference because they're year-round and they're trying to increase their resources and funds to give to the community.*

Ivy: *I feel like we did. A lot of these patients don't have year-round access to healthcare, and we were able to provide them with resources and health education. I think that even during that one mobile clinic, people were very grateful and wanted it to keep going.*

What was your favorite part about this experience?

Ben: *Getting to experience the culture of the New Year's Eve celebrations because it was just so community-oriented and it was really fun. Also, being able to see the smiles on patients faces when they were getting diagnosed and seeing how brave they were.*

Ivy: *I loved working with the patients and the local nurses. The mobile clinics were my favorite part, and the patient follow-up care programs were my favorite favorite.*

How often did you participate in tourist activities outside of your volunteer work?

Ben: *I only celebrated New Year's Eve.*

Ivy: *A lot. I went to Machu Picchu and Rainbow Mountain.*

Do you feel like you or GlobalMed prepared you well enough to communicate in the host community's language, respect traditions, and value the culture?

Ben: *I think that GlobalMed could have done more in preparing us for how to speak to communities and what their traditions were. There wasn't a big issue, but when we got to mobile clinics, they just handed us a chart of common phrases in Spanish. This was helpful but could have been much more helpful if it was*

given to us way before our SLT so that I could be much more prepared because communication was one of the largest barriers in the mobile clinics.

Ivy: *I know a good amount of Spanish, so I felt prepared. GlobalMed doesn't really prepare you in that sense, though, because they say you can just speak English. We did learn about things to avoid doing to come off rude, such as being too flashy.*

Did you feel uncomfortable at any point?

Ben: *I don't think so. Of course, being in a different country without family was overwhelming, but I didn't feel threatened or uncomfortable at any point. Everyone was welcoming.*

Ivy: *No, I didn't.*

Would you go again?

Ben: *I think I would go again, but next time I would go to Lima because the range of inequalities and lack of help there is large.*

Ivy: *Absolutely. I'd love to go again.*

Interview Discussion

The interviews with students, Ben and Ivy, offer deeper insights on the motivations and emotions of student volunteers, as well as the general operation of GlobalMed. While their responses are honest, they cannot be considered representative due to the limited sample size of only two individuals

First and foremost, there is a significant issue with GlobalMed's lack of proper preparation guidelines. Both the volunteers and I felt somewhat unprepared for the overall structure of the SLT. Additionally, Ivy was placed into a GroupMe as a source of information, whereas Ben and I had virtual Zoom meetings with some of the GlobalMed faculty, and I also resorted to email for communication when I had questions. The differences and inconsistencies in the forms of communication methods experienced by Ivy, Ben, and me compromise GlobalMed's reputation for making the process smooth and informative. Furthermore, I also agree with Ben and Ivy that we were not adequately trained in Spanish and were told that English would suffice. As a result, individuals could point out immediately tell that we weren't fluent and had to decipher our imperfect English. Why should we have to make the experience of patients more complicated? Language barriers are extremely detrimental in healthcare settings, as they can result in serious mistakes and miscommunication.

Building on Ben and Ivy's responses, I noticed a common theme of satisfaction and personal growth throughout the SLT. Ivy mentioned that the involvement in an international SLT does look appealing on applications for PA school, which is a common motive for international volunteering opportunities. Both individuals noted that they felt "changed" after their experience in Peru, reporting personal growth. This sense of growth primarily stemmed from encountering new experiences in depth, such as poverty, social inequalities, and significant healthcare disparities

One on hand, volunteers feel a strong desire to help and see mobile clinics as essential for the community. On the other hand, they lack the ability to truly address these complex issues. Although volunteers recognized poverty and inequities, there was no

understanding of the interconnectedness of these problems or how to effectively help. While the healthcare provided was crucial for locals who lacked access, we, as untrained foreign volunteers, are not appropriately equipped with the training or knowledge for these roles.

However, since we are present, there must be opportunities to learn about the host community's conditions, allowing us to effectively navigate the consequences of poverty, ethical dilemmas, and local values.[6] It is essential that volunteers undergo guided critical reflection to achieve a deeper understanding of why and how these problems exist and how our efforts as foreign volunteers, regardless of their good intentions, might be contributing to these issues.

Given the short duration of the SLT, forming meaningful relationships was rare. However, interviewees felt they had established lasting connections with the GlobalMed faculty, though not with the patients. While Ben and I maintain intermittent contact with some GlobalMed faculty, Ivy has not communicated with them since her SLT, a common occurrence for many student volunteers. Ben and I, as Co-Presidents, are somewhat obliged to keep in touch.

