

# Volunteering: Beyond an Act of Charity

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## ABSTRACT

Volunteering internationally appeals to health care professionals and students for a variety of reasons and serves a number of purposes. If international voluntarism is to be mutually advantageous, however, host countries, volunteers and project sponsors need to understand how best they can work together and what can be achieved by volunteers for the greatest benefit of all concerned. This paper is intended to contribute to the growing dialogue on international voluntarism and offers suggestions to strengthen its value, from the perspectives of health workers in a developing country and the authors' experiences over the past 30 years. The paper also identifies undesirable side effects and disabling interventions of international initiatives and examines the notions of aid and assistance. One strategy to prepare volunteers for upcoming international efforts as well as to address inequities at home is involvement with underserved populations in our own country.

**MeSH Key Words:** dentists; medical missions, official/organization & administration; voluntary workers/organization & administration

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It's a typical story on the international volunteer circuit: dentist X volunteers in country Y for 2 weeks, extracts 700 teeth, places an equal number of sealants, has a memorable cultural experience and leaves feeling satisfied. Yet local people are left once again with raised expectations and few resources with which to fulfill them. Reflection on this situation can open debate on the role of volunteers, the value of their contributions and the need for voluntarism to be more than an act of charity.

This article contributes to a dialogue that is now unfolding about how volunteering internationally can be made more beneficial for host countries and for dental volunteers and their projects. Many health care professionals and students work in other countries for various periods of time. Although a wide spectrum of motives is no doubt involved, from adventure to religious mission, there is a sense that these volunteers want to do something about situations that are seen as unjust or even shameful.<sup>1</sup>

## Undesirable Side Effects

While volunteering is a sign that we care, it is also an indication of how well we are doing, in that we can travel great distances and provide care at our own expense. Of course, the reverse rarely occurs, as front-line dental workers in the countries where we go to work seldom have opportunities to travel or attend in-service programs.

Another undesirable side effect of international volunteering is the transfer of Western dental approaches that compete against, rather than complement, the host country's own oral health structure and strategies.<sup>2</sup> Such approaches (for instance, extensive composite restorations of posterior teeth) end up creating unrealistic expectations in local populations that local dental workers cannot meet on their own.

In fact, when local dentists try to model procedures that cannot be sustained, they become unhappy about their own circumstances, to the extent that they may abandon



**Figure 1:** A dental therapist providing treatment in his small clinic in Mozambique.



**Figure 2:** The dental therapist examines one patient, while many others wait patiently outside.



**Figure 3:** The dental therapist examines a child being weighed at a mobile mother and child health clinic.



**Figure 4:** For a child suffering dental pain, a careful examination helps to confirm which tooth must be extracted.

### Typical Scenario of a Front-Line Dental Worker

To illustrate some of the pitfalls of international voluntarism, we here relate the story of how a young dental worker's early ambitions to serve his country became frustrated by overwhelming challenges. As it happens, Joaquim is a dental worker from Mozambique, but variations on this story are encountered in poorer societies throughout the world.

Joaquim graduated 10 years ago from a national dental course and was sent directly to a small rural community, where he continues to work. Joaquim functions independently as a front-line dental worker in a rural health centre. He diagnoses and provides necessary care to his district of 200,000 people, who each pay a token fee for his services.

Joaquim experienced challenges from the outset. On a typical day he sees 40 patients, many of whom have travelled great distances at considerable cost.

Joaquim's work routine seldom

varies. Most days are spent in a rudimentary clinic doing extractions, with occasional cases of trauma and suspicious lesions, the latter increasingly related to AIDS. Each patient receives a few words on how to prevent 2 predominant oral conditions — abscesses and acute necrotizing ulcerative gingivitis — each of which can lead in turn to extremely serious and potentially fatal conditions.

Understandably, the way we work in other countries is shaped by our own experiences. In the Western world, the private practice model centred on the dentist dominates. For many developing countries, however, where most people are exceedingly poor and live in a rural setting and where there is a scarcity of resources, an approach that depends on a dentist is unrealistic. As well, the ratio of trained dental professionals to the population is much lower in developing countries than in Canada. Thus, many developing countries established systems that depend more on non-dentist professionals, loosely called dental workers or dental therapists, than on dentists, so that basic services can reach more people, often living in rural and remote areas (Figs. 1 to 4). While the international volunteer may try to adapt Western approaches to this developing world context and may even see some short-term benefits, sustainable long-term outcomes are unlikely.

