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Abstract

This study offers a critical analysis of international short-term volunteer work, also known as “voluntourism”, in designated “poor countries”, the global south, by university students from relatively “rich countries”, the global north. Using literature reviews, participant observation, and interviews with student volunteers, the motivations for volunteering its consequences on global health are understood from a student volunteer perspective. Based on this understanding, the involvement of participating organizations and the effects on the communities involved are evaluated. From this report, I intend to expand the conversation on “voluntourism”, specifically in the medical field and offer suggestions to consider for future student volunteers and organizations alike. Although well intentioned, the basic structure for medical volunteering at an untrained, undergraduate level perpetuates an unrealistic and ill-informed view of public health care for underserved populations. This involvement can further damage the social structure of local and international health care.

Disciplines

Anthropology

THE COST OF VOLUNTEERING: CONSEQUENCES OF VOLUNTOURISM

By

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ABSTRACT

This study offers a critical analysis of international short-term volunteer work, also known as “voluntourism”, in designated “poor countries”, the global south, by university students from relatively “rich countries”, the global north. Using literature reviews, participant observation, and interviews with student volunteers, the motivations for volunteering its consequences on global health are understood from a student volunteer perspective. Based on this understanding, the involvement of participating organizations and the effects on the communities involved are evaluated. From this report, I intend to expand the conversation on “voluntourism”, specifically in the medical field and offer suggestions to consider for future student volunteers and organizations alike. Although well intentioned, the basic structure for medical volunteering at an untrained, undergraduate level perpetuates an unrealistic and ill-informed view of public health care for underserved populations. This involvement can further damage the social structure of local and international health care.

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INTRODUCTION

Volunteer tourism, or “voluntourism” is a relatively new concept used to describe “international, short-term volunteer trips” (Citrin, “Paul Farmer made me do it” 12) conducted by non-profit organizations as a means of travel. In this case, a “short-term” program is considered to be volunteer work lasting less than three months. These programs generally include temporary interventions meant to address education, health, environmental and economic issues in resource poor settings. Participating volunteers are typically students, clinical professionals, and tourists from “rich countries (the global North)” (12) with young people making up the majority of medical volunteers through university-run programs (13). Locations for these trips are largely “international, low resource setting[s]” (Wilkinson, et al. 12).

Beyond traveling to a resource poor setting, chosen locations to begin a voluntourist program typically must be a desirable destination as well. Trips usually require a fee as well. On-site activities include “direct medical service at facilities or temporary clinics, educational electives, research, training programs, and infrastructural improvement” (12). These volunteer programs can provide indispensable educational and training opportunities that can serve students in their future professions. Benefits also include “an affordable way of travelling in a foreign country...field experience for later careers... do[ing] something useful during their university holidays” (Daldeniz and Hampton 2). These volunteer programs promise better the communities in which they work and expose volunteers to the harsh realities of the developing world. In exchange, students can use this experience as a gateway to future careers in the global health field. This involvement has raised concerns about the ethics and perceived benefits for the

parties involved. While experiences are often invaluable for the individual volunteers, these benefits are not equally distributed to host communities.

In this paper, I will first explain the emergence of voluntourism, its goals, and its underlying social, political, and economic effects. I will then present my personal experience as a voluntourist followed by the experiences of several other student voluntourists. Through these testimonials, I attempt to explain how without a volunteer's awareness of their effect on an impoverished community, social inequalities are deepened and cultural boundaries are strengthened. I conclude by offering suggestions and improvements for future voluntourist organizations and their participating students. This paper is not meant to criticize or demerit the work of volunteers and their organizations. In his critique of humanitarian work, Didier Fassin aptly articulates the purpose of such research:

Recognizing the inequality between these lives at the level of their meaning — even more than in terms of the threats they objectively face — is not to question either the justification for a specific humanitarian action undertaken in the name of the victims' rights or the good faith of individual humanitarian actors who defend those rights; it is rather to attempt to understand the anthropological configuration in which the two are located. (507)

Much of the current anthropological research on this subject points specifically towards “the economic, social, and cultural impacts on local communities and peoples” (Leatherman and Goodman 833-834). In this paper I connect and evaluate the involvement of student voluntourists to these impacts. I argue that the motivations and attitudes of the voluntourists have substantial effects on the communities in which they serve and in global involvement at large.

BACKGROUND TO THE RESEARCH PROBLEM

I. VOLUNTOURISM EFFECTS

I begin by reviewing literature responses to a growing voluntourism market and the observed consequences to both the communities served and the global perception of those in need. Although very few quantitative studies on the impacts of short-term medical volunteer work on health outcomes have been performed, there are few that would argue that the services provided by medical volunteers are entirely ineffective or unwarranted. Despite small successes, the realities of the diminished power, autonomy, and culture unique to an area considerably outweigh the current perceived benefits. Often, times of political, economic, or social instability bring sweeping health-related consequences to an area. Medical facilities employed by foreign volunteers and staff are often created to supplement government-sponsored medical institutions to alleviate the health burdens of a population. It is within these sites that “accidental communities of experience” are created that “leave social and material traces” (Citrin, “Paul Farmer made me do it” 41). These communities of experience represent a very delicate relationship between the volunteer organizations and the community served.

Based on the U.S. Bureau of the Census, 2006 and the Independent Sector’s 2005 estimation of the hourly wage of an American volunteer at \$18.04, the value of US volunteer time abroad in 2005 was estimated to be \$2.92 billion (Lough et al. 1). In many cases, unskilled labor makes this estimation lower or the recipient may have paid less for the service locally, however, this calculation still assumes that the beneficiaries would have otherwise purchased these services if they were not donated. This is extremely attractive for countries or areas facing economic instability. Because the majority of

international volunteers “originate in wealthier countries (e.g., North America, Europe, Japan, Australia), and favor majority citizens from those countries” (Sherredan 402) governments of developing nations can use medical volunteering as a method to gain international attention. In order to achieve international focus, government organizations and affiliates may skew their priorities to align with the agenda of wealthier nations.

