

# Healing the Children: Reflections on the Sustainability and Impact of International Medical Volunteer Programs

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# Outline

- Two sample trips: HTC trips to Bolivia and Ecuador
- Criticisms of volunteer medical trips from cultural and ethical points of view
- Keys to successful volunteer medical trips
- Concept of “charity” in developing countries
- Global citizenship
- Can volunteer medical trips impact on world wide eye health?
- Fostering ties with host countries which can lead to research and solutions to wider health problems



- Established in 1979 as a non profit organization
- Currently 15 chapters in 23 states
- Stateside and international programs
- International projects** – Bolivia, China, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, India, Jamaica, Kenya, Korea, Latvia, Mexico, Morocco, Nicaragua, Panama, Peru, Romania, St. Kitts, Sri Lanka, Thailand, Uganda and others

# Pre-Trip Planning

- Work with host organization
- Site Visit
- Letter of Invitation from Ministry of Health of the Host Country
- Solicitation and Purchasing of Supplies
- Direct Fund-raising

# Building the Team

•Anesthesiologists

Surgeons  
Anesthesiologists  
Pediatrician/Intensivist

OR Surgical Nurses  
Recovery Room Nurses  
Trip Administrators

# The Trip Itself: Clinic day

Many of the children have been pre-screened

**We usually  
examine between  
180 and 300  
patients on clinic  
day.**



# Typical conditions seen

- Strabismus
- Ptosis
- Cataracts
- Toxoplasmosis
- Corneal burns
- Glaucoma
- Retinoblastoma
- Nasolacrimal duct obstructions



# Main criticisms of medical trips and the care provided

- Emphasis on numbers can compromise quality
- Serve as a training ground for US resident physicians
- Many surgeons do not regularly do the kinds of surgeries they do abroad in their daily practices back home.
- Can be a source of patients on whom to try new or unconventional techniques with less or no red tape compared to their home countries
- Lack of follow up care for patients
- Medical trips are a form of “new humanitarian colonialism”

# Partnering Creates Lasting Changes

- Partner with local doctors and hospitals
- Provide for training of local medical personnel, if requested and appropriate
- Return to the same location at regular intervals until no longer “needed”.

# Patient Care Issues

- Balance surgical quality and “numbers”. Use as criteria the kind of care we would provide back home.
- Have only the highest trained professionals with years of experience serve on trips. Residents on trips (few are invited) can only work alongside a supervising physician.
- Arrange for follow up care for patients with local doctors.
- Try to arrange care for any patient with a treatable problem, even if we are unable to help them during our visit. (i.e. avoid “skimming the top”).

# Be Culturally Sensitive

- We believe all volunteers need to understand as much as they can about the culture and country they are working in.
  - History, including colonial history
  - International relations, especially with “developed” countries
  - Religious traditions
  - Geography and natural resources
  - Social organization, how is authority conferred?

# The Contradictory Nature of Charity

“There is no higher religion than human service.  
To work for the common good is the greatest  
creed.”

--Albert Schweitzer

German theologian, missionary  
and physician

“Charity is meant to be a free gift, a voluntary, unrequited surrender of resources. Though we laud charity as a Christian virtue we know that it wounds...foundations should not confuse their donations with gifts. It is not merely that there are no free gifts in a particular place...it is that the whole idea of a free gift is based on a misunderstanding...What is wrong with the so-called free gift is the donor’s intention to be exempt from return gifts coming from the recipient....**A gift that does nothing to enhance solidarity is a contradiction.**”

---Douglas 1990: vii

# Poverty and Those That Give

- ...'poverty' is essentially a *relationship*, a relationship defined by the fact that the inferior is the target of gifts which he cannot and may not reciprocate. To be poor is to be the recipient of charity...the poor indeed are dependent, but the rich are dependent in turn, since they require the presence of the poor to show that they are charitable.

---Wax 1971: 339

# Effective international volunteers and volunteer groups:

- Learn to work in solidarity with the members of the host community.
- Build bridges of mutual respect and understanding.





# Medical Volunteers Can Be Ambassadors of Good Will

When:

- Interactions and interventions are culturally sensitive
- The work is supported by the local physicians and others as serving a specified, locally-defined need
- Work develops self-sufficiency either by developing infrastructure or training medical personnel

- Is being a global citizen the responsibility of working toward basic human rights, such as the freedom to vote, freedom to have clean air, access to health care, etc.
- Or is it a reaction to globalization: are we responding only because we are now threatened by the deteriorating environment, global warming, etc.
- If it is because we believe everyone should have basic rights, than the child with cross eyes or cleft palate is ultimately the responsibility of every citizen

“in the context of contemporary forms of globalization, for democratic law to be effective it must be internationalized. . . In this system of cosmopolitan governance, people would come to enjoy multiple citizenships. . .” --David Held in Global Citizenship (edited by Nigel Dower and John Williams)

“While a volunteer may feed the hungry, heal the sick or house the homeless, these social and political problems are often more complex than they may seem...Thus the volunteer’s most appropriate role is that of a student. Working abroad can better your understanding of the world and the forces that keep people impoverished, and enhance your appreciation of the richness of other cultures...For many, volunteer experiences mark the beginning of a lifelong commitment to ending poverty and hunger.”

■ Jennifer Willsea in *Alternatives to the Peace Corps*

Local professionals often expand their personal sense of responsibility to include the poor, or if already so committed, further validate their commitment.

**A bigger question still remains:**

Can volunteer medical trips  
impact global health?

