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Good Intentions?: A Consideration of Short-Term, Medical Mission Trips

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GOOD INTENTIONS?
A CONSIDERATION OF SHORT-TERM, MEDICAL MISSION TRIPS

A Capstone Experience/Thesis Project

Presented in Partial Fulfillment of the Requirements for

the Degree Bachelor of Science with

Honors College Graduate Distinction at Western Kentucky University

By

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Western Kentucky University
2014

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ABSTRACT

I review the current trend of international volunteer travel with a focus on advantages and disadvantages of short-term (1-2 week) medical volunteer trips and how cross-cultural communication can influence the effectiveness of volunteers. Advantages include making health care available to populations who normally do not have access to care. Disadvantages to trips include a lack of follow-up care and community dependence on outside aid. To increase the effectiveness of these trips, it is recommended that volunteers coordinate with full-time health care workers in target communities and utilize pre-departure training.

Keywords: International volunteerism, Cross-cultural communication, Cross-cultural nursing, Medical volunteerism, Short-term mission trips
Dedicated to the wonderful individuals I met in Baja California Norté, Mexico. Everyone touched my heart in ways I will never forget.
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FIELDS OF STUDY

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International volunteerism is booming, with approximately 1.6 million Americans participating in short-term mission trips annually (Wuthnow & Offutt, 2008, as quoted in Trinitapoli & Vaisey, 2009). As international volunteerism grows, so does the interaction among people of different backgrounds. The growing trend of short-term volunteer trips (or short-term mission trips; STMs) has presented many individuals with the opportunity to travel and learn about new cultures while hopefully contributing to the host community. However, these missions of mercy are not without their challenges.

STMs reveal many difficulties in cross-cultural communication. The language barrier is one of the more obvious obstacles to interacting with someone of a different culture. The language barrier presents a unique challenge to STM participants; volunteers must find, pay, and utilize interpreters. Physicians and nurses on medical trips must ensure that their patients understand well enough to provide informed consent or follow prescriptions. Translation errors and misunderstandings can lead to potentially fatal medical outcomes.

STMs also present questions of ethics. Medical students may participate in medical trips, and students are allowed to perform procedures they would not be allowed to perform within the United States. The lack of legal protection for impoverished patients in developing countries give students the opportunity to practice new skills with little or no threat of legal repercussions. Because many trips only last a few days, medical students may not have to deal emotionally with the consequences of their actions. The
students will not know whether their patients developed infections or complications as a result of their work. This raises the question: when is sub-standard care better than no care? And, what is the true commitment of a nurse (or physician or medical student) to their patient in short-term medical volunteer trips?

Many volunteers participating in STMs come from wealthy nations and relatively wealthy backgrounds compared to those that they are going to help. This socioeconomic difference adds a power dynamic to the interaction between the “helpers” and the “helped” on these trips. Volunteers are exposed to impoverished conditions, often for the first time, and they may have different responses to the poverty they experience. Some volunteers take a degrading view of the culture and consider the people they meet to be poor and helpless. Being focused on this one dimension, these volunteers miss the intelligence and creativity of the individuals they go to help. Other volunteers view the poverty as simplistic living, even envying the people they help. A world free of technology and the stress of our modern Western society seems appealing. These volunteers overlook the struggles that are unique to the “helped” culture, such as inadequate food supplies or lack of educational opportunities. STM teams can remain relatively isolated from the community they came to help, staying in hotels and cooking their own meals. This limits the cross-cultural interaction and the opportunities for volunteers to learn about another culture. Another issue is the photography of impoverished populations. Is it ethical for visiting volunteers to take pictures of people they do not know and circulate them on social media websites?

Before embarking on STMs, most teams engage in some sort of training. This pre-departure training is important to the team’s success, and there are many different
ways to approach readying a team for international volunteering. For weeklong trips, individuals usually focus on cultural nuances—a sort of list of “do’s and don’t’s.” It may be better to equip teams with a general knowledge of many aspects of the destination community, such as the political structure and history of the region.

The goal of voluntourism is to benefit the host community. Some benefits STMs hope to offer are improved education, medical care, and economic situations. Although the focus is on the host communities, volunteers themselves receive many benefits from participating in STMs. These include new relationships, increased cultural sensitivity, and international experience.

In the summer of 2013, I interned at a clinic in Baja California Norte, Mexico for ten weeks. I assisted full-time missionaries at the clinic with facilitating short-term teams from America. Over the course of the summer I learned much about how STMs work and how they sometimes do not work well. I intend to discuss the cross-cultural issues in STMs by utilizing the work of other scholars and my own observations from my experience with STMs. As I review different factors affecting cross-cultural communication within STMs, I will make recommendations for improving these trips for participants and host communities.
CHAPTER 2

THE CLINIC

During my internship at the clinic, I worked alongside the full-time missionaries and other interns to accommodate weeklong teams from churches in the United States. These short-term teams would stay in bunk houses within the clinic’s walls and put on Vacation Bible Schools in local communities. Also in the area was a large ranch; this ranch bussed workers up from southern Mexico to work in the strawberry fields. The clinic was located about a mile down the road from a migrant camp where the migrant workers lived in small rooms with their families. We took the American teams to this camp once or twice a week to play with the kids there and to show a film on a screen that was set up on the back of a pick-up truck. There was also a church within the clinic walls where the full-time missionaries were involved. The other interns and I attended the biweekly services there. The local church members would come to VBS and the camp with us to assist with the American teams.

I met and worked with many incredible individuals over the summer. There are two full-time missionaries at the clinic. One grew up in the area, and his father was the pastor of the church before he passed away. His wife is originally from Oregon. She has been at the clinic for 6 years. These two full-time missionaries would schedule teams and communicate with them about transportation, what to expect, and what to bring. Christy and Sandra were two other interns. Sandra was in her early twenties and had been at the clinic for about a year when I arrived. Sandra was fluent in Spanish, having picked up the

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1 The clinic relies heavily on support from short-term teams, and to avoid any unintended offense or harm I will not name the clinic in this paper.
language while at the clinic. The local kids loved her, and she was known in the community for her delicious brownies. Christy was in her early fifties and was still learning Spanish. She could communicate much more easily than I could, so I often asked her to translate for me. She was always willing. The kids who lived within walking distance of the clinic would often come spend time in the clinic with the other interns and me.

When we had a team staying with us, a typical week for me included waking up early to eat breakfast with the team. We then had chapel and work projects in the morning. Projects would include chores around the clinic, such as painting. After lunch we would drive out to a community for VBS. A full-time missionary or one of the Mexican volunteers would always lead the songs and teach the lesson, which was all in Spanish, of course. One of the American teams did perform dance routines to songs in English. After VBS, we went back to the clinic for dinner. Some nights we would also go to Camp Vergel for film night. Throughout the week my duties would be to assist the full-time missionaries however I could. I would lead work projects, give VBS orientation, and help get team members involved.
Perhaps the most apparent obstacle to communicating with someone of a different cultural background is the language barrier. The language barrier often confronts nurses working within and outside of the United States and is almost always a factor with STMs. Although ways exist to make communication possible (such as the use of interpretation services), these can be costly and time-consuming, and often volunteers and nurses are not adequately trained to utilize language resources properly.

