



Undergraduate Journal

of Service Learning & Community-Based Research

Reflecting on Service: The Common Denominator

Alec Landau

California Northstate College of Health Sciences

Dr. Tereza Joy Kramer

Introduction

On a fateful day in the middle of June 2019, I set my sights on Peru. Knowing I wanted to make a difference in high school, I embarked on a medical mission trip to the outskirts of Lima. I intended to serve the local population while learning more about myself and Peruvian culture. To do so, I stepped out of my comfort zone by going to a new country where I was thousands of miles from family and friends. Despite my initial and continued unease due to my airline deciding they would rather have my suitcase for a few days, I would not trade anything for the knowledge and experiences I gained. On the first day of my trip, we were instructed to watch an hour-long documentary on how actual difference is made. We were shown the difference between volunteer capitalism, where a company would donate a product to a less fortunate group of people for every item sold, and empowering the community by asking them about their needs. The former leads to the local market being overrun with heavily discounted or free products that the locals cannot compete with. Therefore, the communities become essentially dependent on these external sources for resources. Deep down in my heart, I knew the volunteer capitalist model felt wrong and wanted to do things differently.

That deep, unsettling thought replayed in my head constantly. After several days of setting up mobile clinics that provided free medical and dental care serving four different low-income communities, the organization that had set up the mission trip, MedLife, revealed our next task. MedLife had communicated with the community in advance to find out their prime need, which turned out to be a staircase for the elderly and pregnant to climb the hilly landscape. Unfortunately, there had been several instances of pregnant women falling, as the rain makes the terrain very slippery. When we had finished building and painting the staircase, with the locals taking time to come and help, there was a massive celebration where dancing took place, and locals brought little trinkets and homemade treats. This welcome was not requested, but the community was ecstatic and appreciative. Although our reception was warm, and I felt fulfilled, I could not quiet my confusion over how best to serve. During the ensuing years as an undergraduate college student, service learning has taught me how to conduct myself while completing meaningful and impactful service.

Transfer of Knowledge: Cultural Competency

Upon reflecting on my experiences in Peru, I realized that they aligned with an article that I was introduced to during my first service-learning course, written on the factors needed for health equity, which conveyed the importance of cultural competency in reducing disparities. Ada Stewart (2019) connects the concepts of cultural humility to the concept of cultural competency in efforts to bridge gaps in healthcare. As an aspiring physician, I hope many other current and future physicians agree that bridging these gaps is a huge component of how medicine will evolve. Properly serving patients to the best possible degree is accomplished with a cultural background in mind. However, I do recognize that it is easier said than done. I have spoken with activists seeking to bridge these healthcare gaps, and they confidently stated that it will take every practicing physician of all specialties to work together to make this goal possible. That work requires active effort with good intentions. Part of that effort is becoming aware of history and how that affects perception toward healthcare workers. In my personal experience, I have spoken to people who fear going to doctors because of past historical events. As a future physician with a high opinion of healthcare professionals, I attempted to level with them to understand this hesitation so that my prospective patients would not face the same dilemma. The primary historical example that appeared to commonly cause concern was the Tuskegee syphilis experiment. As stated in an article by the Hogg Foundation for Mental Health, “The Public Health Service’s Syphilis Experiment at Tuskegee serves as a tragic reminder of how African Americans have been historically deprived of adequate healthcare and have experienced abuse and disrespect in the name of clinical research” (Hogg, 2019). Having an awareness of this one historical example might just be something that can ease a patient’s mind during a visit.

A New Point of View

After taking the foundations of service-learning course and fast-forwarding to my arrival in South Florida for winter break in 2021, I shadowed a physician at a local outpatient center. With the pandemic still in full effect, nearly everyone in the hospital seemed to be on the verge of collapse despite their brave faces. The tension in the air was palpable. To get to the root of the stress, to intervene and try things to relieve that stress, I listened. Through these conversations, some nurses admitted that they had been overworked for months and could only hold on because of their commitment to their patients. One particular nurse, “M,” was extremely scared about contracting COVID-19 due to a close family member classified as immuno-compromised. Despite this, she was the sole breadwinner and needed to work to put food on the table. “M” made it very clear that her story was not unique. However, I never noticed anyone complaining.

After observing the struggles faced by the healthcare workers I shadowed, I conducted a post-reflection and knew I had to do something. The next day, I drafted up some potential methods of serving these healthcare heroes. The ideas ran the gamut from donating the department’s favorite foods to collaborating with local animal shelters to try to provide a mental health boost via pet therapy (National Institutes of Health, 2018). I even had a close friend who volunteered at the local shelter, which would have made that project much easier to execute. However, after my survey, I found that one thing held true regardless of who I spoke to: regardless of department or task, no one felt appreciated. Hearing the simple but common answer cemented my method of showing gratitude. I decided to write personalized cards of gratitude and appreciation that would be tailor-made for each person.

Taking Action as a Team

After that revelation, I started learning about the process of forming and maintaining an official IRS nonprofit to ensure we would have the credibility for healthcare centers to trust us with their personal information. Furthermore, I filled out leadership boards of dedicated board members across each branch in unique locations with people of diverse backgrounds to provide different perspectives with every crucial decision, from new board members to expansion initiatives. In doing so, I formed a team of people with unique strengths to accomplish things I could not have visualized. We even have a tech “whiz” who helped us build out the site, which gave us a profound sense of credibility, a cartoon enthusiast whose beautiful visuals help to promote the sense of hope we aim to convey with our cards and a social media director who has been instrumental in the professionalism and “homey” feel of our site. Taking on a large goal entirely on your own is impossible, and I had no misconceptions that I was an exception to that.