What may seem like an ordinary hospital or clinic can become a space where international and local health institutions, governments, NGOs, and populations connect. These not-for-profit organizations are not affiliated with the public programs supplied by the state, therefore they create and control their own agenda. Because of this, there has been a “massive injection of new funds...channeled to international nongovernmental organizations (NGOs) rather than to public sector health systems” by international programs such as the President’s Emergency Program for AIDS Relief (PEPFAR) (Pfieffer 167). This interaction can easily become a platform to “attract funding and project participants” as well as change the “perceptions and practices of all those involved” (41). By serving as a place for international and political commerce, unwanted attention can be drawn to an otherwise inconspicuous community. Populations become vulnerable to criticism, foreign involvement and loss of political control. Foreign aid is quick to deploy “the monolithic trope of orthodox and superstitious culture as a social fact to justify medical intervention” (51). In many instances, a pluralistic system of traditional, folk, and biomedical forms of healing has become the common social practice, yet outside intervention disrupts this delicate balance. What seems like an effort to help can actually be a detriment to those being served.

Against this charged backdrop, it is important to consider the implications that a facility can then have on the community it serves. In the majority of cases, there is no standardized, formal requirement for the amount of training or experience a volunteer must have before performing certain health procedures. Citrin reports “the use of untrained volunteers to deliver care and medications is not allowed in rich countries” (“Paul Famer Made Me Do It” 51). A lack of regulation and formality can be seen as a draw for aspiring physicians, nurses, pharmacists, etc. to volunteer in underserved areas. Despite good intentions, the avoidance of basic public health and preventative measures is a health risk for patients and can put lives in danger.

Beyond literal health concerns, patients also face social risks as well. By entering in to a space with a certain reputation or affiliation, it can easily be interpreted that these patients share a similar stance or ideology of the organization supporting the facility. The access or possession of medicines can also become a marker of status in a resource-poor community. By dispensing new medicines and technologies to those lacking an infrastructure to support long-term, permanent use of these methods of care, an unstable commodification of health is developed. The prescription of medicine becomes a patient’s right that is demanded or expected with every visit regardless of need. This can also affect a community’s perception of medical care. From Citrin’s experience in Karnali, Nepal, for example, he explains how “the capacity for biomedical services to cure certain conditions has come to be seen as an intrinsic property of the foreign doctor and their capacity to heal” (“Anatomy of Ephemeral Health Care” 48). This is a consequence of the “geopolitical relations and vast structural inequalities that exist between Nepal” (48-49) and its developed counterparts. This can further alienate the

work of the native or local physician, deeming them incapable to heal in the same capacity of the foreign doctor.

By inserting a comprehensive health program in an area that lacks the infrastructure necessary to support a high level of care, the risk of potential unintended consequences is heightened and can cause even more health-related problems. For example, a revolutionary procedure may be successfully performed, but without the proper follow-up or consultation, complications can occur. There is also often a language barrier that can hinder a patient's adherence to the care plan they are prescribed. If a patient does not understand a physician's direction or explanation, they will not be able to follow a certain course of treatment and will be deemed noncompliant. This can ultimately lead to more serious health consequences. For example, a patient may be prescribed antibiotics for an infection, but if these antibiotics are not consistently accessible and available, or the patient does not understand how to take the medication, this can quickly lead to drug-resistant forms of bacteria. At a more basic level, there exists an "intricate relationship between food, labor, and health, which is often overlooked" (56). If an individual is unable to find a consistent source of nutritious, substantial food, their body would be incapable of supporting the prescribed medicine.

Often an increase in tourism can be viewed as economically beneficial to the local community through the stimulation of local businesses, markets, and infrastructure. In their article describing the effects of a growing tourism industry in the Yucatan Peninsula, Leatherman and Goodman explain how national governments view tourism as "a means for generating foreign capital and economic development" as well as "cash and increased purchasing power" (833) for local business responsible for maintaining the

infrastructure and work associated with tourism. On a more local scale, however, the authors argue that tourism can disrupt “local subsistence activities as more small producers turn to wage labor” (834). This results in an increased economic and social differentiation in which, “cash poor households are likely to suffer nutritionally” (834). In some cases, this increase in economic differentiation and shift in labor also contributes to the “commodification of culture, in which cultural items or rituals become valued primarily in terms of their exchange value” (834). The authors also comment on a “loss of indigenous knowledge, and an altered sense of identity, community, and family relations” in these tourist areas (844). In communities that previously relied on the subsistence activities of local producers, younger generations experience disconnection from previous generations and share “little sense with their parents of its importance to the fabric of social and community life” (844).

Medical voluntourism can also bring a sense of hostility or distrust between foreigners and involved communities. Anthropologist Paul Farmer wagers that “given changes in telecommunications, our comfort and excess are more readily visible to the world's poor than their suffering is to us. But conspicuous consumption in the face of famine and disease may lead to resentments of which we are only dimly aware” (535). Wendland further explains how “a richer and more cosmopolitan world imagined as “out there” can serve as a cruel reminder of one’s abjection” (8). There exists a large disjunction in which “the imaginary of high-technology biomedicine [is] richly available, but the diagnostic and therapeutic tools ubiquitous in virtual worlds [are] generally absent” (7). By creating a space controlled by an outside organization that provides benefits and opportunities impossible to match by local operations, volunteer

organizations deepen the social divide between volunteers and communities served. Furthermore, despite the possibility of some jobs being created for local community members, volunteers may be accused of stealing work opportunities. There may also be certain social or cultural tensions as a result of “typical tourist behavior” (Daldeniz and Hampton 13). Certain behaviors may be seen as unacceptable to a particular society and international volunteers can be blamed for “corrupting and influencing the local youths” (13). Often voluntourists possess the mentality that they are modeling an ideal way of living or superior “lifestyle of cultural and material values” (Simpson 685). In doing so, a homogenous ‘other’ is created in which descriptions of people and cultures are trivialized. Upon return, volunteers are often considered to have a level of “cultural proficiency” (Sherraden et al. 399), which can further perpetuate assumed cultural stereotypes.