Jirwe, Gerrish, & Emami (2010) expounded upon the issue of language differences within the field of nursing in their article Student Nurses’ Experiences of Communication in Cross-Cultural Care Encounters. In this study, ten student nurses who had participated in clinical education opportunities in multi-cultural settings were interviewed regarding their experiences providing nursing care for patients who spoke a different language. In these interviews, students revealed their fear of not providing enough information for patients with whom they did not share a common language. The student nurses also noted that normal, social discourse was missing when caring for their patients. This inability to engage in casual conversation left students feeling less of a personal connection with their patients. International medical volunteers often do not share a common language with those they are caring for, and this can impede the development of a therapeutic relationship.

Del Pino, Soriano, and Higginbottom (2013) conducted ethnographic research in southern Spain. Researchers interviewed 32 nurses in three different Spanish hospitals.
and found that the language barrier may hinder nursing care, leaving nurses unable to provide standard care for their patients. Del Pino, et al. (2013) found that the use of professional interpretation services can aid nurses in providing appropriate care. This is significant in that it shows how necessary interpreters are to the work of short-term volunteer trips with a medical focus. In her book *Ethics for International Medicine*, Wall (2012) also touched on the importance of dealing with language barriers when medical care is involved. She asserted that differences in language can attribute to medical errors (some potentially fatal). However, an individual who is bilingual may not be adequately prepared to interpret for medical STMs. Interpreters should also be knowledgeable of medical terms and practices in both languages to ensure the patient receives adequate information and has understanding (Wall, 2012).

Palacios (2010) participated in an Australian based international volunteer program that took place in Vietnam over a four week period. During this time the author observed 16 trip participants and two team leaders, and after the trip surveyed ten participants via email. Palacios (2010) found that his research (along with much other research on voluntourism) was based on the observations of the volunteers, leaving out members of the host community. This was largely due to the language barrier. Not only does a difference in language impede volunteers during their time abroad, but it also impedes the research done to determine the benefits and harms of such volunteering. Palacios (2010) noted that language greatly impeded communication with the locals, and that this impediment was often frustrating for team members.

from two different international volunteering programs. Researchers found that the language barrier was the most significant obstacle to communication for many volunteers, and that this barrier often resulted in confusion and the need for extra resources (time, interpreters, etc.) Obviously interpreters are an important part of a short-term volunteer team (Wall, 2012; Lough et al., 2009; del Pino, et al., 2013). If these interpreters are native to the area, they can not only help visitors communicate linguistically but also culturally. They can help volunteers become aware of and adjust to cultural differences, increasing their impact on the community. However, many nursing students and nurses have not been trained in working with interpreters (Jirwe et al., 2010).

I soon realized that my internship in Mexico would be defined by my inability to speak the language. When I first met the children who lived near the clinic, I was totally dependent upon others to interpret for me. I could tell that the kids were very disappointed that I did not speak the language; however, they were as eager to teach me as I was to learn. As discussed above, Jirwe et al. (2010) found that student nurses struggled to develop relationships when they did not share a language with their patients. I found this to be true in my own experience. Because I did not speak the language, I could not make an initial connection through small talk with people upon meeting them. It took much longer to develop relationships, and if I had gone for a shorter amount of time, I would not have been able to make as many significant connections to the community. Because I could not speak the language, I had to find other ways to communicate. I offered to help by babysitting, cleaning up a local park, and weeding the road that ran in front of the clinic. I had to communicate through actions instead of
words. Sandra and Christy both served as interpreters for me over the summer, keeping me in the loop with conversations and church services. At the beginning of the summer I felt very reliant upon Sandra, but after I had spent more time with the Mexican church members I became comfortable being the only English-speaking person at events. We developed a pidgin language with the little Spanish I knew, the little English they knew, and a lot of gestures and laughter.

It is recommended that volunteers learn the language before traveling to a different culture (Van Engen, 2000; Barna, 1997). All summer long I wished that I had taken time to learn Spanish before traveling to Mexico. However, the experience of not being able to communicate—of being a complete outsider—did teach me to be very humble. It is easy to enter a volunteer experience somewhat prideful; I was the American going to rescue these poor people, to teach them about my religion and impose my priorities on them. Once I got there I realized that I was an easy target. Without the American teams around, I was the outsider, and outsiders are easily bullied. For example, upon meeting a young gentleman I mistakenly said “Me gusta” (“I like”) instead of “Mucho gusto” (“Nice to meet you”). It did not take long for this story to circulate, and I never heard the end of it.²

Not knowing the language severely hindered my ability to contribute to the work at the clinic. When there were no teams at the clinic, I was the only person who could not speak Spanish. If anyone came needing assistance or information, I could only refer them on to someone else. Even when American teams were present, I was often unable to serve

² This was not the only mistake I made during my internship. For eight weeks I had the verb “llevar” (which means “to take”) confused with the verb “lavar” (which means to wash). When helping children wash their hands at vacation Bible schools, I would tell them I was going to “llevar” their hands. I am sure more than one small child was concerned at the thought of a strange foreigner threatening to take their hands.
as an interpreter for them. I contributed by working on more menial tasks (such as cleaning and gardening) so that the missionaries and other interns were free to speak with people.

The majority of week-long volunteers who visited the clinic did not speak Spanish; however, there were often one or two people on each team who did speak Spanish. Their experiences in Mexico were a little different than those of their fellow team members. Those who were fluent in the language connected with the local children more quickly and were also often asked to serve as interpreters. A contractor and a Spanish professor came on one team; the professor worked with the contractor on the roof all week long to help him communicate with Spanish-speaking volunteers from the local church. I also often would ask Spanish-speaking volunteers to help interpret when necessary.

Those who did not speak the language (including myself) were at a disadvantage. Connecting with the children at VBS programs was not difficult as the children were used to seeing English-speaking Americans every year and wanted to play with volunteers and the toys they brought. Volunteers sought to overcome the language barrier through play, expressive actions, gestures, and laughter. There were times, however, when older Mexican children would harass the American volunteers in Spanish, and the Americans were unable to understand or respond. It was interesting to see how language turned the power balance in the interactions upside down; the older, stronger, wealthier Americans were being bullied by Mexican children, and they had no way to verbally defend themselves.
CHAPTER 4

SOCIOECONOMIC DIFFERENCES

Many scholars have shown that an important aspect of STMs is the relationship formed between volunteers and locals (Devereux, 2008; Priest & Priest, 2008; Graetz, 2013). It has been shown that these relationships are more difficult to form when there is a language barrier present, but that is not the only obstacle to successful cross-cultural communication. The difference in the socioeconomic statuses (SES) of the volunteers versus the locals may cause a difficulty in relating to each other, hindering communication.

McBride, Brav, Menon, and Sherraden (2006) confronted the issue of differences in SES between volunteers and locals in their article Limitations of Civic Service. Short-term volunteers tend to have better educations and higher incomes than the locals they go to serve (Brown, 1999 as quoted in McBride et al., 2006). The researchers contend that when groups travel to witness and experience poverty, the uneven power dynamic in those relationships is increased. Even the fact that a volunteer pays to travel to an impoverished location and has the liberty (and means) to leave a few short days later shows who has power over their circumstances (and often the circumstances of others). The volunteers are free to come and go as they please, even though it is not even their own country. Ignoring this difference in power can damage the relationship between STM teams and their target communities. For example, it would be demeaning for a female volunteer to be in charge of local male workers in a patriarchal society. In a culture where the elderly are greatly respected, it would be disparaging for a young adult
volunteer to command an older adult, even if the younger volunteer had special skills training and knowledge. These are both very sensitive situations with no easy solutions.