Because of that awareness, I made a substantial effort to ensure diversity of thought while creating an environment where every officer and volunteer feels valued. I was not afraid of being challenged and welcomed feedback, even if it was contrary to something I or my branch leaders had said. I have found that this method of preserving a safe and healthy environment through mutual respect is key regardless of the particular focus of the collaboration. For several projects I have undertaken since, I have subconsciously changed my language. In turn, I have noticed that productivity and overall mood have significantly increased, which is not a surprise as people cannot contribute meaningfully if there is a lack of cohesiveness (Lewis, 2009).

Since the foundation of the nonprofit, we have expanded to several states while writing thousands of cards for nurses, hospice workers, physicians, janitorial staff, veterans, and volunteers at dozens of facilities across four branches! We have teams that conduct outreach sessions weekly to conduct card-writing sessions monthly across the country. Plus, we are only getting started. In addition to new branches in Southern California, Illinois, and Iowa being organized, we now have an official branch at my undergraduate institution, where we have already conducted school-wide outreach and card-writing sessions.

Reflection

Now that I have taken two service-learning courses at my undergraduate institution, Foundations of Service-learning and a service-learning practicum, which encompassed serving a community in need with the principles learned from the foundations course, I am not surprised that these efforts in Peru and across the United States through the nonprofit were appreciated. With regards to the medical mission trip in Peru, I think that our help was so appreciated because it was a collaborative effort between our organization and their community, in contrast to a negative prior experience with a group of volunteer capitalists (Lewis, 2009).

Regarding the formation and structure of the nonprofit, every decision was made with service-learning concepts in mind. If I had not been educated on the proper way to serve, the nonprofit would not exist. Offering of Hope, the nonprofit we started, has become successful and positively influenced the community because I did not impose what I thought the healthcare professionals needed. Imposing ideals on others for ease of the project, especially if for an easier project, as in the case of the animal shelter, does not result in a trustful dynamic and service. By contrast, this project started and continues based on the input and feedback of the community we serve.

To keep this vital concept a top priority, at Offering of Hope we conduct each meeting and activity in a way in which humility and respect are instilled into each volunteer and officer. With every outreach and card-writing session, we encourage student-led initiatives and bolster their confidence through constructive feedback and positive affirmations. One student, “V,” struggled with public speaking. When “V” was asked to lead a meeting, she felt nervous but comfortable pushing her bounds in our safe space. “V” aced the meeting facilitation and even helped one other student formulate an idea for a new initiative. After the meeting, “V” and I had a 1-on-1 meeting to reflect on how she felt the meeting went. She admitted that she was nervous but felt safe. I spoke very highly of her effectiveness in executing the intangibles in public speaking, which usually caused her anxiety. She got right to work on leading the initiative she helped to cultivate. After seeing her confidence transform, several students from this branch and members of other branches have expressed interest in forming branches! “V”’s success story still makes me smile as I write this and reaffirms the impact of respect and believing in others.

Collaborations fostered with local healthcare professionals have increased the cultural competency of dozens of future physicians. I have seen the impact of cultural competency and how it can instantly build trust with patients, especially in medically underserved areas, so making these connections now will provide dividends in our future careers. Furthermore, in all of our branches, we will have a constant supply of pre-health students who can gain experience serving the same community that they will serve as healthcare workers. This cultivated relationship also builds trust and a sense of citizenship within the community overall.

Now that I had built an organization using the lessons I had learned in my service learning courses, I reflected and wished I had been able to learn more from the people I worked alongside on the medical mission trip to Peru. I appreciated how inspired I was by the kind and tenacious local Peruvian community, and I decided to attempt to revitalize my prior mission efforts through virtual learning fundraising opportunities. Shocked that it was no longer an option on their website, I reached out to my trip team leader and was disappointed to hear that it was canceled due to a lack of interest. Unable to accept this as an answer, I fostered a community partnership connection between MedLife and my undergraduate institution. Establishing this connection has allowed MedLife to recruit my pre-health peers interested in participating in a medical mission trip. As someone who appreciated my experience in Peru, I was happy to make this experience available to others while educating them on why this trip is invaluable.

I have learned recently that I was accepted into medical school. I plan to continue my work with the nonprofit and am excited to explore other avenues of service that my medical school will offer. This work in serving and understanding the community now will aid in my eventual career as a physician in the community.

Conclusion: The Common Denominator

The common denominator to all this success is service-learning. I learned that, to truly make a difference, empowering through mutuality and open-mindedness is critical. With the new perspectives I gained throughout my journey of service, I learned how to take action in the proper manner after experiencing how the resilient healthcare workers who support us in our most vulnerable moments need support themselves.

References

- Hogg Foundation for Mental Health. (2019, Nov. 5). 3 Things to know: Cultural humility. *Hogg Blog*. <https://hogg.utexas.edu/3-things-to-know-cultural-humility>.
- Lewis, R. H. (2009). [Review of the book *Learning through serving: A student guidebook for service-learning across the disciplines*. *Theology & Religion*, 12(1), 83–85. <https://doi.org/10.1111/j.1467-9647.2008.00493.x>
- Stewart, A. (2019). *Cultural humility is critical to health equity*. American Academy of Family Physicians. <https://www.aafp.org/news/blogs/leadervoices/entry/20190418lv-humility.html>
- National Institutes of Health. (2018, Feb.). The power of pets: Health benefits of human-animal interactions. *NIH News in Health*. <https://newsinhealth.nih.gov/2018/02/power-pets>