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# *Global Expansion Among U.S. Universities: The Imperative to Examine Our Motives*

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## Abstract

The growing enthusiasm for international engagement among U.S. universities reflects the great potential gains that participation offers to both U.S. and international partners. To ensure that the benefits of such partnerships are achieved, potential participants must carefully examine and explicitly discuss their personal and institutional motivations for involvement in global research, education, and development programs. Failure to make this crucial self-assessment places such endeavors at risk of unintended negative consequences and ultimate failure.

## Introduction

As a medical student in 1992, I met with the dean of students seeking approval for an international elective. I went prepared with funding in hand from the American Medical Association and a letter of invitation from the chief medical officer of a large bush hospital in southern Africa. The meeting was short and grim. Her perspective was clear—it wasn't safe, and it wouldn't advance my career in any meaningful way. In fact, time abroad would detract from my ongoing research project and might threaten the "with Honors" qualification to the degree I had been working on so hard during the prior 3 years.

Things have changed a great deal over the past two decades. In the early 1990s, U.S. student exchange programs involved primarily the United Kingdom and Europe, and few medical schools offered opportunities for international rotations. By 1998, 15% of medical schools offered international electives, and this proportion increased to 30% by 2006 *(Anspatcher, Evert, & Paccione, 2011).* Student interest *(Panosian & Coates, 2006)* and an explosion in funding for international activities, largely mediated by monies for HIV/AIDS-related projects, have been the primary forces driving this educational expansion. Nongovernmental organizations in areas of the globe with high rates of HIV have grown exponentially. U.S. philanthropic entities previously focused on domestic issues have expanded into low-income tropical countries. International developmental assistance for global health has increased from $5.2 billion in 1990 to $21.8 billion in 2007, with most funds spent on

donor-determined, disease/condition-specific programs and only a very small proportion of funds directed toward general budget support and debt relief *(Ravishankar et al., 2009).* Today, most top medical schools have a dedicated program in global or international health, and in 2007 the Consortium of Universities for Global Health was founded *(Murray et al., 2012)*.

In parallel with increased U.S. spending on global health, there has been a timely recognition that issues in global public health transcend the medical sciences. Efforts to address global health priorities require substantive contributions from the fields of political science, psychology, anthropology, and agriculture, among others *(Bradley et al., 2011)*. Consequently, academic interests in global health extend into numerous disciplines *(Heimburger et al., 2011).* In the past decade, many degree-granting global health programs have been formally introduced into existing departments, including those lacking specific expertise or historical interests in public health or international studies *(Hill, Ainsworth, & Partap, 2012; Kanter, 2008; Velji & Bryant, 2011).*

Despite the recent U.S. financial meltdown, there is no indication that previously insular disciplines in American academia are going to retreat from their new global outreach activities. Undergraduate concentrations in international fields of study and international interest groups in professional schools are becoming the norm *(Hill et al., 2012)*. Although federal funding for well-established, long-standing international programs, like Title VI of the Higher Education Act, have been cut to the bone *(Wilhelm, 2011),* funding in global health has continued to grow *(Ravishankar et al., 2009).* Dr. Francis Collins, director of the U.S. National Institutes of Health, has identified global health as one of his top five initiatives *(Wadman, 2010)*, and funding opportunities for international research collaborations in a broad range of academic fields relevant to health have never been better.

Having chosen a career path in global health long before it was fashionable, I was in the right place at the right time and have benefited greatly from this new trend. My U.S. and international students today continue to benefit from America's growing enthusiasm for global partnerships. The United States' support for international research and capacity building often reflects our best intentions and can yield collateral benefits far beyond the prescribed programs. At the same time, as with any rapid growth and any situation in which megadollars are at play, there are risks that deserve consideration. Many of these risks are never explicitly dis-

cussed, possibly due to fears of quelling enthusiasm and sending U.S. funders and other actors into retreat.

My own experiences have been largely limited to health care and research programs in several African countries, so I will restrict my comments and vignettes to what I know best. However, I believe the general principles and concerns set forth are likely applicable to most disciplines, particularly areas of study now engaging in global activities which, like medicine, were primarily domestic 20 years ago.