Sin (2010) interviewed fourteen individuals in Cambodia (locals, workers from NGOs, and missionaries) who had experience working with STM teams. Those surveyed reported that volunteers rarely established equal relationships with locals and instead saw the locals as passive. Volunteers assumed the responsibility even though it was the locals who were supposed to benefit from their projects. Respondents also said that some visiting teams would bring all of their own supplies (food, cooking utensils, sleeping bags, etc.) as if their destination was so impoverished they would not be able to buy anything there; this was an offense to their hosts. The workers from local NGOs remarked that some villages did not receive help from teams because they did not appear “poor enough.” This means that the help provided by STMs may disqualify the village from receiving more help (or ongoing support) in the future. This is detrimental to volunteer work where ongoing relationships between volunteer organizations and communities are key. In an interesting twist, the local Cambodians said they try to not judge the volunteers for their shortcomings and cultural offenses, but they are patient with them, believing that they have good intentions. It is often the “poor” host community that is doing the wealthy volunteers a favor. In a similar study carried out in Myanmar, Graetz (2013) interviewed 29 locals and 16 visiting volunteers about their experiences with short-term mission teams. Whereas Sin (2010) found that community improvement may hurt a village’s chance of receiving future aid, Graetz (2013) found that government agencies may show more respect to a locally based organization if they receive STM teams.
Another study by Green, Green, Scandlyn, and Kestler (2009) in Guatemala revealed that foreign volunteers may cause problems for local professionals. Community members are more likely to seek the advice of visiting, White doctors, undermining the status of physicians within the community. This can not only create dependence on visiting teams but can hurt the livelihoods of local professionals.

One situation in which the socioeconomic difference between the “helper” and the “helped” becomes glaring is when wealthy volunteers pull out their cameras to take pictures. Taylor (2000) addresses questions of ethics in his article *Problems in Photojournalism: Realism, the Nature of the News and the Humanitarian Narrative*. Taylor (2000) argues that viewing pictures of people in poverty has not been proven to spur viewers to action. In fact, the opposite may be true. Viewing photos of people in faraway places may make viewers feel pardoned from guilt and relieved of responsibility. Sontag (1977) suggested that photos have the effect (when overused) of making things seem less real to viewers, and the press is inundated with shocking pictures of people in poverty. Karnik (1998) agreed, going as far to say that the viewing audience becomes accustomed to seeing these images, so much so that editors must publish pictures that are more and more shocking to produce the same effect. Photographs, however, are very moving and powerful. How can this power be harnessed for good? Karnick (1998) recommends including names and stories of each photograph's subjects, reminding viewers that individuals in pictures are more than ink on a page. In order to spur individuals to action it is important to show how the poverty showcased in an image is connected to larger issues, such as political systems, economic policies, racism, classism, and corruption.
McBride et al. (2006) emphasized the importance of not ignoring the power dynamic in cross-cultural relationships, and I realized this before I arrived in Mexico. However, I found the difference in my socioeconomic status and that of the locals I worked with was not noticeable during my time there. I had been encouraged to bring simple clothing and had very few possessions with me. The kids I spent the most time with were used to having American interns visit every summer, and I am sure this influenced their perception of me. I was not new or exciting, but rather just another White college student spending the summer helping the full-time missionaries.

Safety is often an issue with STMs (Smith, 2012). Traveling to new places can always come with an element of risk, especially when traveling to a developing country. Another factor to consider when discussing safety is that volunteers can often be young (middle school and high school aged groups). The full-time missionaries at the clinic explained that the rules they implemented were to keep volunteers safe. These rules included staying in groups of at least three, and for girls to not approach men (as this could appear flirtatious). When visiting the migrant camp, I was told to never be without a local volunteer. I was often dependent on the volunteers from the Mexican church. They would translate for me and defend me from trouble-making teenagers. Even though I had traveled to help them, they were protecting and looking out for me.

Taylor (2000) and Karnik (1998) raise questions about the ethics of taking and publishing pictures of impoverished subjects. I took this issue a step farther, asking “Is it ethical to take pictures even if they will not be published in the mass media?” From personal experience, I have seen many friends and acquaintances return from STMs to post dozens of pictures on social media of themselves with poor children whose names
they did not even know. If we reversed the situation, how would it make an American mother feel to know her child was on the Facebook wall of a Mexican visitor who had played soccer with them for an hour? Does such a short investment give volunteers the right to take and use pictures (even if not largely distributed)? I felt that it was important to develop relationships with people before taking pictures with them, so I used my camera only for shots of landscape during the first few weeks. By the end of the summer I felt comfortable enough with a few people to ask if it was okay to take pictures with them. I kept these pictures for my own personal use (as memory aids of my time in Mexico), and I posted no pictures with human subjects on social media during my internship.

McBride et al. (2006) assert that it increases the power difference in relationships when volunteers travel to experience poverty. Volunteers are praised for going into dismal conditions of their own free will; however, they are also able to leave of their own free will. The individuals they go to help cannot leave their desperate situations. Volunteers are often praised for striving to understand the lives of the poor, but can one truly understand what one only experiences for a few days? Volunteers, at most, experience similar living conditions to their host population. They do not experience the same cultural pressures, ostracism, and hopelessness about the future that individuals from that host community may face. If a volunteer falls ill, they are guaranteed the best treatment available. If one of the poor they traveled to live alongside becomes ill, they must fend for themselves. Even when volunteers make an effort to truly assimilate into the culture they still have privileges because of their wealth and cultural backgrounds (coming from politically powerful nations to less powerful nations).
According to Sin (2000), however, volunteers often do not even make an attempt to embrace the host culture. Instead volunteers live apart from the local community, sometimes bringing their own supplies and acting completely autonomously. At the clinic, teams did bring all of their groceries with them as well as a few team members to cook. Cooks often attempted Mexican dishes but would also serve American staples. Teams stayed in barracks within the clinic’s walls, and the only locals they saw regularly were the children who lived near the clinic. The teams would often pay a local couple (family of the missionaries) to cook fish tacos (a very common dish in the area) once during the week. This was a win-win situation: the team got to taste an authentic local dish, and the couple earned much needed money for their family.

The most common observation among international volunteers is the poverty of the areas they work in (Trinitapoli & Vasey, 2009). It is no doubt that every team member noticed that individuals who lived around the clinic lived in poorer circumstances than they were used to. During debriefing sessions at the end of the day, many teenagers (and adults) became teary eyed as they shared stories of barefoot, dirty-faced children. Volunteers can have different reactions to seeing poverty: some spoke of the “happiness” of the locals despite their desperate situations, heralding “simple living” as the reason for their joy. These volunteers appeared envious of a lifestyle that did not include the busyness of the modern American lifestyle. Others focused on the poverty, seeing only the desperation and missing the creativity and resourcefulness with which poor individuals faced their problems daily.

Sin (2010) argued that it can hurt communities to not look “poor enough,” and that this might result in their not receiving future aid. Only one team (Team Three) that
visited made remarks about how the community was “not that poor.” This same team had
members refuse to bathe in the shower water and instead use filtered drinking water for
showers. It had been explained that the water was very safe for bathing, but the slight
smell was so off-putting that they refused. This reveals how important it is to raise
awareness of poverty without it being the sole focus of the mission trip. Trip participants
should leave with an increased knowledge of a new culture, and poverty is one aspect of
that culture. It should be neither ignored nor overemphasized. If trip organizers choose to
ignore poverty, volunteers do not become fully able to understand the culture they are
temporarily engaging nor are they able to efficiently help. For example, during the week
Team Three was at the clinic, an elderly blind lady came to VBS every day. She had
cataracts, and a common cause of cataracts in that area is overexposure to the sun
(especially among field workers, an occupation that employed much of the population)
(West et al., 1998). These volunteers (perhaps because of previous exposure to shocking
photographic images of impoverished subjects) looked around their surroundings and
judged the community as “not that poor,” even when they had met a woman who had lost
her eyesight merely because she did not have sunglasses to protect her eyes. They were
missing the point.