More importantly, all of us felt connections to the patients we helped, but we couldn't maintain contact, leading to a lack of strong provider-patient relationships. This undermines the potential for meaningful and trusting relationships in healthcare. These connections were also primarily strengthened by the gratitude expressed by local community members, with both Ben and Ivy mentioning how appreciative the locals were, which in turn stimulated their sense of accomplishment.

Moreover, Ben and Ivy both felt that the efforts of GlobalMed were sustainable and long-lasting. However, we have no way to monitor the outcomes and effectiveness of the mobile clinics in Peru months later, let alone in other countries where GlobalMed operates. So, how do we really know? It's easy to believe our efforts are lasting when we provide healthcare and resources to those who lack regular access, but this isn't sustainable. It's imperative that we empower local officials to take the lead and incorporate education on providing lasting and sustainable healthcare. This should not rely on the efforts of foreign volunteers.

Often, international volunteers, especially those accustomed to their own country's norms, lack appreciation for the local culture and values. However, both Ivy and Ben demonstrated a strong appreciation for Peru's rich culture, which made their experience much more fulfilling. They expressed profound respect and excitement for the local traditions and community, noting that these experiences broadened their understanding of different cultures worldwide. Both student volunteers were extremely eager to embrace new traditions, such as the New Year's celebration, and adhered to the social norms that GlobalMed briefed us on beforehand, as Ivy mentioned, which is deeply appreciated.

These responses provided insights into the motivations, experiences, and reflections of other students who participated in the SLT. They also highlighted areas of improvement for organizations like GlobalMed to make the volunteer process and experience simpler and more enriching. Proper preparatory practices are essential to enhance volunteer experiences and alleviate feelings of nervousness and unpreparedness. Additionally, it is important to promote a sense of community before going on SLTs, so

maintaining a consistent form of communication between faculty and volunteers should be implemented.

Furthermore, student volunteers encountered deep-rooted poverty and inequalities, yet they did not express a deeper understanding of the underlying causes of these issues. Both students were extremely respectful and empathetic towards the community, including the presence of slums, homelessness, and crippling poverty, and they held no reservations or stereotypes about such communities. However, the experiences and attitudes of Ben and Ivy cannot be generalized to a larger sample of individuals. Therefore, it is best practice to implement a thorough educational component into the volunteering experience. This education should address ethical considerations, the causes of poverty, feelings of helplessness, and prioritize the empowerment of local leadership and creating sustainable solutions.

Chapter 6: Ethical Evaluation

In our SLT, many students were able to work in healthcare settings for the first time. This allowed them to expand on their healthcare experiences and develop a sense of responsibility. The sole issue with this, however, is this exact sentence: students were able to work in healthcare settings for the **first** time. Furthermore, there is a difference in working in healthcare settings in the place that you are from, and a place that is inherently foreign to you. As per my SLT, I noticed that I was given information on where we were staying, what we may be doing throughout the week, multiple tourism opportunities such as Machu Picchu and Rainbow Mountains; however, little to no information was given regarding the communities we would be visiting, what exactly we would be doing, and how we needed to prepare for the healthcare we would provide. This, along with other components during our SLT, poses paternalistic tendencies towards the communities we intended to help and violates some tenets of medical ethics.

Paternalism

The relationship between foreign student volunteers and the aid-receiving communities is tainted with paternalism. Paternalism, in the context of healthcare, occurs when providers intentionally issue a service for a patient without their explicit consent, often justified by the patient's limited autonomy, but done with the intention to avoid harm towards the patient.[20] However, we can also apply the concept of paternalism to larger scale operations in healthcare, such as voluntourism and INGOs that promote short-term SLTs, which is especially applicable to this thesis.

Voluntourism and SLTs often utilize American volunteers to deliver care and resources to communities that, under the guise of sustainable efforts, end up exacerbating community

dependence on volunteers. Consequently, these volunteer programs thrive and profit from the paternalistic behaviors of American volunteers. Involving American volunteers in foreign countries immediately conveys to local aid recipients a message that Americans are better equipped and more intelligent to work in healthcare settings than their own community members, suggesting that we, as Americans, understand their needs better than they do themselves.