II. STUDENT VOLUNTEERS

In order to determine the full impact of voluntourism, it is important to understand the motivations and intentions of student volunteers. Although this can often be difficult to measure quantitatively, important factors influencing students to participate in volunteer abroad programs have been examined in the literature on voluntourism. Inherent in the act of volunteering is the helping behavior that benefits society, yet it is also a form of “symbolic consumption” (Wymer et al. 287) in which volunteering provides certain benefits to volunteer participants as well. In a study conducted by Dr. Rebecca Tiessen, both altruistic and self-oriented motivations were expressed by participants when asked to comment on their motivations for participating in volunteer programs abroad. Research participants were asked to rank their motivations to volunteer

abroad according to the scale: “very important, somewhat important or not very important” (2). Results showed that “very important” motivations identified included desires for personal growth (“test[ing] an academic background or career choice, skills development, language acquisition, cross-cultural understanding” (2), etc.), experience, and helping others. Although students identified “helping others” as a very important motivation for volunteering abroad, when asked what the most important motivation, responses shifted towards personal rather than altruistic motivations. According to Tiessen, this self-oriented nature of motivation “reaffirms the one-directional nature of international development of volunteer profits in favour of those from the global north” (2). The hunger for experience mirrors a kind of consumerist approach detailed in Wymer et al. in which volunteering has become a profitable exchange.

Oftentimes, students participate in volunteer trips during scheduled school breaks. In order to appeal to students to engage in volunteer work during their holidays, marketing strategies tend to create personally attractive experiences. Images and marketing strategies used by destination voluntourism organizations mirror the motivations expressed by student volunteers, confirming the importance of location, cost, skills developed, and added activities in a program. In a qualitative analysis of the “content of internet marketing of organisations offering voluntourism opportunities...text, photographs and videos represent the possible experience, the adventure and the personal gains to the voluntourist as the primary content whereas information about the host community was markedly less pronounced” (Wilkinson, et al. 11-14). Although the intention of a volunteer trip abroad is to aid and empower communities, the ultimate motivation for student volunteers is much more self-serving.

Similar results explaining a growing trend in voluntourism were found in an article published in *Travel Agent* magazine titled “Selling Voluntourism.” The article attributes this trend to an increased social awareness, sense of social responsibility, and because “helping people feels good” (32) amongst the general public. The article directs interested readers to several websites devoted to volunteer vacations where a participant can choose a trip based on affordability, popular destinations, and experience/comfort level. An important distinction that the article makes as is the idea that “a volunteer vacation is still a vacation” (33) and clients still have plenty of time to fully experience a destination. Ultimately, in every selling point regarding the benefits a volunteer could provide a community, it was paired with the idea of enrichment of one’s own life in the process.

Self-centered ideologies are expressed in organizations catering to student volunteers in which development is seen as “something that can be ‘done’, and specifically by non-skilled, but enthusiastic, volunteer-tourists” (Simpson 685). This attitude is based in the presumption that western volunteers are assumed to have the skills necessary to ‘develop’. Inherent in voluntourism are encounters with extreme, untapped ‘poverty’. Volunteer organizations capitalize on student interest to allow volunteers the unique experience of witnessing true poverty and suffering by a foreign other. These trips are ultimately legitimized by the “genuine need for supplementary capacity to address unmet health needs” in certain locations (Wilkinson, et al. 15). By creating this stark contrast between the developing and developed world, the idea that luck explains inequality and that outside intervention is necessary for change is further perpetuated.

This attitude allows for and encourages a dependent relationship between the needy and the superior, developed world.

In understanding the gravity and scale of health problems troubling less-developed areas, students are at risk of oversimplifying the situations they witness abroad. Farmer explains how "access to health care is only one social factor among others that influences people's health. Persistent poverty and inequality are thus the hidden source of many of the ethical problems" (536). There exists an overgeneralized concept of 'need' and the 'needy' in which "how thoroughly such needs are identified, and how well they are met by the short term non-specific skilled volunteers" is inadequate (Simpson 686). When a population is identified as in need, they are at risk of receiving a generic package of care from volunteer organizations. Short-term programs often perpetuate "a global and national climate where ideas of "health" and "health care" are conflated, and where pills, surgeries, and syringes are championed at the expense of addressing the basic needs that promote and sustain health" (Citrin, "Anatomy of Ephemeral Health Care" 29).

The idea that volunteers from the global north are "lucky" to be born into such circumstance creates an automatic social and economic divide in which the global south is therefore "unlucky". This perspective ultimately ignores the social, political, economic, and international circumstances responsible for creating this "unluckiness" (Tiessen 12). In his discussion on Humanitarian action, Fassin argues that the increased public visibility of these unique, seemingly exotic others brings forth a new form of social inequality in which the definition human beings and the evaluation of their existence changes accordingly:

Humanitarian testimony establishes two forms of humanity and two sorts of life in the public space: there are those who can tell stories and those whose stories can be told only by others. With this new dividing line, life is no longer, as it was before, biological (the life that is risked or sacrificed); it is henceforth biographical (the life that is lived but that others narrate). More tenuous and less visible, it is nevertheless essential to what constitutes beings insofar as they are human. At the very time when humanitarian action is shifting from bare life to qualified life, from physical survival to social existence, a new inequality is insinuating itself into humanitarian politics of life. (518)

As a result, “the individuals in question tend to conform to this portrait, knowing that it will have an impact on public opinion, and thus offer to the humanitarian agents the part of their experience that feeds the construction of them as human beings crushed by fate” (517). It is the attitude, behavior, and action of those privileged, “lucky” few that oppresses those suffering in the global south and justifies means of vague intervention.