The point may very well be that there is no single point. Poverty is the result of
many interconnected causes, each complex, strung together in a complicated web that
cannot be understood after a mere five days in a foreign village. Volunteers should not
just be taught that poverty exists, but also taught about the causes and effects of poverty
as well as solutions that are being implemented around the world. To continue the above
example of the woman with cataracts, merely handing out sunglasses would not be a
holistic answer to the problem of cataracts in that area of Mexico. Locals would have to be educated about the effects of the sun on their eyes. Eye care must be seen as a priority among the people (who also have to worry about acquiring such basic necessities as food, education, and medical care) before they will even utilize the sunglasses. Even if they were informed and chose to wear sunglasses provided by donors, there is the problem of developing dependence on outsiders. It becomes an issue of members of one culture taking care of members of another culture; this may appear kind at first, but is a problem of dominance. One culture is asserting itself as the “care-takers” (and thus more powerful) in the relationship, leaving the members of the host community passive.

As discussed earlier, I decided to leave my camera behind on all but a few occasions. I had ten weeks to take pictures, but this was not a privilege the teams had. Weeklong volunteers had a few days of VBS (sometimes as few as three days) to get photos of themselves with the children, and this could have resulted in everyone frantically taking pictures, ignoring (quite ironically) the subjects of their photos. The clinic had a photography policy we shared with the team on the first day of their stay: no one was allowed to have cameras the first day of VBS, and throughout the rest of the week there would be only one or two designated photographers who would then share their pictures with the rest of the team members. This policy worked very well, and teams who had come in years past were very agreeable. The teams planned to use any photographs for their own personal use (to remember their experiences), and no pictures were published. Although this use of photography may escape the criticisms of Karnik (1998) and McBride et al. (2006), the sight of White people using their iPads (worth hundreds of dollars) to take pictures of barefoot Mexican children in the name of charity
raises a question of ethics. Volunteers are lauded as sacrificial for giving of their time (usually one to two weeks) and their money (or others’ money they raised) to “help” poorer populations. Is this sacrifice? To travel to a new place (often quite exotic) with close friends for a few days on someone else’s tab? To give up one’s comfortable lifestyle for a mere five days? The answers to these questions are beyond the scope of this paper, but should be considered in the discussion of who benefits most from STMs.
Many STMs have a medical focus, and organizations such as Doctors Without Borders and Mercy Ships recruit healthcare professionals to provide free medical care to impoverished individuals (Doctors Without Borders; Mercy Ships). Most people have seen television commercials displaying before and after pictures of young children who received surgeries to repair their cleft lips or cleft palates (CL/CP). The benefits of such surgeries are obvious; the risks, however, are not. All surgeries place patients at an increased risk of infection (Wall, 2012), and cleft palate surgery patients specifically have a risk of developing fistulas in their palates (Abdurrazaq, Micheal, Lanre, Olugbenga, & Akin, 2013). Not only can the surgery itself be unsafe due to a lack of resources, but patients need medical care after surgery—something a weeklong STM may not provide. Surgery may also be unnecessary, as some of the conditions commonly treated surgically by STM teams have been shown to be preventable (as will be discussed in upcoming paragraphs).

In their article Perceptions of Short-term Medical Volunteer Work: A Qualitative Study in Guatemala, Green et al. (2009) interviewed 72 individuals, including Guatemalan health care workers, the Guatemalan parents of patients who had received care, and foreign medical volunteers (both short-term volunteers and long-term workers who had experience working with short-term teams). Green, et al. (2009) found that

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3 Cleft lip and cleft palate are medical conditions in which either the upper lip or the roof of the mouth or both do not develop correctly. As a result there is a gap in the upper lip, the roof of the mouth, or both. This causes difficult speaking and eating, and this condition can affect hearing (Story, 2012). This is an obvious facial deformity that can cause individuals to be ostracized from their communities (Adetayo, Ford, & Martin, 2012).
many of the Guatemalans thought the lack of healthcare in rural communities was due to poor infrastructure and a lack of resources, not a shortage of physicians. The most common recommendation for improving short-term medical trips was to coordinate with physicians in the country. The authors also mentioned the importance of meeting real needs in the community and ensuring patients received follow-up care, which may be lacking with short-term trips.

Cross-cultural interactions often raise questions of ethics, and international volunteers often encounter ethical dilemmas. In her book *Ethics for International Medicine*, Dr. Anji Wall examines different ethical challenges international medical volunteers may face and proposes a model for decision making (2012). Potential problems with short-term mission trips include the failure to provide follow-up medical care after surgeries and procedures, medical errors due to mistakes in interpretation, and inability to obtain informed consent. Wall (2012) also pointed out the practice of allowing medical students to perform procedures they would not be allowed to perform in the United States; these students essentially “practice” their untested skills on vulnerable patient populations. This raises the question: is substandard care better than no care at all? To improve upon these trips in the future, Wall (2012) recommends utilizing trips for care that can be provided quickly. Instead of addressing chronic problems, teams should focus on surgeries that can be performed in a window of a few days. Volunteers should also utilize local staff and their understanding of the host community and follow their lead when making decisions.
In their article *Fly-By Medical Care*, Snyder, Daramsi, and Crooks (2011) compare voluntourism to medical tourism. The authors contend that physicians have a duty not only to provide medical care but to address the injustice of the local medical system. A healthcare worker has a duty not only to their patients, but to the society in which they are working at large. This means a volunteer’s work should not solely be about providing care to individuals but also about helping reform the healthcare system for the continued benefit of the community members. This is an impossible undertaking for a physician who is only in the country for a few days. A larger organization with a constant presence in the country has more power to advocate for government support of healthcare. One such organization is World Vision (*World Vision*). Like Wall (2012), Snyder et al. (2011) discuss the ethical issues that could arise from allowing medical students to perform procedures for which they are not qualified. These authors also state that volunteer medical care should not be charity but an ongoing, cooperative relationship between volunteers and the host community.

Surgeries do fit better into the schedules of STMs, which do not provide time for physicians to manage chronic, long-term illnesses in patients. Adequate facilities and equipment may be hard to come by in impoverished communities (especially rural communities), and the lack of follow-up for surgical patients is concerning. It is the responsibility of surgeons to ensure that their patients will have adequate follow-up care (Green, et al., 2009; Wall, 2012). If there are not enough long-term medical workers in the community to care for post-surgical patients, patients can develop infections. Because their time spent in-country is so short, visiting surgeons do not have to directly deal with

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4 Voluntourism is the practice of traveling to foreign (and often impoverished) countries to provide free or low-cost medical care. Medical tourism is the practice of traveling to foreign countries to receive medical care, usually at a lower cost.
the repercussions of the care they give (Wall, 2012). Any adverse reactions to medications or infections acquired from surgical procedures are dealt with by full-time healthcare workers in the community. Also, some medical conditions cause social repercussions that cannot be mended with only physical healing.