It's quite common and even natural for American volunteers to feel good about their global aid efforts and believe that they're making a difference for the less fortunate on an international scale. Participating in international volunteer opportunities, particularly those involving healthcare such as the SLT I went on, a sense of superiority and empowerment is almost expected, especially given the volunteers' financial capacity to travel, explore, and lend a hand. However, the overly optimistic expectations of volunteers, centered around the belief that they possess the ability to create lasting, sustainable changes in host communities, often prove to be ultimately detrimental. This paternalistic behavior results in unequal power dynamics, labeling the local community as inferior to foreign American volunteers, further increasing the dependency among populations in need. In this sense, we are doing more harm than good.

Revisiting the Tenets of Medical Ethics

As mentioned before, the tenets of medical ethics include beneficence, nonmaleficence, autonomy, and justice. Recall, beneficence includes that healthcare providers must prevent harm and advocate for their well-being, nonmaleficence states that healthcare providers must not cause harm towards to the patient, autonomy describes that every individual is deserving of being fully informed about their provider and course of treatment, and justice is the idea that every individual in a population is treated fairly.

Voluntourism, foreign aid, and other forms of international relief efforts such as SLTs can negatively impact multiple aspects of medical ethics for patients in several ways. Firstly, volunteers, while well-intentioned, may lack the expertise or training of professional medical staff, which can compromise the beneficence component of medical ethics. Without proper training, communities are at risk of receiving substandard care or experiencing medical errors, which can compromise their safety and well-being. As I mentioned before, majority of us had not been trained properly on what to do at our respective stations, resulting in a lot of confusion during patient visits. Previously, I discussed my experience at the pharmacy and dentistry station, in which I was practically told what to do as the patient was already on the table. In a fast-paced environment, deciphering another language becomes increasingly difficult. I don't have the right or the appropriate training to hand out medications or hold a suctioning tool in a patient's mouth, yet I did, because GlobalMed justified that I wasn't actively performing a procedure or diagnosing patients, so I was in the clear. However, the potential harm of handing out an incorrect medication or further injuring a patient explicitly negates the beneficence and nonmaleficence aspect of medical ethics. Secondly, implementing a constant rotation of student volunteers through GlobalMed increases the community's reliance on volunteer assistance, creating a sense of dependency among communities. This dependency is exacerbated through the neglect of long-term solutions. Patients may become accustomed to receiving care from volunteers rather than seeking sustainable solutions or advocating for their own healthcare needs. Additionally, volunteer initiatives may inadvertently create disparities in access to healthcare services, resulting in inconsistent essential medical care. In reducing the ability of the communities to stand up strongly on their own, without international aid, we are no longer *doing good*.

During our time at the clinic, the OB/GYN asked a student volunteer to perform a pap smear, a procedure in which a speculum is used to open the walls of the vagina and a brush is then used to gently remove cells from the surface of the cervix and the area under it to screen for cervical cancer or other abnormalities. Though performing any type of medical care without the proper training is unethical and poses serious risk, a pap smear is specifically a risky procedure that, without training, could lead to internal bleeding, infection, and much more. As this would violate the principle of nonmaleficence, it would not only seriously harm the patient, but could also pose mental and physical strains on the student as well, especially if the procedure went wrong. This incident that occurred during our time in Cusco truly opened my eyes to the changes in policy and training that needs to arise in SLTs that take place in underserved communities.

Autonomy, another fundamental principle of medical ethics, ensures that individuals are thoroughly informed of their medical provider and care so that they can make informed decisions by themselves. However, language barriers can pose a large risk to autonomy. Almost all the patients that came into the mobile clinics spoke minimal to no English, and almost all the student volunteers spoke minimal to no Spanish as well. As a result, student volunteers and patients had minimal contact. You could see how this would be uncomfortable and even scary for the patients. Especially for the OB/GYN stations, women were in a very vulnerable situation, many of whom had never been to the doctor before either. In Cusco culture, men rarely allow women to go to OB/GYN. Therefore, it the duty of the doctors and student volunteers of GlobalMed to ensure that this privacy and respect is upheld and make an already intimidating situation less intimidating. The patient's autonomy is compromised the second that they aren't informed of the other person in the room.

Short-term SLTs in the medical field also raise ethical concerns regarding the principle of justice, especially in terms of access to healthcare and sustainability of these interventions. As mentioned previously, short-term SLTs create a cycle of dependency on foreign assistance rather than empowering local communities to address their own healthcare needs. Additionally, SLTs such as the ones through GlobalMed are not truly consistent in both the times and dates that care is provided, and the volunteer staff. Due to inconsistency of care, a rotating volunteer staff, and the short-term nature of SLTs, fragmented and inadequate care is often provided. This also compromises the sustainability of aid efforts. The provision of temporary medical relief without addressing systemic issues or underlying infrastructure can exacerbate long-term problems. These all compromise the justice aspect of medical ethics.

