

## Volunteering – a myriad of dilemmas?

Many describe their time volunteering in the developing world as an “experience of a lifetime” and “richly rewarding”. Yet many world experts in the field are arguing that much volunteering is not only ineffective but can also seriously undermine the efforts and morale of indigenous dental services. So what is the answer? Are we really helping or just having an adventure for our own benefit?

Readers of the British Dental Journal (volume 201 - issue 7) in October could be forgiven for feeling a little confused. The leader article in the “Opinion” section, written by two eminent experts in Developing World oral health, strongly questioned the value and impact of much dental volunteering. Indeed, in some cases, they argued that it was actually detrimental “*creating dependency instead of empowerment*” and “*devaluing the status of local health workers who find themselves unable to meet the community's expectations once the visiting volunteers, who raised such high hopes, have left the project.*” Yet in later pages of the same journal, separate appeals were made by small charities for Western volunteers to serve in remote areas of Indonesia and the Amazon region of Peru.

This raises the age-old dilemma of short-term aid versus long-term development. While larger agencies have turned their attention in recent years to longer-term solutions through empowerment, community development and investment in local indigenous services, thousands of smaller charities remain dedicated to immediate “aid” and “relief” to the normally small communities they serve. And in dental terms, this typically means Western volunteers delivering emergency dental care on sporadic short-term “tooth camps”.

While many would argue that both have a place, if not carefully researched and planned, there is increasing incidents of poorly planned “tooth camps” undermining local efforts. Chris Barton, a UK dentist who has dedicated the last five years of his life to building the capacity of local dental services in south-west Uganda, has experienced just this problem. Part of their work involves Ugandan dental workers visiting outlying rural communities on a monthly basis to provide dental services – funded by minimal payments by the patients. However, a couple of years ago a team of overseas volunteers arrived unannounced at the same community and spent a week giving free treatment, never to return. Ever since then, the local community grumbles at having to pay a cost for treatment from the Ugandan team, leaving them less inclined to visit that community. Chris also points out that if roles were reversed, most UK dental practitioners would be unhappy if a team from overseas arrived in our towns or catchment communities in the UK unregistered and gave out free treatment!

On the other hand, many small charities would argue that local indigenous dental services for their remote communities are either completely absent or so under-developed that these communities have no prospect of being reached without outside intervention. In this scenario, isn't it unethical not to meet people's immediate pain relief needs, especially when there are Western short-term volunteers willing to help?

Conversely again though, the cost in air fares, accommodation etc of one UK volunteer travelling half way round the world for five days of tooth camp would employ an indigenous dental worker in some countries for an entire year! That person also being someone who speaks the language, knows and understands the culture and by being a national is not reinforcing the unhelpful and untrue perception that only Westerners can perform competent dentistry.

Where critics of this Western volunteerism can be naïve is in failing to understand that many of these small charities are so cash-strapped that they rely on Western volunteers paying for themselves (and often bringing materials and equipment) as their only possible means of service delivery, and getting volunteers is easier than getting financial donations which would allow local solutions. Volunteers naturally want to spend their hard-earned money on paying for themselves to travel overseas (and often going on safari at the same time!) rather than give it away to a charity, where they never see the results first-hand. This is not saying these individuals aren't generous – far from it – many charities experience is that when volunteers return, having been so “touched” by their trip, they then dedicate themselves to raise money for the charity and community they visited.

It must be said that volunteering can have even more far-reaching results than this. Ironically, nearly all the experts who are currently questioning short-term volunteering, championing instead their often exceptional work building in-country dental capacity, started themselves as short-term volunteer clinicians doing emergency tooth-camps! However, does this undermine what they have to say? It could be argued that, having spent numerous short-term trips clinically volunteering before realising that this was a sticking plaster approach not addressing any of the underlying problems, their arguments have even greater credibility.

So what is the answer?

It may be a cliché but probably the true answer lies within. Only we can examine and identify our real motives for volunteering. If our desire is simply to improve very needy peoples lives in disadvantaged communities around the world, the biggest question we must ask ourselves is whether this will be best achieved by volunteering, or whether we can support oral health development overseas more effectively in other ways. We can only come to this decision through our own personal research of both the prospective project and volunteering in general.

Following this, if we still feel it is the right approach and our hearts are set on volunteering, we must ensure that the project to which we give our skills is a worthwhile one. In particular, that it is working appropriately, has genuinely explored local options and has a long-term sustainability plan for the community they serve - things we must not assume, particularly if they are not "oral health" specific but generally humanitarian. And if our questions elicit an awkward, uncomfortable silence, this is positive as these organisations need challenging! If we help a charity to confront and address these issues, we will have done more to help both them and the community they serve than giving six weeks a year of our time volunteering! In addition, we should be fully prepared to pay for the privilege of volunteering. Nearly all volunteers on their return describe having received more from the experience than they "gave" to it, and it is expensive and time consuming for charities to organise and host volunteers. Oral health charities are nearly all very small and struggling for funds. Some charities are addressing this by building in costs to be fundraised for as a type of "volun-tourism" while others charge accommodation costs. Even if they don't, an up-front contribution to their costs, or a commitment to return and raise funds for the long-term sustainability goals of the project will be a tremendous boost to the recipient charity.

Finally, we don't need to cross the sea to bring care to needy communities. Charity initiatives like "Crisis at Christmas" gives us amazing opportunities to bring much-needed care and confidence to disadvantaged people in our own countries. Indeed, if we truly think about it, we can probably think of groups and ways we could volunteer our dental skills to improve the lives of needy people in our own communities just down the road.

### **Other adventurous ways to improve oral health overseas!**

Volunteering is not the only way we can improve lives overseas while having adventures of a lifetime. Over the years, many of us have decided instead of volunteering to take part in Challenge Events in aid of charities. These bring amazing adventures for us whilst also raising considerable funds for charities to enable them to develop longer-term sustainable programmes for disadvantaged communities overseas.

Dentaid, one of the leading oral health charities in the world, has benefited enormously from such events. Dentaid's now annual "Challenge Trek" is the charity's biggest single fundraising event, and funds raised from previous Challenges have been pivotal to Dentaid's work over the last few years, providing key pump-priming funds to develop new initiatives and projects.

The charity's first challenge event took place in 2002 when 25 volunteers cycled through part of the Grand Canyon in the USA. The money raised allowed vital investment in skills and machinery to improve the charity's equipment operation. Thanks to this effort, since 2002, Dentaid has been able to supply a complete dental surgery to regional treatment centres overseas on average every ten working days.

Dentaid surgeries have now been sent to nearly 150 projects in 50 countries, allowing hundreds of thousands of patients to be relieved of oral pain safely and effectively.

In 2004, 28 hardy souls took on trekking a section of the Great Wall of China, in doing so raising almost £50,000. Among other initiatives, this enabled Dentaid to develop an innovative toothpaste dispenser and holistic school oral health programme in Uganda, which is being piloted in Uganda to almost 9,000 children. Initial results from this pilot project are extremely encouraging and it is hoped this dispenser resource and holistic programme could prove a blueprint for school oral health programmes and be replicated in needy communities all over the world.

Finally, in September 2006, 29 trekkers took on the "Three Tremors Challenge" in Italy, climbing Mounts Etna, Stromboli and Vesuvius in just five days. Money from this trek will fund vital new initiatives Dentaid is embarking upon in oral health promotion, training and advocacy to help developing world governments and indigenous NGOs (Non-Governmental Organisations) to improve dental services for rural communities and ensure greater access to key prevention measures like fluoride toothpaste. These more "upstream" areas of work have potential to improve oral health for whole populations rather than just individual communities and regions.