For example, vesiculo-vaginal fistula (VVF) repair is a common goal of some surgical STMs. VVFs are essentially holes in the tissue between a woman’s vagina and rectum. These can be caused during childbirth if the head of the baby gets stuck for a prolonged time, exerting pressure against the wall of the birth canal. This pressure causes the tissue to die, creating a VVF that results in incontinence. This permanent condition of incontinence often causes women to be outcast from their communities; their husbands often leave them, and the social repercussions are arguably as traumatic as the physical side effects. Surgery can often (not always, but often) heal the physical trauma, but it takes more than surgery to restore the dignity of a woman and lift her out of poverty (Hsu & Fischer, 2011).

A surgery always involves risk to the patient, no matter how pristine the conditions under which it is performed and the quality of the care provided post-operatively. Even though surgeries are a common outreach of short-term medical volunteer teams, there are sometimes preventive means that could greatly reduce the need for surgeries. Cleft lip and cleft palate surgeries are commonly performed by medical voluntourists. These surgeries are not guaranteed, with a success rate of 70% and a complication rate of 14% (Abdurrazaq, et al., 2013). Surgeries can result in fistulas which would require even further surgery, which would probably not be available in the regions.

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5 Operation Smile is a charitable organization that makes free surgeries to repair cleft lip and cleft palate available to impoverished populations (Operation Smile).
where medical voluntourists travel (Schultz, 1989). It has been shown, however, that the use of folic acid supplements during pregnancy greatly reduces the incidence of cleft lip/cleft palate births (Czeizel, Timár, & Sárkozi, 1999; Wehby, Goco, Moretti-Ferreira, Felix, Richieri-Costa, Padovani…Murray, 2012; Shaw, Lammer, Wasserman, O’Malley, & Tolarova, 1995). Not only would folic acid supplementation decrease the need for surgeries (and eliminate the risks inherent in those surgeries), but supplements cost much less than surgeries do, making them more widely available and a better investment economically. It is financially cheaper to prevent cleft lip/cleft palate through supplements than to cure them through surgery.

Another example of prevention is vitamin A supplementation. It has been shown that vitamin A supplements reduce child mortality rates from diarrhea and measles; vitamin A also reduces the incidence of eye problems (Mayo-Wilson, Imdad, Herzer, Yakoob, & Bhutta, 2011). If prevention is so much simpler and less expensive than surgical cure, why are more organizations not focusing on supplements? Perhaps it is that the prevention of a condition does not seem as urgent as the cure of a condition that has already developed. Perhaps it is that prevention requires continuous distribution of supplements and is not possible to accomplish within a week or two. Or perhaps it is that there are no dramatic before and after pictures of children on supplements to tug at the heart strings of financial donors.

Although I was technically living in a clinic, I had very little experience with healthcare during my internship. A local man with some emergency medical training ran the clinic throughout the week, and a doctor employed by the government visited one day

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6 Vitamin Angels is one organization that provides Vitamin A supplementation to children at risk of Vitamin A deficiency (Vitamin Angels).
every other week to refill prescriptions, give vaccines, and perform physicals. I did help orchestrate a two-day health fair for local farm workers. One of the weeklong American teams had developed a relationship with the owner of the local ranch\(^7\) and wanted to do something for his workers. He graciously allowed us to visit his farm and set up the fair. All of the physicians involved were Mexicans who traveled down to the clinic from Tijuana. They brought with them Mexican medical students who were in medical school in Tijuana. None of the American volunteers had healthcare expertise or experience, but the volunteers’ relationship with the owner opened the door for the Mexican physicians.

The health fair consisted of blood pressure and blood glucose checks, a station where workers could try on eyeglasses, consultations with physicians, a pharmacy truck, and a prayer tent. Volunteers from the local church staffed the prayer tent, telling workers about the local ministry of the clinic and providing spiritual support. Every worker was given a small bag containing soap, a toothbrush, toothpaste, and a washcloth. The STM volunteers helped to set up tables and put together goody bags; after that there was little to do. A few took blood pressure and blood glucose readings with the assistance of interpreters (who traveled with the physicians from Tijuana).

Wall (2012) and Snyder et al. (2011) criticized STMs for allowing medical students to perform procedures beyond their ability and expertise; I witnessed inexperienced individuals (including myself) taking blood pressure readings after brief instruction. This basic procedure would not cause patients any harm; however, it is

\(^7\) Interestingly, this relationship between a middle class businessman from Birmingham and a rancher from Baja California Norté developed through a common interest in sport fishing. The two gentlemen met at a fishing tournament and became friends. Later the American contacted the clinic because he wanted to organize a mission trip to the area the rancher lived in. The full-time missionaries at the clinic then utilized that relationship to reach the rancher’s migrant farm workers.
probable that many of the readings were inaccurate.\textsuperscript{8} There was no follow-up to this fair, but workers were made aware of the clinic and referred there for any further issues. This was a strong point of this health brigade: there was a permanent clinic located nearby to continue care if the workers could arrange transportation.

Over six hundred farm workers were served through this healthcare fair, but that was not the number the American volunteers were buzzing about over the next few days. No, that number was 212—the number of conversions that were recorded in the prayer tent. During debriefing that night, no one spoke of the number of people who received medical benefit or eyeglasses to help them see to read, but the number of people who converted. This is not unusual, as free medical care is often linked to a religious conversion of some sort (Fadiman, 1997). When I asked about the number of converts, the full-time missionary responded that people in the Mexican culture are often eager to please and consider it rude to tell someone no. She had doubts about how many conversions were “true” and how many were recorded out of gratefulness for the care or a desire to avoid disagreement.\textsuperscript{9}

\textsuperscript{8} It can be assumed that individuals who have never taken blood pressure readings before may be inaccurate in their readings (especially in a loud environment like the health fair). Even if hypertension (HTN) was correctly identified and diagnosed, it is a chronic condition that necessitates ongoing medication (Story, 2012). HTN is not a condition conducive to treatment by a STM team. If medication is provided, the supply will be limited, and patients may not be able to afford to continue the prescription. The medication may not be available in pharmacies in the area. Some medications for HTN can cause dangerous side effects when stopped suddenly (Pharm book), so this must be considered before STM teams hand out a few months’ supply.

\textsuperscript{9} I feel that it is important to clarify that I do not mean to demean the work religious individuals do. I very much enjoyed working with church teams, and I admire their fervor to share their joy with others. Religious organizations have contributed much to the fight against modern poverty, and I very much commend churches for their attempts to alleviate poverty.
CHAPTER 6

PRE-DEPARTURE TRAINING

Before STM teams embark on their journeys, many participate in some sort of orientation or training program. This pre-departure training is very important (Cho, Edge, & Keng, 2012; Snyder et al., 2011); however, there are different approaches to organizing these orientations. Many STM teams choose to focus on lists of “do’s and don’t’s” (Barna, 1997). This approach can create stereotypes in the minds of the volunteers, causing them to ignore anything that does not fit their preconceived notion of what will happen in the new culture. Barna (1997) recommends replacing the study of customs with the study of the country’s language, government, and history. This way volunteers will have a framework to work from when interpreting what they observe. It also can give them a feel for the culture as a whole—the story of the people group—instead of causing them to focus on just a few behaviors.