Chapter 7: Future Direction

SLTs that take place in developing countries and provide care to underserved communities must uphold ethical guidelines, establish trust and understanding within communities, create the capacity for local infrastructure, and prioritize education in both the local community and volunteers themselves. Most of these guidelines don't truly exist for medical volunteering in underrepresented communities because it is often viewed as charity and appears inherently positive.[21] Organizations that implement foreign aid relief through volunteers and volunteers who find themselves interested in volunteering opportunities such as these should find themselves adhering to a regulated framework that encompasses the factors listed above.

First and foremost, individuals considering involvement in short-term service trips, like those organized by GlobalMed, should thoroughly assess their motivations before undertaking such endeavors. Many voluntourists claim that they want to "help the poor", though they don't have the time or abilities to dedicate themselves to a long-term project or even learn about the cultural and linguistic values in place in the area they want to work in.[22] Additionally, they should evaluate their abilities comprehensively to determine if they are genuinely equipped to provide assistance. In simpler terms, altruistic intentions do not necessarily guarantee effective aid. Therefore, organizations that promote volunteers should have a thorough screening process and limitations to those that can help, including a requirement for long-term commitment, ensuring the provision of consistent and more than adequate care to communities that need it.

The implementation of education is also a necessary component in the betterment of SLTs. Regina Scheyvens notes that educational voluntourism has the potential to provide a richer exchange and understanding of cultural values and opportunities for a cross-cultural understanding that may not be available on conventional service trips.[23] Many organizations

overlook the importance of incorporating a comprehensive educational component into their service trips. Yet, numerous researchers contend that promoting a robust cross-cultural understanding hinges on thorough volunteer preparation and education, sustained support for and empowerment of local aid-receiving communities, ongoing follow-up efforts, and recognizing the cultivation of cross-cultural understanding as a primary objective for volunteers.[18]

The most beneficial relationships are built on trust and are sustained over time, elements that are often in short-term SLTs. A physician-patient relationship thrives on communication and trust, which can lead to more effective diagnosis, treatment, and ongoing care.[24] As mentioned in the interview discussion, follow-up efforts are more than often not carried out simply because of language barriers and a lack of a mode of communication. When volunteers aren't adequately prepared or educated of the cultural values, social norms, and language needs of the community they are providing aid to, they end up compromising the ability and potential to build meaningful relationships.

It's essential to grasp the global scope of poverty and recognize that offering medical assistance for brief and inconsistent periods merely addresses surface issues of a broader problem, serving as a band-aid. Volunteers need to educate themselves about the distinct social, economic, and political conditions, which often differ significantly from their home countries. While organizations should ideally provide this information, it's equally the responsibility of volunteers to proactively equip themselves with the necessary knowledge for their upcoming experience including familiarizing themselves with the local culture and language, and fully understanding their role as volunteers. Moreover, both organizations and volunteers have a duty to know and practice their positions in a way that is evident that they are not there as a replacement for the local community members and physicians. The belief that foreign aid

organizations and volunteers can provide aid that is “better” or “more efficient” must be disintegrated immediately, as these beliefs are made evident through actions and serve as a message that “we” are better than “them”.

Lastly, to achieve long-term benefits, volunteers and organizations should look at local education as a primary effort as they provide care. This should be an explicit goal, rather than an unintended result of providing care. Local members of the community should be educated on hygiene practices, preventative measures, disease management, agriculture techniques, infrastructure maintenance, sustainable resource management practices (water conservation, waste management, etc.), and more. These could be facilitated through free training programs and cultural exchange programs where local community members and volunteers can learn from each other’s customs and perspectives.

These guidelines and future direction could lay the foundation for more meaningful, equal, and collaborative partnerships. The inherent problem in short-term SLTs include the utilization of uneducated and unprepared volunteers that impose more harm than good. Though extensive training and education for volunteers themselves may result in the provision of better care and less harmful practices, the ultimate goal of organizations such as GlobalMed should be in empowering the local community. Hence, this framework also advocates for organizations to extensively educate local communities on healthcare itself, so that one day, the volunteer population can be comprised primarily of local volunteers rather than foreign volunteers.

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