RESEARCH METHODOLOGY

A qualitative analysis of the motivations, intentions, perceptions, and effects of student volunteer experiences was performed through participant observation and semi-structured interviews of individuals who volunteered abroad while in college. This methods are meant to expand the current research that exists in this field of study and uncover direct evidence of the effects of voluntourism.

I. PARTICIPANT OBSERVATION

This analysis draws from my personal experience in Las Delicias, El Salvador where I spent the month of June, 2012 volunteering in a clinic run by a Philadelphia-based non-profit organization, Foundation for International Medical Relief of Children (FIMRC). I discovered this program after being involved in the FIMRC chapter at the University of Pennsylvania. During my summer holiday, I wanted to spend time

volunteering. As an aspiring pediatrician, I was drawn to the child and maternal health focus of the Las Delicias program and wanted to gain experience in my field of interest. I had a marked interest in global health inequalities, and as a Spanish speaker, I found the opportunity in El Salvador to be fitting, as I would be able to communicate on my own. This was not my first time volunteering abroad, and after facing many of the frustrations highlighted above, I was hopeful that this program would benefit the community to a fuller extent.

My time volunteering was spent in a small children's clinic of an impoverished village located 45 minutes outside of the capital city, San Salvador. The city and subsectors of San Salvador are known for high crime rates and unemployment. As an area impacted by a large number of natural disasters, several health problems related to infrastructure, food security, and water quality have resulted. The Las Delicias community has a population of nearly 3,000 and rests in a tropical jungle on the side of a volcano. Housing in this region was typically created using large tin sheets or discarded building materials such as stone, brick, and wood beams. Generally, men and women of the Las Delicias community followed very traditional gender roles in which women often tended to the house, children and cooking while men worked labor intensive jobs. Most of the food consumed in the community is locally grown and sold, aside from the local "tiendas" where snack items such as sodas, candies, and chips are sold. Running water in the area is considered a luxury and the majority of houses use a large, open-air, cement tub to store water. These tubs are known to be breeding grounds for mosquitos posing a potential threat for malaria and other diseases carried by the insects. Aside from the non-profit sponsored children's clinic, the closest government clinic is located "10km from

the community but can take nearly two hours to reach due to public transportation” (“Project Las Delicias”).

The two-room clinic was run by 4 staff members including: 2-year contracted program manager, a health education and special initiative year-long intern, both non-native to El Salvador, a local pediatrician, and a security guard. The clinic also worked in coordination with a government-sponsored nurse of the village who lived locally. This clinic and the work of the local nurse are essentially the community’s only contact with health professionals. Because of this, FIMRC required that the medications and treatment provided by the clinic followed the standards and regulations set by US standards. If donated goods were expired, they were disposed of properly, regardless of their actual quality. As an untrained, uncertified student, my involvement in actual medical practices was extremely limited.

Upon arriving in San Salvador, I was transported by a hired driver to my lodgings for the next month: a small, gated apartment in San Salvador where the manager, intern and other volunteer also stayed. Although the living conditions were basic, we were supplied with running water, our own bed, and a daily breakfast. Monday through Friday was spent working 8 hours in the clinic and the local community. Staff members in the clinic purchased lunch from a local housewife who sold food from her kitchen. Days off were spent visiting tourist sites in the area. General duties at the clinic included stocking the makeshift pharmacy, shadowing the pediatrician and nurse, assisting the intern with health education programs, implementing a new medical record system, reviewing funding proposals, and creating weekly “charlas” or chats on basic health concerns. The clinic manager kept a list of different activities that previous volunteers had conducted

for the communities. These mainly included presenting different charlas for local mothers. During my time working in the clinic, the other volunteer and I were responsible for conducting two charlas: one on children's nutrition and another regarding basic sanitation. Personally, however, the most memorable time was spent shadowing the local nurse, who would conduct routine home visits to new mothers or mothers-to-be and the local public school. Her job was to track these mothers and children throughout pregnancy and the child's life and record census information for the government. She also advised women on pregnancy concerns and remedies for common ailments.

This was a rather exciting and revolutionary time for the Las Delicias clinic because the current intern had implemented the first non-monetary micro health insurance program for a group of local mothers. In exchange for pediatric care, mothers would attend weekly classes in which they were taught about how to conduct a healthier lifestyle for both themselves and their family. The women enrolled in this program committed to weekly tests on class material and weekly house visits by the program coordinator who would check to see that basic health practices were being performed. Mothers had to show, among other things, that there were bed nets on every bed, a covered water filter was being used for drinking water, livestock was kept outside of the house, and children were completing their homework, their chores, and using their toothbrushes which were covered when not in use. Over time, if a household consistently passed inspection, certain health-related items could be earned, such as extra bed nets, water filters, small fish for the cement water containers, and aluminum roofing. The non-monetary micro health insurance program was meant to instill healthy behavior for families beginning at childhood. It was clear that mothers took pride in their knowledge

of course material and in the status of their home. Approximately 15 mothers participated in the program.

Along with this, the intern also conducted weekly adolescent group workshops designed to include young leaders in the community nominated by the local school. The program intended to foster a healthy lifestyle in these group members who would then, in turn, indirectly influence their peers to do the same. Each week, the students would come to discuss the problems they were facing. It was safe space where young people could feel empowered and strong. In this community, it is very rare for children to complete high school, therefore the program required that members attended, performed and behaved exemplary in school. One member of the adolescent group, a teenage girl, had expressed her goal to become a nurse, but her family could not afford to send her to San Salvador for the required training. Through her involvement in this program, she was able to enroll in the national nursing school and received a scholarship to attend upon her graduation from high school. She was one of the first members of the community that was able to receive a higher education. Because other students saw how her commitment to school afforded her the opportunity to pursue her dream, many of her peers wanted to join the adolescent group despite its strict high standards in order to do the same.