Van Engen (2000) echoes Barna in her article The Cost of Short-Term Missions. Van Engen (2000) recommends that volunteers learn the language and about the culture before they embark on their STM. This learning should continue to be their focus during their trip, with teams concentrating on learning from the locals instead of doing for them. Developing relationships with locals is very important, and teams should be in contact with the locals instead of isolated from the host community. Van Engen (2000) asserts that long-term impact can be better achieved by teams supporting long-term projects in the community instead of only financing their own short-term trip.
Teams that are specifically medical would benefit from knowledge of the host community’s beliefs about health and wellness. There may be diseases prevalent in that region that volunteers from a developed country have never encountered (Wall, 2012). Volunteers need to be trained how to assess for these conditions and treat them appropriately. Basic demographic information may also be helpful, so that volunteers know to expect an older or younger patient population. Knowing demographics could help medical volunteers predict what sort of interventions and teaching will be needed.

There are other predictors of achieving cross-cultural communication success than just the amount of knowledge a volunteer has; the volunteer’s personality and attitude are important. Koskinen and Tossavainen (2003) interviewed fifteen British nursing students who had worked abroad in Finland for three to four months about their cross-cultural experiences. They found that students who desired to learn about the differences between their home culture and their new Finnish culture adapted more easily and were accepted by their hosts. Students who ignored the differences were seen as outsiders. The students who took responsibility upon themselves to learn about their new culture, rather than expecting someone else to teach them, adjusted more quickly and easily. Outsiders were marked by the need of constant companionship of a nurse with language skills—they were thwarted by the language barrier, instead of working to overcome it with nonverbal communication (Koskinen & Tossavainen, 2003).

For my internship, I prepared the same way Barna (1997) says many travelers do: by learning cultural taboos and customs. This left me with a narrow view of the culture; I thought that no one in Mexico wore a watch or worried about being on time. I found this to be untrue, although other generalizations were sometimes accurate. I was prepared to
be offered food (and to accept it) as well as to offer my food when eating in front of others. These basic tips helped me to avoid offending the locals in some circumstances but did not give me a view of the culture as a whole. I wish I had learned more about the history of Mexico, and I could have greatly benefited from more knowledge about the local geography and economy (for example, that Los Pinos ranch employed hundreds of migrant workers, adding diversity to the area, and that in my particular town many people worked diving for oysters). It would have been helpful had I learned about holidays celebrated, current events, and political structure of the country (and state of Baja California Norte) before my trip. All of this information would be nice to know, quite obviously, but is not easily obtained. It takes effort and time to learn so much about a culture (and learning the language is an even more difficult and time-consuming process). Is it reasonable to expect a volunteer to spend months researching a culture they only plan to spend five days in? How much of that knowledge will they actually need? I believe it is a reasonable expectation for long-term volunteers to devote time (even months) to learning about the language and culture before leaving. Many volunteers are not long-term, and often these weeklong volunteers may never return to that culture. Why spend weeks learning about a culture one will only be involved with for a few days? Research is a daunting task for many people, but team leaders could make this experience more enjoyable for volunteers. Many teams have meetings leading up to departure; one meeting could consist of separating the team into smaller groups and assigning each group a topic to research (history, economy, political structure, language, literature, popular culture, etc.). These small groups could then present their findings to the team, so that no one individual had to research everything about the culture.
During my internship I attended two different elementary graduation ceremonies for children I knew. Through this, I learned more about the educational system of Mexico and the community’s attitude toward school. Graduation from primary (5th grade) was celebrated much like an American high school graduation. I did not know the national anthem or how to respond when everyone else saluted their flag. I was a foreigner; it was not my flag to respect. But would it be disrespectful for me to not salute the flag? In America, visitors are usually encouraged to participate in patriotic gestures. I was unsure of the situation and did not want to disrespect either by participating or not participating. This was not the only time I worried about offending locals, however. Some zealous weeklong volunteers would pronounce themselves “Mexican” by the second day of their trip, simply because they could say “hola” and liked tacos. I wanted to avoid this but still relate to the Mexicans I had developed relationships with. I learned that I did not have to make myself appear to be like someone in order to relate to them, but instead I learned to relate through differences. I never pretended to fit in or even understand what was happening around me, but the Mexican church members accepted me as an American, and I did not try to change them to fit into a mold I could understand. I learned to be flexible and to appreciate what I could not understand; this attitude helped me to adjust to life in a new culture.

As for the weeklong teams, each group did their pre-departure training differently. Every team leader was provided with information regarding the dress code and clinic rules before they came to the clinic, but issues still arose about expected behaviors and

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10 The full-time missionaries at the clinic have made a list of rules to protect visiting volunteers and a dress code so that teams appropriately represent the clinic to the surrounding community. An example of a rule is that team members were not allowed to leave the clinic by themselves. The dress code included shorts or pants below the knees and shirts with sleeves.
dress. Team one had provided a booklet to all trip participants that included the dress code, clinic rules, and a few phrases in Spanish. This allowed team members to know beforehand what would be expected of them, and this team had fewer issues than most. The leader of this team had been to Mexico many times before, and this seemed to make a significant difference. Team Three’s first trip was in 2013, and things did not go as smoothly. The leader was frustrated by the long drive, having to buy food in the States before coming down, and the dress code. Team three also knew little about the culture and were very brazen, causing the locals to shrink back in their presence. Some simple cultural “do’s and don’t’s” would have been helpful in this case.
CHAPTER 7

BENEFITS OF SHORT-TERM MISSION TRIPS

Many would agree that the point of mission trips is to provide benefits to the host population. In this process it has been shown that these benefits are sometimes minimal (or even nonexistent), and that, while it may not be the focus of STMs, volunteers also receive benefits from participating in international service. The benefits to the host community should be the most obvious, and Sherraden, Lough, and McBride (2008) name improved health and education as some of the helps provided to locals by international teams. Sherraden et al. (2008) go on, however, to show that this assistance is potential and not guaranteed. For example, volunteer projects can contribute to economic development by helping to grow markets, teaching job skills to locals, or spending money in the local economy to pay for food and lodging. Projects can also be harmful in that volunteers can take jobs away from locals (Van Engen, 2000). Another benefit to the host community is the increased knowledge of another culture (that of the volunteers) (Sherraden et al., 2008). This is also a benefit of the volunteers, according to DeCamp (2007), because volunteers have the opportunity to learn about a different culture and the issues present in communities different from their own.

Two benefits to host communities are shared knowledge and the long-term relationships (Graetz, 2013). When skilled professionals travel to impoverished communities and focus on teaching locals how to solve problems rather than solving the problems themselves, they can affect long-term change. Instead of putting the roof on one house they can train a few local men the skill of roofing; these men can then continue to
provide roofs for the whole community (with adequate financial resources). This way instead of doing for the locals, the volunteers are enabling the locals to provide for themselves. The development of long-term relationships is important for continued community development (Graetz, 2013). Instead of a church sending their youth group to a different country every year, it would be beneficial to a poor community to have a long-standing agreement with a volunteer organization. That way the community can grow to trust the sending organization and have honest discussion about the community’s needs and how to best meet those needs.

Even though the “mission” of many STMs is to provide aid to the host community, there is no denying that these trips also have effects on volunteers. Walling, Eriksson, Meese, Ciovica, and Gorton (2006) interviewed a college-aged sample and focused on the effects of mission trips on volunteers’ lives. In their article Cultural Identity and Reentry in Short-Term Student Missionaries, Walling, et al. (2006) interviewed 20 college students from a private university in the US. All of these students had participated in at least one mission trip. The authors found that these students reported feeling torn between their home cultures and temporarily adopted cultures, and this made re-entry into their home countries difficult. This difficulty was often increased by their perception of their home culture as excessive, materialistic, and greedy. The exposure to poverty they experienced during their trips abroad caused a dissonance with their home culture. Many students believed their experiences abroad increased their ability to understand other cultures and the world at large (Walling et al., 2006).