The level of development of Mozambique is a major factor in how well Joaquim can serve his patients. After the country achieved its independence, international aid helped to build the country and support new initiatives, including the training of health workers. Eventually, international debt and other pressures from structural adjustment placed severe constraints on the government's plans, especially in terms of public services. The meagre salaries of many civil servants were frozen and budgets for materials were slashed. Essential supplies like anesthetic and disposable needles and gloves became difficult to obtain.

As a result of these shortages, Joaquim withdraws lidocaine from a common vial and reuses needles after sterilizing them, often adequately, to meet the daily demands in his busy clinic. His salary has been static for years, and with a rapid rise in the cost of living, Joaquim has developed the practice of providing some patients with partial

treatments so that they will come back and show their gratitude in some way. Sadly, Joaquim may more often spend such money, illegally earned, on alcohol — to relax and drown out his many frustrations — than on rent and school fees.

At first glance, Joaquim's story confirms the typical motivations for wanting to volunteer: they need us! The match seems perfect: people with expertise and resources making a difference for people who have very little. The questions are, what to do and how to go about it in ways that provide direct assistance and are personally satisfying to the volunteer, while supporting the host country's strategies for improving health and development.

### **Enabling or Disabling?**

Impressively, almost every developing country has a national oral health plan with goals and strategies that involve treatment, prevention and training.<sup>3</sup> The plan is a comprehensive document of a kind that does not exist in many developed countries. An overriding problem for developing countries is putting such plans into practice, given that human and material resources are so limited. Thus, the approaches used during any volunteer stay should support such national plans directly or indirectly and should aim to enable the Joaquims of our profession to practice better.

Unfortunately, how we work — whether providing clinical care, training or preventive programs — may have the opposite effect and so is potentially disabling for the host country. Short stays encourage the volunteer to focus almost exclusively on providing services in ways that emphasize efficiency, quality and productivity; as a result, the focus ends up on the volunteer. Limited time means limited opportunities to learn about the aspirations and capacities of people in the host country and encourages a “white knight” approach that is not only unhelpful but harmful. The assumption that we are the solution to another's problem becomes a proposition of self-interest, whereby we feel we are able to tell people what their problems are and then deal with them on our own terms. Playing a prominent role to get things done blinds the volunteer to the constraints and resource limitations with which a local provider like Joaquim lives.

All too soon the volunteer is gone, and Joaquim feels the loss. Patient numbers drop off as entertaining educational sessions and modern treatments are discontinued. Patients ask for topical anesthetic, but there is none left. What about the machine for cleaning teeth? Joaquim is not to use it until the volunteer returns. Where is the cow-horn forceps? It went home with the volunteer. Patients lose confidence and decide to wait for the next team of volunteers to arrive. In the end, Joaquim feels even less valued than ever, which is probably the opposite of what

the volunteers felt when they returned home. So who's really benefiting?

### **A Word about Assistance**

In this context, the word “aid” is a misnomer. “Aid” may even be harmful, for it tends to perpetuate feelings of superiority and lead to unbalanced relationships. Besides, oral disease will never be overcome if poorer societies are merely the recipients of the largesse of well-off countries. Deciding and doing for others erode the self-confidence, capacity, empowerment and self-respect of those on the receiving end of the assistance. Thus, to a large extent, dependency is a logical consequence of the type of assistance reflected by the term “aid.”

Charity is another problematic concept, one that continues to be the motivation of many who want to improve the circumstances of others. A charitable approach leads to various offerings by well-intentioned people, including money, supplies and even ourselves, in the form of our knowledge and technical skills. One of the important characteristics of the privileged is that they get to define what is needed and what is successful, but these definitions do not always coincide with local or national interests in the host country.

We have seen such misguided charity in our own work in Mozambique. Recently, we received a box from Canada containing several pieces of used dental equipment along with various other supplies. A Canadian dentist was clearing out his clinic and wanted to be charitable. He contacted people who were coming to visit our project and asked them to deliver a number of items. We received an autoclave that runs on 110 volts, not the 220 volts of Mozambique, and assorted other items, including boxes of composite resin that had expired 2 years previously. When our colleague and friend, the former chief dental officer for the country, tested one of the compules in his clinic, he broke his gun: the resin had dried. Perplexed and offended, he asked us about the donor's motivation — was he trying to help people in Mozambique or just himself? “Why waste the efforts of others to carry such supplies and create expectations which then become frustrations?” he asked rhetorically.

There is a strong need to change our thinking about what constitutes assistance. We must shift from a charity model of dental aid to poor countries to one that involves helping local efforts to extend primary care and address the causes of poor oral health. For that to happen, we need to think and act outside the box, to view and practise dentistry aimed at improving population health.