## Motivations for Global Engagement

What are our underlying motivations for global engagement? Are they different for U.S. and international partners? Frequently when U.S. academics, physicians, or students seek opportunities to work or study in low-income, international settings, the implicit assumption is that they are largely motivated by altruism. This is an unfortunate assumption, as it leaves our international partners in the unenviable position of being the "beneficiaries" of our "goodwill." Furthermore, I don't think this is an honest reckoning of why most U.S. students and/or academics seek opportunities overseas. The number of applications I receive from exceptional students seeking opportunities abroad annually is staggering. Most come with a letter detailing the student's strong desire to make the world a better place, yet very few of these students' otherwise excellent résumés show any evidence of previous (i.e., U.S.-based) philanthropic activities. The incongruity is striking. This is not to criticize the nonaltruistic motivations for global engagement, but rather to point out that more forthright admissions and explicit discussion of why we want to do such work needs to be undertaken. Furthermore, these discussions should include students, educators, administrators, funders, and our global partners.

Individual motivation for international endeavors may include natural curiosity and/or a desire to expand professional and personal perspectives. Our specific fields of research may be advanced by stepping outside U.S. laboratories, classrooms, and clinics. There isn't anything inherently wrong with honestly detailing why we do what we do. But when we drop the premise of altruism, then we must honestly examine whether or not our gains in the exchange have equitable corresponding costs and gains for our partners. For educators, this may mean considering whether the teaching experience we wish to offer really meets the needs and priorities of the host community. We may find ourselves challenged to develop

new curricula and/or expand our educational strategies to student-targets with whom we have little familiarity. For U.S. students and trainees who are accustomed to educational systems developed for and catering to them, an honest assessment of motivations with potential host institutions may lead to an appreciation that the educational systems and/or health care institutions of low-income countries do not owe them a "good experience" or an "interesting rotation." It is usually possible to balance an exchange program or experience so that all parties benefit, but only with open, explicit discussion about expectations and contributions.

Understanding institutional motivation is even trickier than dissecting that of the individual. Institutional motivations are usually a complex conglomeration that includes a component of altruism but is equally impacted by the desire to attract top students and the reality that international collaborations can yield significant benefits in terms of academic products (e.g., publications) and acquisition of money for the indirect costs associated with federally funded projects. Geographically, the distribution of global development funds and activities does not reflect economic or health needs (Ravishankar et al., 2009). Clearly, motivations for engagement are complex and difficult to ascertain, but these do deserve careful examination.

## Failure to Examine Motives Yields Unintended Consequences

When international activities in research, education, development, or outreach proceed without true partnership and honest dialogue, the work can yield unintended consequences and failure to achieve overall goals. Below are five vignettes depicting poorly planned activities and their unintended consequences.

**Vignette 1: Working without partners doesn't work.** A group of 28 volunteers visited a small rural hospital in southern Africa for a building project funded by their U.S. philanthropic organization. They arrived en masse to renovate the nursing students' quarters. Almost half the group members were too old or too young to actually perform any of the labor—and manual labor was readily available locally, regardless. The older individuals in the group, many of them with chronic health conditions, required a substantial amount of time and resources from the hospital's outpatient department, as they came ill-prepared for the tropical environment and had not been medically cleared for the visit. Health care services, including medications, were provided free of charge. The

hospital had only four vehicles for all the institution's transportation needs. These were rented by the visitors for the full duration of their stay, partly for transportation of materials for building, but more often for group members to make trips to local tourist destinations. Consequently, hospital physicians, nurses, and administrators were unable to take scheduled trips into town (more than 40 kilometers away) to collect their pay and purchase goods not available at the local market. Due to poor planning and limited local collaboration, the building project remained unfinished when the visitors departed. No clear plans were in place for completion of the work. The nursing quarters, previously suboptimal but habitable, were left gutted. The building materials purchased to finish the work were unsecured and disappeared within a week. On their return flight home, the visitors regaled their fellow travelers about their wonderful trip.