This increased ability to understand was also found to be a potential result of international volunteerism in Lough’s article International Volunteers’ Perceptions of
Intercultural Competence (2011). Lough (2011) reviewed the five following factors in international volunteer work and discussed how they relate to increased intercultural competence of volunteers: duration, immersion, guided reflection, contact reciprocity, and additional factors. The author issued surveys via email to volunteers associated with two US based organizations who place international volunteers. 291 volunteers filled out the surveys and returned them. Lough (2011) found that volunteers who spent a longer amount of time abroad increased their intercultural competence more than those who only stayed a short time. Volunteers who were more incorporated into the community (living with host families) gained more cross-cultural competence, as did volunteers who participated in some type of guided reflection. Contact reciprocity was correlated to increased intercultural competence; contact reciprocity included volunteers and locals maintaining equal status and sharing common goals. This information relates greatly to the field of short-term mission trips, because these trips may not be set up to facilitate the growth of intercultural competence in volunteers. Focusing on Lough’s five factors may increase the intercultural competence of short-term volunteers.

It has been shown that religious individuals are more likely to volunteer than non-religious (Shye, 2009; Ruiter & De Graaf, 2006), and Trinitapoli & Vaisey (2009) discuss some of the effects STMs have on religious participants in their article The Transformative Role of Religious Experience: The Case of Short-Term Missions. The authors used data from two rounds of interviews conducted by the National Study of Youth and Religion, and found that adolescents who had participated in short-term trips were more likely to be sure of their religious beliefs and to engage in religious behaviors (such as prayer and church attendance) than adolescents who had not participated in
short-term mission trips. The most common theme of these short-term trips was the exposure to poverty.

At the clinic, I noticed that not all of the projects undertaken proved helpful. A roof was put on and drywall hung incorrectly. A contractor accompanied one team and worked with local volunteers to replace the roof. With the help of a translator he was able to teach the local men to finish the roof even after he left; in this way his contribution to the betterment of the clinic continued even beyond his time there. The long-term missionaries mentioned that they could use the help of a full-time contractor to help the short-term teams with projects.

The local small businesses (gas stations, stores, etc.) benefited economically from the presence of the teams. The missionaries would encourage volunteers to visit local stores to experience the community, and volunteers would purchase food and drinks from these stores. Teams only visit the clinic during the summer, however, so this help is not present year-round (nor is it enough alone to significantly impact the community). Vendors would visit the clinic and sell homemade jewelry and blankets to visiting volunteers. These vendors were women who sold out of their vehicles; they supported their families with the money they made selling to STMs. These vendors would not solely visit the clinic but also other non-profit organizations in the area who had short-term volunteer teams.

DeCamp (2007) mentioned an unquantifiable benefit shared by both volunteers and the host community: solidarity—a mutual understanding between two individuals of different cultures. This was what Mexican members of the local church spoke of when they discussed the visiting teams. They appreciated the fact that people would travel so
far to come to their church and worship with them. They were grateful that people wanted
to experience their town and church, and they enjoyed praying with and for the American
teams. The Mexican pastor said many times how it encouraged him to see that people
who believed like him were living in different places around the world.

Although the benefits to the host community (in this case the people of Baja
California Norte) may have been difficult to discern, the benefits to the visiting
volunteers were a little more obvious. Volunteers had the opportunity to work with and
develop relationships with people from different backgrounds who spoke different
languages. They learned how to utilize nonverbal communication in the presence of a
language barrier. Most of the volunteers over the summer were in high school, and
international experience is sure to look good on their college applications and resumes.
These teams were all related to churches, and during their time in Mexico many
volunteers reported having spiritual experiences, from renewals of their faith to a calling
to international missions in the future. Many more volunteers said they were encouraged
by their trip; it gave them a new perspective on their own lives. Walling, et al. (2006)
showed that young adult volunteers often became disgruntle with their home cultures. I
found that to be true, and that some volunteers even became disgruntle with themselves.
They were exposed to real, actual poverty (the living people behind the pictures in
newspapers) and became angry at themselves for not doing more. I know that I was one
such volunteer.

I have never been a proponent of weeklong volunteer trips. This is why for my
first volunteer trip (and first time leaving the United States) I chose to go for ten weeks
instead of one or two. I thought perhaps if it is so impossible to make a difference in five
days it would be more likely to make a difference in seventy days. If STMs accomplished everything I had heard they could accomplish—things such as feeding the hungry, healing the sick, and lifting the poor out of poverty—surely I could help accomplish such things in a two and a half month span. What I found out, however, was that it is not quite that simple. I gained many things from my experience in Mexico. I learned to communicate with people who spoke a different language. I learned how people interact in that culture. I met new people and made new friends. I experienced common events, such as graduations and church services, in a new culture. I grew more open minded and lost some of the preconceptions and stereotypes I had brought with me to Mexico. I learned that different does not mean worse, nor does it necessarily mean better. I gained so much from the people I was around during my internship.

It pains me to say that they probably cannot say the same about me. I could not even speak the language. I was merely an observer for ten weeks—a sort of an outsider. The local church members were very kind and accepting, but it was obvious to me that they were doing me a favor by allowing me to be there. During my ten weeks I accomplished very little (if anything) for the people of the community. I went with the idea that I, a 21st century young adult from America, would single-handedly feed, heal, and lift out of poverty those I came into contact with. I was disappointed to see that when I left there was just as much hunger, sickness, and poverty in Baja California Norte as when I had arrived. It may be very unrealistic to expect to see a change within a community in just two months, but when one has grown up in a church culture where they are told that change occurs within five days it seems not only realistic but probable. If the point of my trip was to alleviate poverty, however, it failed miserably. If the point
of any five day mission trip is to alleviate poverty, it will most likely fail in attaining that goal. Perhaps that should not be the point of STMs. They are easy to criticize when the goal is creating sustainable change within a week’s time. But what if that is not the point? What if the point is instead to allow people from two different cultures to interact? To allow young people from wealthier nations to learn about the struggles and the joys of people living in poverty? To encourage host communities by providing some small show of love from people of another culture? To encourage the learning of multiple languages? To stimulate the development of tolerance and understanding? To create the global solidarity—the bond—between people of different backgrounds? If that becomes the point, then future STMs can be very successful indeed.
CHAPTER 8

CONCLUSION

The semester before my internship in Mexico, I wrote a research paper on short-term missions for my college English class. I concluded that such short-term missions are more harmful to host communities than they are beneficial, and that such trips should be discontinued. While writing this paper I was in the process of applying for my own short-term mission trip to a clinic I had never seen before and will likely never see again. This may appear to be a conundrum, and it was indeed difficult to participate in short-term missions while believing that they do little good. Like many people, however, I had a desire to go abroad and feel as if I were making the world a better place. During my internship there was an internal struggle. I kept asking myself questions such as, “Is any of this really helping? Who is this really about? Does it matter that I’m here? If so, to whom does it matter? Is this whole internship really about me and what I want?” These questions continued after I returned to the States and began to write this thesis. I have worried that my internship was a waste of time—that I may have helped no one and that I may have even possibly caused harm unknowingly. While researching appropriate ways to relate to individuals from different cultural backgrounds, I kept realizing and remembering all the things I had done wrong.