### **What is Wanted of Volunteers and Their Projects**

Host countries want us to join them in advancing oral health strategies that effectively contribute to improving the oral health of the population at large. In a personal communication in 2004, the same former chief dental

officer of Mozambique spoke emphatically about not wanting to receive dental charity:

The pots that were once empty of knowledge and skills are not any more. We encourage volunteers and their dental project planners to take time to listen and ponder how to link their work with the good intentions of local authorities. Partner with them in order to avoid feelings of being imposed upon. Respect and find ways to support existing programs, departments and training institutions that are struggling to accomplish worthwhile dental objectives that are already in place.

The challenge for volunteers is to apply their expertise in ways that benefit the greater population, using community and population health paradigms. Community health views people in the full context of their lives, on their terms, in their world, in their own daily situations, considering the many factors that influence their lives and their oral health. Population health takes the perspective of promoting measures that have benefit for whole groups of people rather than the well-being of individuals.

While the conventional dental approach compels patients to enter the world of the dental health professional and adapt to it, community and population health demand that professionals adapt their programs to the specific realities of people wherever and however they can best be served. By working with communities in this way, volunteers are able to learn and can significantly contribute to strengthening the health of these people.

Three years ago, while teaching a group of Mozambican health professionals that included dental therapists, I asked them how outsiders could best contribute, whether as volunteers or as contracted professionals. Interestingly, they spoke less about skills and more about certain personal attributes:

- belief in global equity and a commitment to redressing injustices — in health care, it is not acceptable that some people enjoy comprehensive services while so many others receive nothing.
- willingness to work with compassion — professionals should attend to patients in ways that demonstrate respect and kindness, and encourage this of others.
- openness to change — it is important to be inquisitive and receptive to learning, to see things differently through the eyes and experiences of others, and to be willing to do things differently.
- respect for diversity — volunteers should strive to appreciate different realities, the causes and consequences of a new context, and people's existing capacities; being fixed on single ways of doing things prevents creativity.
- openness to mutual learning — creating processes for engaging others in discussions can help to situate a particular focus like dentistry in the larger context of

health and development and can lead to a wider analysis of issues affecting oral health.<sup>4</sup>

- interest in raising consciousness, not necessarily in others but in ourselves — consciousness is the human capacity to analyze, to understand and to change. With heightened consciousness, we are better able to act on ethical values like human rights and social justice.<sup>5</sup>

If volunteers had these attributes, their contributions would lead to certain actions that this group of Mozambicans identified as important for their country: pooling resources, strengthening a struggling profession and purposefully moving from a disease-centred paradigm to one that focuses on health and well-being.

There is a rich literature that speaks to the necessary balance of attributes and skills in relation to 2 particular concepts that are important in international health work. Primary oral health care, as the fundamental strategy of national oral health plans in poorer countries, aims to ensure that everyone has access to basic services and opportunities for achieving oral health.<sup>6</sup> Oral health promotion tackles the social context in which people live, rather than taking the health education approach of trying to change individual behaviour.<sup>7</sup>

### Volunteering at Home

The challenge of being a helpful volunteer is to deal with familiar problems in ways that are appropriate to a new context. We must open ourselves up to look at new ways that dental practice can promote improvements in oral health. This directive clearly applies to volunteers working elsewhere but also to those in our own country, who can help our profession to become more socially accountable. Consider the phrase “Think globally, act locally.” Many communities in North America, including those in inner cities, would welcome professionals who are willing to volunteer their time to build a community health approach. Such an approach would strengthen local capacities for dealing with a variety of determinants that are compromising people's oral health. Linking ourselves and our students with local shelters, drop-in clinics and friendship centres can prepare us for upcoming international efforts as well as addressing inequities at home.

One does not have to go overseas to make a difference. While realities like Joaquim's present a compelling reason to go afar, such work can be done within our own practices and institutions. In working with our students, who are the professionals of tomorrow, we need to encourage idealism and debate provocative questions that examine both our intentions and our roles. We are in a position to promote an approach where lending a hand does not mean doing it our way but rather strengthening others' capacity to do for themselves, where volunteering becomes an act of solidarity rather than charity. ✦

## THE AUTHORS

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An international volunteer symposium often precedes the annual conference of the American Dental Association (ADA). It is jointly sponsored by the ADA and Health Volunteers Overseas, a nonprofit organization. Readers can obtain a copy of *International Dental Volunteer Organizations: A Guide to Service and a Directory of Programs* from the Center for International Development and Affairs of the ADA. There is a nominal charge for non-ADA members. For more information on the guide, e-mail [info@hvousa](mailto:info@hvousa) or visit the ADA Web site at <http://www.ada.org/ada/international/index.asp>.