Most frustrating about my time spent working in the FIMRC clinic was the visits by Christian youth ministry trips. Groups of about 30 high school aged students and chaperones would come by private bus every day to build part of a new office for the local nurse. Along with their construction project, they would also bring suitcases full of donated goods to distribute to the community. We were often asked to translate for the group because there was seldom a member that could speak sufficient Spanish. They

would gather a group of community members to hand out the presents, sing songs in English, tour the village to take pictures, eat snacks, and leave after a week. This was ultimately detrimental to the work being performed by the FIMRC clinic as often when walking down the road or conducting home visits with the intern or manager, community members would expect lavish gifts from us as well. For example, the pediatrician on staff would complain that mothers would demand cough syrup at the very minimum every time they visited the clinic, regardless of their child's condition.

II. SEMI-STRUCTURED INTERVIEWS

The research presented is based on a group of 9 individuals who reported having volunteered abroad during their time in college. Although this paper focuses specifically on medical voluntourism, the participants involved in this study had a wide range of volunteer experience abroad. The interviews included prepared questions to collect basic demographic information as well as semi-structured questions to uncover information about their volunteer experience. The interviews were conducted between December 2014 and April 2015 and were completely voluntary. Before commencing the interview, participants were told the data would be used for an academic paper and assured that their anonymity and confidentiality would be respected. The participants were ensured that they could withdraw from the study at any time and their responses would be discarded. A sample of interview questions is listed below:

- Where/when did you volunteer abroad?
- How long was your trip?
- Have you volunteered multiple times? If so, where/when?
- Through what organization did you volunteer?

- How did you choose your volunteer experience?
- What factors did you consider when volunteering abroad?
- What did you do during your volunteer time?
- What did you do during your leisure time?
- Did you travel with anyone? How many people were with you on your program?
- What did you know about the place you traveled before your trip?
- Did your impression of this place change upon volunteering?
- Were you disappointed with any aspect of your trip? If so, what? What would you change?
- Did you change at all from your experience? If so, how?
- Would you recommend this program to anyone else?
- Did your trip pertain to what you are studying in any way or your possible career?
- Would/did you include your volunteer experience on your CV/resume?

The data collected was then transcribed and analyzed by reading through the responses. Effort was made to ensure the ideas offered in these interviews are presented in their appropriate context and abide by the interviewee's intentions. Much of the responses were quantified in order to demonstrate significance in each area of study. A coding scheme was used to identify factors considered when deciding to volunteer abroad. Examples and quotations are used to elaborate on these findings.

RESULTS

The results presented below ultimately support and add to the existing literature on the seemingly detrimental effects of voluntourism.

I. FIMRC: LAS DELICIAS

FIMRC is a Philadelphia-based 501(c)(3), non-profit organization with project sites in seven different countries. According to the organization, FIMRC is “dedicated to improving the health of families in the developing world through the implementation of innovative and self-sustainable health improvement programs.” Their three-part mission includes aspects of health care access, education, and community participation. The program reports it is sustainable because over 90% of its revenue is derived from its Global Health Volunteer Program (FIMRC).

From my experience in Las Delicias, I gained insight into the challenges of maintaining a non-profit medical clinic and changing community behavior. Because of the extensive time spent in the community, I developed personal relationships with the staff of the clinic, the local nurse, and members of the community. I was able to witness the impact of long-term involvement in a community and see the benefits of community participation and partnership. I was also able to better understand the dynamics of foreign aid organizations and their interaction with government agencies. As an outsider, it was difficult to understand certain decisions and behavior of individuals without overgeneralizing their rationale as that of the entire community. Often, I had to consider and challenge my perception of the community due to my own personal biases.

In many ways, FIMRC’s Las Delicias volunteer program exemplifies the problems associated with medical voluntourism. According to the WHO, in 2009 El

Salvador launched a health reform “with the aim of achieving universal health coverage...as a responsibility of the state.” FIMRC El Salvador, however, acts separately from state efforts as the nearest government-run clinic is located over an hour away via local transportation. Students, including myself, that lack formal training or experience as a health professional are able to participate at an otherwise inaccessible level in the United States. Instead of bringing medical professionals to work in the area, volunteers are limited to giving the same charlas with each new round of students. Although the program offers a heightened level of integration into the community in which we served, the staff and volunteers lived separately in the central city of San Salvador and commuted to work daily. This created an automatic separation between those working at the clinic and the community. It may have been perceived that the clinic staff viewed the community as unlivable, inferior, or unworthy as a home. Furthermore, by bringing in an outside staff, local community members developed certain expectations about the capabilities and resources of these individuals. The program also featured several tourist opportunities on days off from the clinic, thus contributing to the growing tourism industry of the area. Although this remained completely separate from working days, it nevertheless affected scheduling and motivations to volunteer.

Along with some of the negative aspects of voluntourism, the FIMRC clinic also serves a model of some of the potential benefits from a medical voluntourism program in the community. FIMRC successfully combined a permanent health system with the involvement of temporary volunteers. The clinic itself had been operating for over 4 years when I arrived and although the management was mainly outsourced to foreign professionals, the pediatrician on staff had always been a local physician that had been

trained in the area. The manager at that point, who had been overseeing the clinic for almost two years, explained the difficulty, at first, in gaining recognition and respect within the Las Delicias community. By consulting with the local nurse, a trusted member of the Las Delicias community and an employee of the state, the clinic was soon seen as a safe, professional, and trustworthy space. This level of permanence and integration allowed for a closer connection between the international organization and the local community.

Student volunteer stays were much shorter than those working in the clinic, yet the connection and time spent with the community allowed for a very thorough understanding of the community's needs. Time was spent training volunteers on the general practices and expectations of the clinic as well as familiarizing volunteers with the community. Projects completed seemed to have lasting significance, namely the development of a functional medical records system that was previously in disarray. Through the intern's health education programs, members of Las Delicias felt that their health and the health of their families was a partnership with the clinic in which their input was valued. These programs developed a sense of empowerment in women and adolescents that increased their priority on education and health practices.

