



Improving upon the traditional international volunteer project

A participatory approach

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When you speak to people who have volunteered outside of their home countries, you will often hear them reminisce about their first volunteer experiences, expressing how they affected their views of the everyday world. They might also talk about how they packed their bags with the notion of helping out, which became absurd when they realized that they were guests and not the help they had so valiantly sought to be. Some of them might say their hosts had profoundly altered them in the most personal ways; that they found generosity beyond what could be given back; and that they returned home not having made a dimple in the lives of the people they continue to think about. These were my thoughts when I returned home from my first trip to Ecuador. I believed that not only I but also the whole world was grappling with an impossible situation.

I had volunteered at a primary care hospital in Ecuador, where, like many volunteers in unfamiliar environments, I had struggled with balancing empathy and desensitization, respecting local customs without compromising my own values, and finding my identity as a humanitarian while hidden under my skin was the past identity of a colonialist. I remember one moment in particular: The pediatric ward was full of silent babies with their equally quiet mothers sitting and waiting by their sides. In the corner, an indigenous mother in a colourful dress stared blankly at the wall and ate her baby's food, while turning her back to her daughter who lay flat and floppy behind her. This scene, which hangs in my memory like a painting, illustrates the complicated interplay of social determinants in health.

It seemed like the more I learned on that first trip, the more complex every situation became and, as such, the more meaningless my presence became.

Educational ride

Señor Alfonso Morales, a locally and internationally renowned indigenous leader, was shielded from the equatorial sun by his traditional felt hat when he flashed his wide smile at me, the young idealistic student burning in the heat and dust on my way to the hospital. If you ever have the privilege of meeting Señor Morales,

you will understand how his smile could fuel an unlikely bond and a hopeful adventure.

Señor Morales, for reasons far more complex and clever than I could have known at the time, gently welcomed me into his family and his community called Chilcapamba. In his distinctive keyless, doorless, and cranky farm truck, he took me on an exquisite ride up snow-capped volcanoes. While his youngest son sat on my lap, Señor Morales relayed to me the troubles of his people in a loving and fatherly manner. From that conversation I learned more about international development than I ever could through textbooks or conferences in Canada.

A couple of years later I returned to Chilcapamba. Thanks to my contact with Señor Morales over the years and having had already lived in the community, I was better prepared on this trip.

One day an 85-year-old man was teaching me how to sow beans. As he swiftly and meticulously prepared the earth for the seeds, he talked about his concerns for the health of his wife and his daughters. Later that afternoon, I hosted, alongside a woman leader from the community, the first focus group meeting among the community's women. One of them was the hungry, helpless mother in the colourful dress I had seen in the hospital years ago. It was a freeing experience to see this mother gain confidence to use her voice with the help of the other women at this meeting. In this environment, the women could comfortably discuss their thoughts and support one another with open dialogue.

When I left Chilcapamba to return to medical school, the meetings continued with local leadership. The health concerns indicated by the women were incorporated into the next stage of the project in collaboration with the community.

Human connection

The understanding that we are all connected by our humanity drives global health initiatives in all levels of academia. Within universities there has been much discussion around the efficiency, ethics, and benefits of conventional global health programs promoting

**We are all connected
by our humanity**

medical volunteerism. These concerns are echoed and magnified in all global initiatives, in which failures to reach health goals are so often attributed to methodologies and not to good will. I have a deep connection with Señor Morales, his family, and his community; I consider them a part of my life as if they were my own family. It leads me to believe that there is something about the human connection that, when nurtured and given a fresh unpolluted spirit, can surmount economic divides, be undeterred by cultural and environmental differences, deny any use for conflicts of interests, and transcend any physical distance.

A connection between Chilcapamba, Ecuador, and McGill University has been built around this human connection, and it is now a long-term participatory research project. Participatory research is a systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change. In this spirit, medical students will be staying in this community to conduct health promotion studies and focus groups with indigenous leaders and traditional healers. It is a novel participatory research approach to the conventional international volunteer project with irreducible hopes of becoming a sustainable community-based project, which will enrich the training of medical students in a real and intimate global health experience, at the same time as supporting community leadership. At the end of each summer the students and the community will decide together what will be the focus of the next summer's project. Thus, the community will provide direction and be able to partner with each successive student on an issue identified by the community. These students will gain an understanding of inherent social determinants of health that cannot be learned on an academic platform but that are global barriers for health care development, which are all too often

neglected or misunderstood. At the same time, the community members have the leadership to improve their own health and can use this collaboration as a resource to work toward their goals.

Over time I have come to feel at home in Chilcapamba. I am now closer to finding my identity as a traveling medical student. I have also changed the way I see myself practising as a physician. I strive to build and maintain personal relationships despite the tendency for institutionalization and formalization in academia and medical practice. Perhaps the human touch might prove to be one of the most powerful tools in global health—a bridge between knowledge and local development. I believe this is the spirit of participatory partnership. ✨

Ms Evans is a third-year medical student in the Faculty of Medicine at McGill University in Montreal, Que.

Competing interests

None declared

