

More than just the T-shirt

Reflections from first-time participants in global health service

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More and more health professionals and learners are seeking the experience of working with indigent populations abroad through short-term global health service. There are complex considerations surrounding such activities, which makes reflection on these experiences both essential and invaluable. In early 2013, for 1 week, our group of 19 volunteers promoted health among and provided primary care to Haitian migrant workers in the city of La Romana, Dominican Republic. It was the first such experience for each of us. Coming from different disciplines, national backgrounds, and stages of training, we were challenged and moved in different ways. Four of us compared our reflections.

Alyssa, premedical student (United States)

I thought I was going to another country for a week, but I was exposed to a whole world: history, politics, local dreams, ways of life, and practical realities. These circumstances were inseparable from the medical care we provided. Our patients occupied a disadvantaged fringe of society; simply providing care to them would not change the fundamental problems affecting their health. I felt an uneasy ignorance about a situation far more complex than I could grasp.

My level of training limited the scope of my assistance to fetching things and organizing supplies. Despite this small contribution, I was proud of how many patients our team cared for and was inspired by the passionate providers who mentored me. The most beneficial aspect of clinic was being able to talk to patients about their health: how to stay hydrated, eat well, and practise good hygiene. Being able to see a doctor for a simple checkup is something we take for granted. Everyone should have access to this kind of care, but not everyone does.

During that week, I found it hard to fully communicate with our patients. There was a language barrier, but beyond that I wondered how the people we met viewed our work. What were their expectations, and what had their past experiences with health care been like? I hope to gain a better understanding of the community's underlying needs and how my small contribution fits into the bigger picture of patients' lives. At a minimum, though, I hope my time there reassured the community that they are not alone or forgotten.

Charnelle, medical student (Canada)

Each day, we were met by eager kids who wanted to

hold our hands and play. However, it was hard to miss their living conditions; piles of litter were scattered in between rows of small concrete or tin homes. Using a school or church as a clinic space, we set up different zones for triage, patient care, and a pharmacy. I spent the week rotating through each zone: taking vitals, dispensing medications, and conducting histories and physicals with the help of our interpreters.

Our greatest effect came from teaching and counseling. More than just cleaning wounds or looking into throats, we discussed the importance of hydration and hygiene. I still wonder, however, if we were truly helpful or if we were, dare I say it, causing harm to these communities. Are we building capacity? Is this sustainable? Did we even make a difference?

These questions make me want to better understand the context of our work, measure our efforts against community needs, and reduce disparities. Our team is ready, though. I saw 19 strangers, with a shared vision, join as friends. This first-time exposure has inspired important discussions around what we saw; as we challenge our thoughts, we are fostering a more global-health state of mind.

Linda, public health practitioner (United States)

Along with my work in clinic, I taught adolescent development and healthy hygiene. Approaching this topic like a big sister rather than with an authoritative formality, I hoped to teach via a stronger emotional connection. I initially believed my greatest effect would be through reinforcing the girls' knowledge about puberty as I distributed donated kits containing reusable menstruation pads. These kits included tools to help strengthen the notion of dignity in menstrual hygiene, and hopefully would foster a sense of empowerment to counter the existing taboo surrounding menstruation.

The emphasis on building positive self-esteem through menstrual hygiene education ended up being my most valuable contribution. A comfortable environment allowed the girls to ask questions and listen to stories, and by normalizing puberty, we reassured participants that they were not the first or only ones to struggle in a confusing time.

Michelle, family physician (Canada)

Mixed emotions surrounded my first experience volunteering abroad. I understood the ethical concerns



Left to right: Charnelle Carlos, Dr Michelle Yuen, Alyssa Wiener, and Linda Phan, in La Romana, Dominican Republic

surrounding continuity of care, informed consent, cultural and language barriers, and trainees working in resource-poor settings. I was not so naïve as to believe that my care would be a panacea. Only a few of the children we saw each day really needed to be seen. Many came because we were “foreign” and had free vitamins, acetaminophen, and even stickers. I hope my care and counsel will serve them well, but I can only hope.

Where are the sick children? I wondered. We were reassured that we were needed, that local physicians avoided these communities and the private hospital was too far away and too expensive. Yet I felt self-serving, wondering if resources could be better spent and why we were not monitoring outcomes or creating sustainable care ... *But who am I to judge? I am an inexperienced, young family physician who is only visiting.*

Despite my internal conflict, our hosts, interpreters, and team members all worked tirelessly and compassionately. I valued the opportunity to engage with them; these are people who care. Despite my initial reservations about our contributions, health care remains a universal right; we should not resign ourselves to viewing

these barriers as insurmountable. Instead, we should work to overcome them.

Insight through reflection

A week away from our regular routines and environments can revitalize our energies and give us a refreshed perspective when we return to our work. When this time away is spent on global health service, we come home with much more than a vacation keepsake and a few memories. And what do we leave behind, and how do we evaluate it? As more health care providers and educators, including many family physicians, embark on these short terms of service abroad, reflecting on our individual and collective experiences can help us better understand the complex issues that exist in global health work. 🌿

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Competing interests
None declared