II. INTERVIEWS

Although the number of research participants interviewed is relatively small, these results are intended reflect a larger population of college volunteer abroad participants. Each of the participants volunteered through an established organization that offered a specific type of volunteer experience. As seen in Table 1, all of the students interviewed (9) participated in short-term volunteer projects (less than three months).

Each of the students reported these trips occurring during an official break from their respective university. The reported destinations of the volunteer trips by country can be seen in Table 2. The majority of students participated in volunteer trips in South/Central America.

Students were also asked to identify different factors that impacted their decision to volunteer abroad. Responses were coded into general categories that best reflected the identified factor as listed below:

- “Cost” is defined as any student who considered the price of the volunteer trip arranged by the volunteer organization
- “New Adventure” refers to students expressing the desire to travel to a location they have never visited before
- “Location” encompasses students expressing the importance of weather, remoteness, season, etc. of a particular area
- “Safety” refers to concerns about the danger of entering an area. This may be politically, environmentally, crime rates, etc.
- “Type of Organization” identifies students who expressed concerns about the work of the organization itself, its reputation, etc.
- “Volunteer Work” denotes the expressed consideration of what field of work the volunteers would be doing
- “Cultural Experience” encompasses any expressed consideration of experiencing a culture different than one’s own
- “Academic/Career” highlights students who chose a program based on its alignment with their particular field of interest

- “Time” denotes any student who placed when or how long the trip would be under consideration

As seen in Figure 1, the most reported factors were cost and the expressed desire for a new adventure. One student claimed, “I wanted to go to a place I have never been and explore a new place first. Then I wanted to make sure that the projects aligned with my interests” when explaining their decision-making process for choosing a volunteer program.

Students were then asked to explain the type of work they performed during their volunteer abroad experience. The responses were coded and quantified as seen in Figure 2. Some students reported their participation in multiple development activities. The general categories of work are defined below:

- “Health” refers to any volunteer reporting participation in activities pertaining to the medical field. This may include nutrition, clinical experience, medical record-keeping, etc.
- “Education” refers to volunteers reporting work related to education. This may include language development, tutoring, a teaching position, etc.
- “Environmental” refers to volunteers reporting work pertaining to the environment. This may include gardening, crop work, environmental clean-up, etc.
- “Research” refers to students who also used their volunteer time to conduct academic research

- “Economic Development” refers to students who reported volunteer work in the form of improving the economy of a region. This may come in the form of employment opportunity development, hiring assistance, career training, etc.
- “Construction” refers to students who reported performing construction work while volunteering. This includes construction of public and private structures.

Of the 9 students interviewed, 89% (8) reported engaging in volunteer activities pertaining to their current or future career field. Similarly, 89% (8) of participants reported having used their volunteer experience on a CV or resume.

When asked to elaborate on their experience volunteering, many students expressed appreciation and enthusiasm for the opportunity. One student commented, “I saw how lucky I was to grow up in the U.S... it instilled in me a sense that I need to use all these gifts that I've been given to give back, in both large and small ways” when thinking back about their experience. Many reported being more aware of global issues and having found direction in their lives upon returning from their trip. When asked about highlights from their experience, every student reported a feeling of satisfaction and pride after having completed a predetermined goal for the volunteer organization during their trip. Several students also mentioned forming a special bond with some of the community members during their time volunteering. One student remembered “talking with street kids about their experiences and lives and actually forming a bond rather than just doing a project and never seeing the people you are helping” when discussing the benefits of their program.

Although the students kept a fairly positive attitude when speaking of their volunteer experience, numerous disappointments and concerns were expressed as well.

Many participants shared a fear that their trip lacked a lasting impact. One student claimed, “my impression of volunteering almost became worse through my experience because I realized the depth of the problems, and my personal impact seems so small--it seems almost hopeless.” Similarly, another student expressed, “I was disappointed with the feeling that the things I had done, despite how meaningful they were to me, were not going to be useful or impactful in the long-term for the people there.”

Beyond the doubt of making a lasting impact from the work being done during these short-term volunteer experiences, several students also expressed the inability to connect personally with the community. Upon arrival, one student remembered how they “had never had exposure to such widespread poverty.” Another student articulated this concern when stating, “it's hard to go somewhere where you don't have a direct connection with the people or the culture, or even really understand their needs, and try to make a change in 7 days.” During these experiences, it is hard to completely grasp the personal needs of the community and their underlying causes.

Even when speaking about the organizations themselves, students revealed their disappointment in the structure and management of the volunteer groups. For example, a student claimed, “my impression of the organization definitely became very jaded” with regards to the work being performed at that particular site. Similarly, a volunteer stated, “my impression of the organization worsened because they were not nearly as organized as I had thought.” Not only was the organization of some groups disappointing, students found themselves questioning the objectives and plans of the organizations as well. One student stated, “I saw things happen and decisions being made that I did not agree with and wanted to be able to do something about, but couldn't.” As a volunteer, students often

lack the authority, respect, or experience to voice concerns or change the course of the work being done.

While these trips raised several questions for the volunteers, there still existed a lasting impact on their lives upon returning. Several students explained that the trip helped them in their academic or career field of interest. Others claimed it gave them direction and purpose for their work. For example, a student stated, “I want to involve myself in in the future, namely efforts that are much more long-term and sustainable.” Another explained how their experience led them to pursue a minor in international development and subsequently join a company focusing on this field post-graduation. Even with the concerns expressed by the students, it is clear that the trip made a positive, lasting impression. Of the 9 interview participants, 89% (8) volunteers would recommend their respective program to any interested peers.