It was not my only fear that I was unhelpful. Throughout the writing process, I was also afraid of offending individuals who support short-term missions. I was raised in a religious home, and many of my friends and acquaintances have participated in short-term mission trips. I had always heard individuals praise these trips and recount all the
people they had helped. I wanted to be a part of that. After being exposed to ideas suggesting that international voluntourism is merely colonialism with a charitable disguise, I became skeptical and began to question the true effects of these STMs. I still longed to participate, however.

Throughout my internship I saw many things that I thought teams did well as well as things that could have been done better. There are three different areas of pre-departure training I will discuss at this time: language, specific cultural information, and the development of a volunteer’s attitude. As I discuss these I will make recommendations for future team leaders that I believe will improve STMs for participants and host communities.

As I discussed earlier, the language barrier is often the most obvious barrier to communication in STMs. I also discussed that many week-long volunteers may not have the time to learn the language in depth. Fluency is a lofty and often unreasonable goal in the case of STMs. It could be helpful to learn a few important phrases in case an emergency arises. Examples of such phrases and words include “hospital,” “police,” and “passport.” It would also be beneficial for volunteers to learn to introduce themselves. Beyond this, language training should be specific to the population the volunteers will be working with. For example, at the clinic, volunteers set up Vacation Bible Schools for young children (often age ten and younger). It would have been helpful for them to learn some basic phrases to communicate with children, such as “Do you have any brothers and sister?” or “Do you want to play?”

It is helpful for volunteers to have some basic language skills, but they should realize that these skills are minimal and not a replacement for interpreters. Volunteers
should be taught to seek the help of interpreters when necessary (such as when receiving medical histories or explaining medical procedures). It is good for volunteers to respect the language and not step off the plane shouting “Hola!” (pronouncing the h) in a Spanish-speaking country. This could come across as disrespectful to the host culture.

Something is lost about a culture when we reduce something so complex to a list of “do’s and don’t’s.” Focusing on a few differences between the host community and the volunteers’ community can encourage stereotypes in the minds of volunteers. For example, I was told before going to Mexico that being on time was not important. I found this to be untrue in many cases, however, and the missionaries ran the clinic on a tight schedule. Instead of focusing on cultural quirks, team leaders should provide volunteers with a more holistic view of the culture they will be visiting. Leaders could set up a workshop day and have volunteers come for a day to learn different things about their trip.

Information shared should include basics such as what to pack and information about passports, visas, and immunizations. Leaders should also present information specific to the culture they will be traveling to. Volunteers could be divided into groups and assigned an aspect of culture to research (geography, language, political structure, important historical events, holidays, native people groups, etc.). Each small group could then present their findings to the other volunteers. This way everyone receives information about each aspect, but the burden of research is distributed so that it does not take any one volunteer a large amount of time to learn about the culture. Throughout this process, however, volunteers should be reminded that there will be variances between and among communities of the same nation. It is important to encourage an appreciation of a culture without encouraging stereotypes. This cultural workshop would also be a
good time to discuss the economic situation of the host community. It has been shown that the most common theme of STMs is poverty, and this is important to discuss before departure (Trinitapoli & Vaisey, 2009). Volunteers should be provided with information about the poverty level in the area they will be traveling too, but care should be taken to present communities in a more holistic manner. It is important that leaders do not reduce communities to being merely “poor,” but to also present the strengths of the community. This could include foods, games, and art that originated in this community. Volunteers should be aware that even the poorest communities are not black holes that contribute nothing to the world. The resourcefulness of impoverished populations should be highlighted so that volunteers do not take a one-dimensional view of the host community.

Above all, I recommend that team leaders assist volunteers develop an appropriate attitude toward their STM and host population. A humbled, open, curious but sensitive attitude is beneficial for both volunteers and members of their host community. Humility can prevent volunteers from offending the locals. Even when a volunteer is in an uncomfortable situation and unsure of what to do, they can quietly follow the lead of the locals around them instead of responding however they feel would be appropriate in their own culture. Volunteers should be encouraged to seek out the knowledge of any local volunteers who will join them on the STM. For example, at the clinic, Mexican members of the local church would come assist the American teams at VBS, and they were valuable resources when the American teams asked for their advice or help.

A fun way to remind volunteers that they are guests in a community and should be humbled by the opportunity to experience the host community would be to conduct a cultural game. The group could be divided into two different groups. Each group would
be given a new “culture” and rules they should follow within their culture. Each group would also be given a language (maybe counting a number of clicks or a sort of pig Latin). The other group would be given rules that conflicted with the rules of the first group. The two groups could then be combined (either all together at the same time, or a few people from each group visiting the other group at a time). There is sure to be some awkwardness as each culture tries to figure out the other. The leader can then lead the group in a discussion about how they felt when they encountered members of the other culture. Volunteers may then realize how offensive they can be without meaning to be (by simply abiding by their own culture’s rules). This can help them to understand the importance of following the lead of the local community members.

Volunteers should be encouraged to remain open-minded to the community, remembering that whatever they learned in pre-departure training cannot fully encompass the complexity of the culture they are visiting. Curiosity is expected and should be encouraged; volunteers should be welcome to ask questions of the local missionaries/long-term volunteer workers who have more knowledge about the culture. This also shows those international partners that the volunteers have a genuine interest in the culture. At the clinic, the local missionary who had grown up in the area gave a talk to each team about the community and the indigenous populations who lived in the area. This was a good time for team members to engage in learning instead of just doing. It also gave them insight into the lives of some of the children they had met that week, but also gave them an overview of a history of those children’s people group at large. Team members were invited to ask questions, and the local missionary enjoyed sharing about his culture with volunteers who showed genuine interest. Nonjudgmental questions that
spring from a genuine desire to understand can be the bridge to achieving cross-cultural sensitivity and achieving relationships.

When I first heard about short-term mission trips, I thought the goals were obvious. I thought that the point of short-term missions were to alleviate poverty, heal multitudes of people, educate the next generation, and destroy any obstacles that poor populations may face. It has been shown that these goals are not met through 5-7 day ventures. Some people can be helped; for example, a few surgeries may be very successful and greatly improve the lives of a few. On the other hand, some people can be hurt. Local economies can be hurt by STMs, with volunteers taking jobs away from locals (Van Engen, 2000). Money that teams spend on travel expenses alone may be better invested in development projects led by locals. STMs done poorly can foster dependency and result in volunteers attempting to change a culture to be more like their own. When the goal is to cause change, volunteers may overlook the intricacies of the host culture. However, if the goal of STMs is to give volunteers international experience and the opportunity to learn about a new culture, this changes things. STMs can provide cross-cultural interaction and increase appreciation between individuals from different cultural backgrounds. They can expose volunteers to new problems and encourage them to consider new solutions. STMs can encourage volunteers to study new languages and cultures, increasing their global awareness, and can facilitate the display of mutual caring between individuals from two different cultures. If these things become the focus and goal of STMs, they can be very successful indeed.

It is not contested that many of the people who participate in STMs every year have the best intentions. Nonetheless, good intentions do not guarantee good results, and
STMs are not harmless guarantees of helping others. With appropriate training and relationships with individuals within the culture, however, STMs can have lasting, positive impacts on the host culture as well as the trip participants.
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