# Adult blindness

- 45 million are blind worldwide, 80% avoidably so.

Blindness is defined by the World Health Organization as vision of less than 20/400 when using both eyes together.

- The number of blind is expected to double in 20 years.

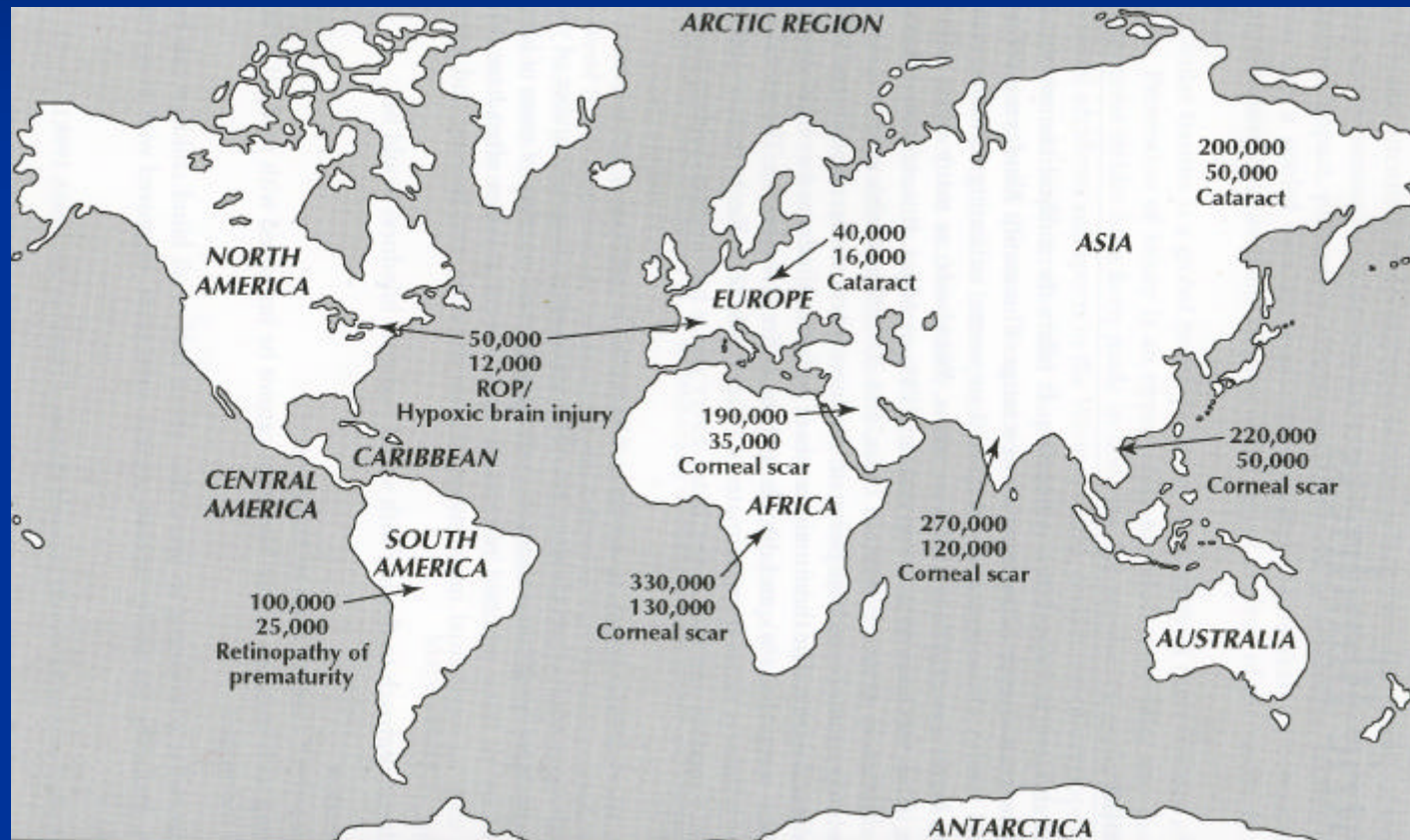
# Onchocerciasis (River Blindness)

- WHO estimates that 17.5 million people globally are infected, 99% in Africa, 1% in Latin America.
- In endemic areas, over 10% of the total population or up to 50% of adults > age 30 are likely to be visually impaired.



# 1.5 million children are blind

--World Health Organization (2002)



# Retinopathy of Prematurity (ROP)

- A paradox of modern medical progress, quite common in affluent societies, now prevalent in developing societies as well.
- In South America, for example, an estimated 25,000 are blind from ROP out of a total of 100,000 estimated blind children.

# To impact eye health, intervention must be seen in a broad context.

- Health as a development tool.
- To have lasting impact, must draw in main professional disciplines and resources. (Brian, 2000)

# Examples of eye conditions that are being significantly decreased

- Onchocerciasis
- ROP
- Ophthalmia neonatorum

# Meeting the challenge

- Our research project in Ecuador draws upon local expertise.
- Work with pediatric ophthalmologist (a WHO partner) to determine the prevalence of the problem and conduct an epidemiological study
- A controlled study of prevention with sun glasses working with residents at the medical school

# What next?

- If our research demonstrates the preventative value of sunglasses and other measures, we will have a new challenge.
- Will need to find sustainable funding mechanisms to cover the cost for sunglasses for at-risk population, and the delivery mechanism.

“Any long-lasting medical intervention requires that the recipient community acquire ownership of the project.”

Brian 2000



# Principal Reward: Exchange of Life Itself