DISCUSSION

As the demand for voluntourism programs increases, the future of public health systems in developing countries is drastically affected. As evidenced by the literature and testimonials, the attitudes, behaviors, and actions of voluntourists significantly contribute to this outcome. These programs operate under an uneven exchange between those serving and communities served. Students leave these programs with work experience, increased awareness of future goals, and a sense of self-satisfaction. The communities, on the other hand, are required to host a rotating cycle of volunteers, presumably possessing superior knowledge and unparalleled service abilities, for whom they are expected to play

the role of grateful subjects. Ultimately, the work being done tends to be redundant or ineffective.

Students have voiced concerns about the lasting impact and their control over the work being performed by volunteers. With short-term programs, organizations need to spend a significant amount of time training each new batch of volunteers. This requires full-time staff to be taken away from other duties and is ultimately unproductive and wasteful with regards to time and resources. Beyond this, a short stay leaves very little opportunity to truly understand the needs and concerns of the local community. Students explained their lack of knowledge about the communities and sometimes even countries in which they served. Although this prevents any presumptions potentially made before entering an area, it also resulted in language barriers and cultural/religious ignorance. There exists several aspects of health care development that extend beyond purely biomedical efforts that can easily be missed by voluntourists. Without addressing the cultural, religious, and social influences of a community, health development initiatives cannot be truly efficacious.

The organization of voluntourist programs can also be disjointed resulting in a loss of productivity and community support. Because organizations must cater to each cycle of new volunteers, often they create activities that can be easily repeated. For example, it was clear that during my time volunteering in Las Delicias similar nutrition and basic sanitation charlas had been given several times since the clinic's opening. Although the volunteers feel a sense of accomplishment in presenting valuable information, it is often redundant and ultimately ineffective. A speech on healthy eating strategies, for example, is not enough to produce a change in behavior if the health foods

are unaffordable or unavailable. As a result, community members quickly lose interest in attending these charlas and render the organization ineffective as well. Without trust and respect, the organization cannot create a collaborative and constructive relationship with the community.

Perhaps most concerning is the potential effects that voluntourism has from a global perception standpoint. As volunteers return from their experiences boasting tales of adventure and extreme poverty, the idea of an ‘exotic other’ is further perpetuated. The “‘suffering stranger’ depicted in many humanitarian appeals and some anthropological work” Wendland warns, is “a discursive construction that reduces global entanglements, and potentially rich human stories, to a moral model that allows for a sustained dependency between one group of people (i.e. those coded as needy) and another group of people (i.e., those coded as expert)” (117). The ‘needy’ have no choice but to conform to this role in order to secure much needed goods and services. This ultimately represents these communities as victims and hopeless sufferers rather than focusing on the geopolitical condition that created such circumstances. With attention shifted away from the true concerns of the populations, little can be done to create significant, much needed change for these communities.

CONCLUSIONS

It is evident that certain elements of a voluntourist program’s structure can be beneficial to the community in which it serves. In areas lacking sufficient health care means, non-profit organizations are able to fill this void. Effectiveness of these programs lies in long-term consistency, continuity, and collaboration with the community served

throughout each step of the development process. Sustainability of health care infrastructure is absolutely crucial, therefore a program must be designed and developed with an awareness of the unique concerns of the target community (social, political, cultural, economic, etc.). It is not as simple as providing the medicines or treatments necessary to survive, it is examining the context in which the patient and community lives and functions. Because of this potential for positive impact, it is crucial to consider the regulatory and governing bodies necessary for volunteer organizations. There must be a set of “appropriate guidelines and boundaries for the provision of temporary medical care to people living in conditions that do not promote health” (Citrin, “Paul Farmer made me do it” 55). There currently exists a proposed code constructed by a consortium of NGOs titled: NGO Code of Conduct for Health System Strengthening.

“The proposed code calls for foreign NGOs to adopt practices that 1) avoid luring the local staff of public-sector health systems to their projects, 2) support local Ministry priority setting and close coordination with public-sector providers, 3) avoid creation of parallel services and systems of health care delivery, and 4) advocate for debt relief and increased public-sector spending.” (Pfeiffer 180)

Currently, non-profit organizations must answer to the demands of their donors who demand rapid, often unsustainable results. This proposed code encourages volunteer organizations to collaborate with local governments and strengthen the existing system. Volunteers, medical professionals, governments, and host communities alike must be held accountable for their actions, decisions, and motivations.

Above all, a volunteer program must be developed with the idea of reciprocity in mind. Obviously voluntourists have motivations to volunteer beyond altruism, yet this ideology must not be overshadowed by personal gains. No one would deny the improvement of health and wellbeing in targeted areas, however we must think critically

when examining the means and methods for distributing this care. The results of a study by Dharamsi, et al. demonstrate how future organizations must prepare participants to volunteer in these communities:

“Participant evaluations revealed a strong desire for concentrated learning around ethical and sustainable approaches to global health initiatives. Participants recognized that, to ensure ethical conduct, adequate preparation and reflection were necessary prior to participation in global health initiatives. All of the participants indicated that ethics in global health and health advocacy must be taught...” (531)

It becomes a matter of intent and awareness: an individual can participate in a program for a brief period of time, but they need to be conscious of the needs of that particular community and its individuals. This comes in the form of education and collaboration with rather than imposition on a community.

Ultimately this raises a new set of questions: In an increasingly global society, why should the idea of working abroad be so foreign? Should we be looking at changing people’s ideas about working abroad long term? International employment should no longer considered a destination, temporary, or merely an experience, rather a sense permanence. In order to create more opportunities for the fluidity of jobs, workplaces, and the exchange of goods, the standard of infrastructure and health care needs to be raised on a global level.

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TABLES

Table 1

Length of stay (days)	Number of participants (%)
1-7	3 (33)
8-14	1 (11)
15-21	2 (22)
22-28	0 (0)
29-84	3 (33)

Table 1: The reported duration of completed short-term volunteer abroad trips as reported by nine interview participants.