*Comment:* Unfortunately, I didn't fabricate any part of this vignette. The cost of the building project itself represented only about 10% of the visitors' overall budget, with most of their fundraising going toward airfares. The cost paid to purchase the round-trip airfares for the 28 visitors could have provided a substantial proportion of the annual operating costs for the hospital. A careful delineation of the group's overall goals and honest discussion with local partners about the best way to achieve these goals might have prevented this debacle. Certainly the visitors didn't realize that their safari fun prevented hard-working hospital staff from making a critical monthly trip into town. They also did not anticipate that their efforts would leave the nursing quarters in a worse state than before they arrived. The group was undoubtedly puzzled when their plans for a subsequent trip were cancelled without explanation by hospital administration. This situation was a definite lose-lose for everyone.

**Vignette 2: The research mercenary.** A junior investigator acquired institutional funding to conduct "international clinical research" without any specific project delineated. The funds included several thousand dollars for data acquisition as well as 80% salary support for 2 years. He contacted numerous senior investigators working in his discipline who were based overseas, seeking access to "samples" and "patient data," but was frustrated by the lack of response to his e-mails. His persistence eventually resulted in a conference call with two well-established researchers who suggested he spend some time in their hospital working with patients from the region who suffered from the disease he wished to study, since he had no clinical experience with the disease and

no knowledge of the health system or the patient population. Furthermore, since his clinical specialty was not locally available, such an exchange would offer ample opportunities for him to make a local contribution to medical education and clinical care while also building his own expertise. The junior researcher rejected this offer, indicating that he had read a great deal about the disease he wished to study and that his U.S. mentors (none of whom had any substantive experience working abroad) expected him to have an established plan for a project before he traveled.

*Comment:* The days in which a developed-country researcher parachuted into a less developed setting, used local resources and personnel to collect data and/or biological specimens, and jetted out to independently write up his/her findings are, thankfully, mostly behind us. In the past, these contributions to the literature were often invalid, having been gathered with no understanding of or insights into the local context. Even when the findings were valid, the researchers left scorched earth behind with no follow-up investigations possible. More subtle variations on this theme, however, remain inherently problematic.

**Vignette 3: The project succeeds, but at what cost?** A U.S. university was awarded a federal grant to conduct a disease-specific research project in the capital city of W. In their enthusiasm for launching the project rapidly and for having the very best possible staff, the project faculty offered signing bonuses, including a vehicle for personal use, and salaries that were more than triple the usual local salaries to the top physicians, nurses, and health services administrators in Z. Within a month, the U.S. University had finished hiring all the necessary staff for the project. Most of those hired had abruptly left their jobs as civil servants in the country's only teaching hospital or within the Ministry of Health to secure their new posts. In less than 3 months, the capital city's government health service lost 25% of its top administrators and senior physician-leaders and was left in a shambles.

*Comment:* Most academics are sensitized to concerns that international collaborations may inadvertently facilitate the relocation of much-needed professionals from low-income to high-income countries. Less appreciated are the risks of contributing to internal brain drain (Bristol, 2008). This 3-year project was successful in meeting its stated scientific aims, but the cost to the public health sector and the people served was immeasurable. Unsurprisingly, the project investigators encountered a great deal of hostility from government officials in Z when they sought to submit a proposal for renewal. They eventually relocated their work back to the States.

The failure to fully consider the local effects of establishing projects and activities in resource-limited settings is a common problem. Since no honest dialogue was established between stakeholders prior to the project's initiation, frank feedback as to the reason the researchers' continued work was not welcome was also absent.

**Vignette 4: The medical tourist.** Morning Report at Mission Hospital involves a review of clinical activities by the health care workers providing night coverage, as well as a discussion regarding any activities anticipated that day. At the end of one particularly lengthy morning meeting, the chief medical officer announced that student nurses, medical students, and trainees in health care administration from Donor Country would spend the next 3 days shadowing staff at Mission Hospital. Quiet grumbling erupted and several staff reluctantly raised concerns about inappropriate attire and behavior by the last such group. Hospital staff were especially distressed that a similar group the prior month had appeared on the wards at inopportune times without an escort wearing beach attire and snapping photos of children in the malnutrition unit without seeking permission from parents or nursing staff. Debate ensued about how to curb these behaviors without risking loss of the donated supplies and money often provided by such groups.

*Comment:* Many hospitals and clinics in low-income countries now have formal policies aimed at discouraging medical tourism. It's hard to imagine walking into a pediatric burn unit in the United States and seeing a sign that reads "PLEASE: NO PHOTOS"; however, such postings are commonplace today in many resource-limited health care settings. Good partnerships result in the dissolution of the "us" versus "them" mentality that enables such insensitive acts. More collaboration and less tourism could go a long way toward ameliorating such problems.

**Vignette 5: The academic "exchange" program.** A respected professor at an African university was approached by administrators from a prominent U.S. university who expressed an interest in developing a student exchange program. The professor was eager to learn more, as she had several exceptional graduate students who might benefit from such an exchange. She was also hopeful that an exchange might include visiting teaching faculty who could help with the ever-increasing educational demands of her department, which had seen a 30% decrease in teaching staff and a 100% increase in student enrollment over the past 5 years. However, she left the meeting with the U.S. University officials quite deflated. Their proposal involved sending U.S. students to her university

but offered no resources for her students to go to the states, and did not include a plan for U.S. faculty to assist with teaching. The professor was concerned that her own administrators might want to encourage the "exchange," especially if tuition dollars were paid to the African university. Unfortunately, the exchange as planned would only increase her workload and that of her faculty, especially since no mention was made of support for local coordination of U.S. student activities.

*Comment:* University exchange programs abound, but on close examination most of these are a rather one-sided exchange. Can resources be leveraged through U.S. participants to facilitate a more equitable situation? Is there an appropriate appreciation of and compensation for local logistics? The challenges of organizing an exchange where landline telephones do not work, each cellular call placed comes at a personal cost, electricity is unpredictable, and local infrastructure is limited should not be underestimated, and extrapolating the effort required from that needed to organize student activities in the United States is not valid. In addition, consideration needs to be given to the cost, monetary and otherwise, of infrastructure and resources to be allocated to U.S. students. Will these resources (e.g., housing, transportation, classroom space) be made available at the expense of local student opportunity? Are U.S. students encouraged to integrate, or do they roam around in "packs" that even the most friendly, outgoing local would hesitate to engage?

## Discussion

These vignettes provide only a superficial overview of the complexities of international engagement. Ethical issues inevitably arise when those from relatively wealthy regions undertake activities in resource-limited settings. Donor programs meant to improve lives and circumstances may inadvertently foster dependence rather than focusing on the development of sustainable systems *(Sanders, Igumbor, Lehmann, Meeus, & Dovlo, 2009),* whether these are health systems or educational systems. And inevitably "those who intervene and those who are affected may have different preferences and values" *(Wikler & Cash, 2009, p. 249).* The first step toward overcoming the risk of unintended consequences is open and honest dialogue. It is important to appreciate that rather than immediately clarifying perspectives, truly honest exchange will frequently reveal challenging choices to be made between the competing interests and objectives of the partnering community, the donors/sponsors of the activity, and the U.S. academic entity seeking international

engagement *(Wikler & Cash, 2009)*. To be better prepared to have a truly honest exchange with a potential international partner, self-examination at the individual and institutional levels are needed. See below 10 critical questions that can offer a starting point for this important inquiry.

1. Where did the project idea or research question(s) originate?
2. Does this program address a local priority? If not, and it is a research project, might the findings from the project inform local priority setting?
3. What local resources are required to conduct the work? Are these resources being adequately paid for, and is this compensation being made to the appropriate people or entity? With regard to local resources (either material or human), what local disadvantages may result from the utilization of these resources by the project?
4. Is there someone local you will/can partner with in this work? If yes, do they have the expertise needed? If they do not, can project resources be used to help them acquire this expertise?
5. Is there any aspect of the work that will be sustained or sustainable when the project is complete? If so, how will it be sustained?
6. What will you and/or your institution gain from the success or failure of this endeavor?
7. What does your partner have to gain? To lose?
8. What are the potential unintended consequences if your work fails? If it succeeds?
9. What are your motivations for engagement? Your institution's? Your international partner's?

## Conclusions

Global engagement and international collaborations can offer a great deal to everyone involved. However, explicit discussion regarding all parties' motivations for participation is needed for this potential to be realized. Partnerships must include true joint decision-making and should require that host communities drive the setting of priorities. Only open dialogue can establish

the knowledge and understanding that form the foundation of an enduring partnership.

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