Table 2

Location	Number of participants (%)
Africa	3 (33)
South/Central America	5 (56)
Europe	1 (11)

Table 2: The locations in which nine students completed short-term volunteer abroad programs.

FIGURES

Figure 1

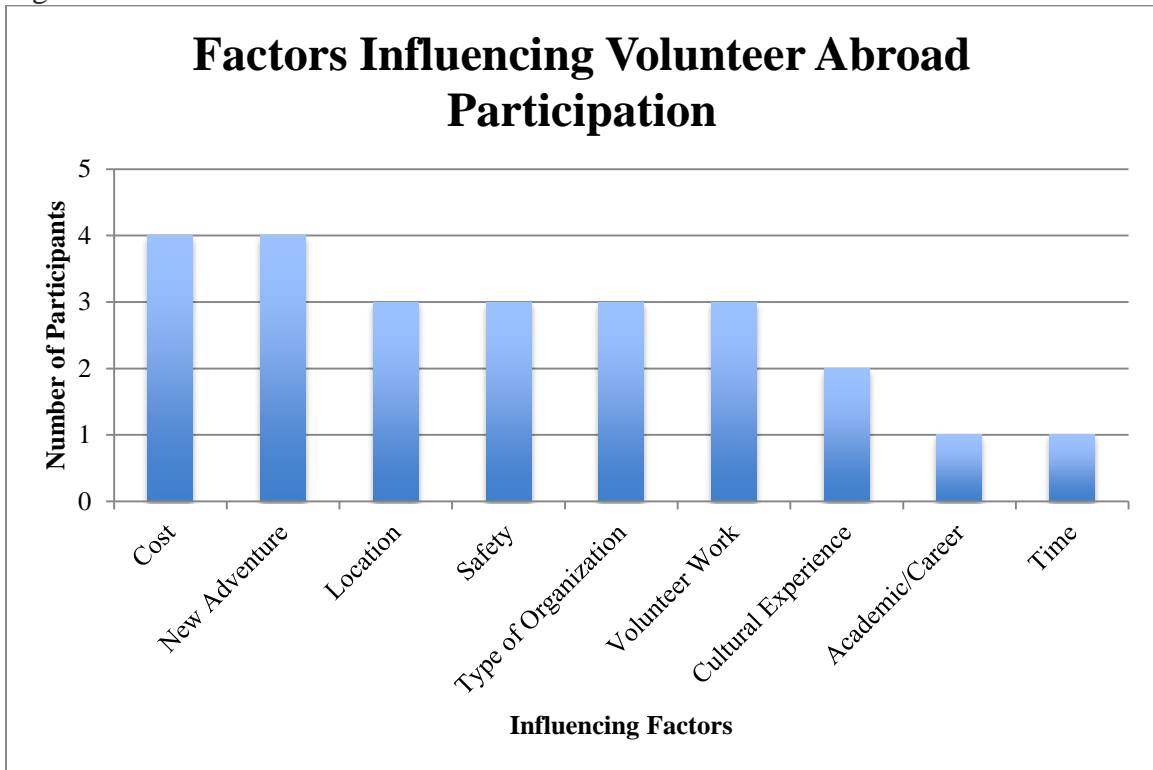


Figure 1: Factors influencing the decision to volunteer abroad as reported by nine student volunteers.

Figure 2

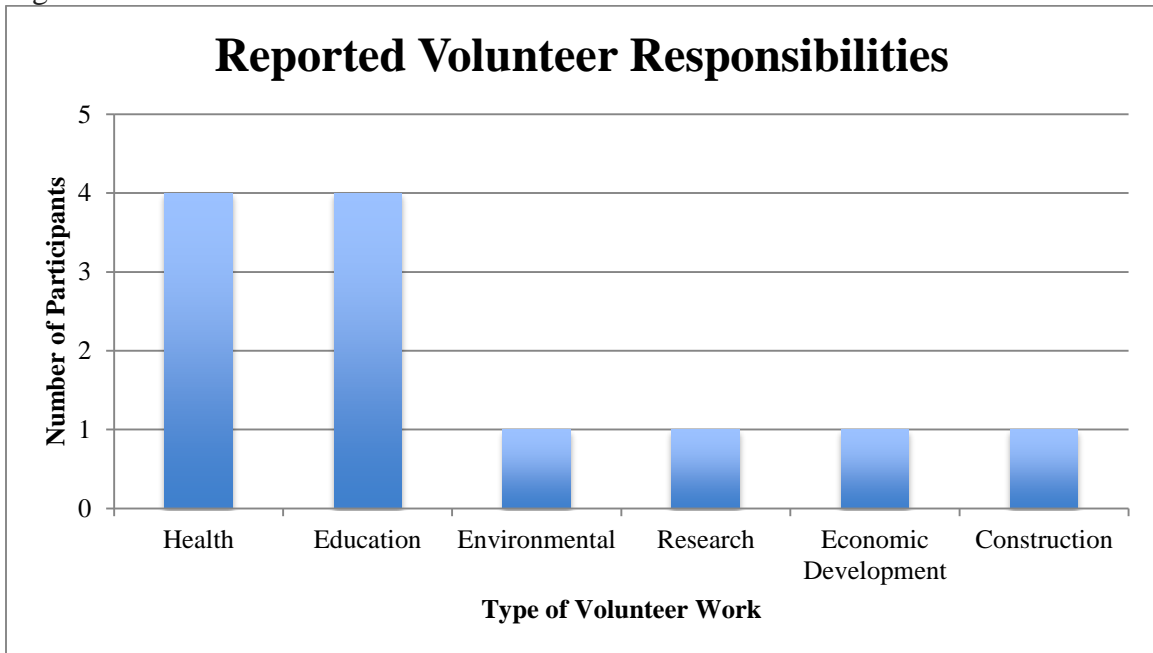


Figure 2: The type of work performed while volunteering abroad as reported by nine student volunteers.