



Traveling with a ‘savior complex’? Let’s unpack that

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Learning objectives

Participants in this session will be able to...

- Define aspects of a global health savior complex
- Identify the various forms of privilege and power that come into play in global health
- Develop insight and understanding of how privilege and power shapes our perspective within the savior complex

First...

- We are not experts
- We are faculty, fellows, residents who started to unpack our own savior complexes in a more standardized fashion
- Who are you?

Ground rules


- Respect confidentiality
- Name impact, trust intent
- Listen actively - respect others while they are talking
- Speak from your own experiences (“I” instead of “they”, “we”, “you”)
- Participate to fullest of your ability
- Make space, take space
- Do not be afraid to respectfully challenge one another by asking questions but refrain from personal attacks
- Use silence and discomfort productively and approach tension with curiosity

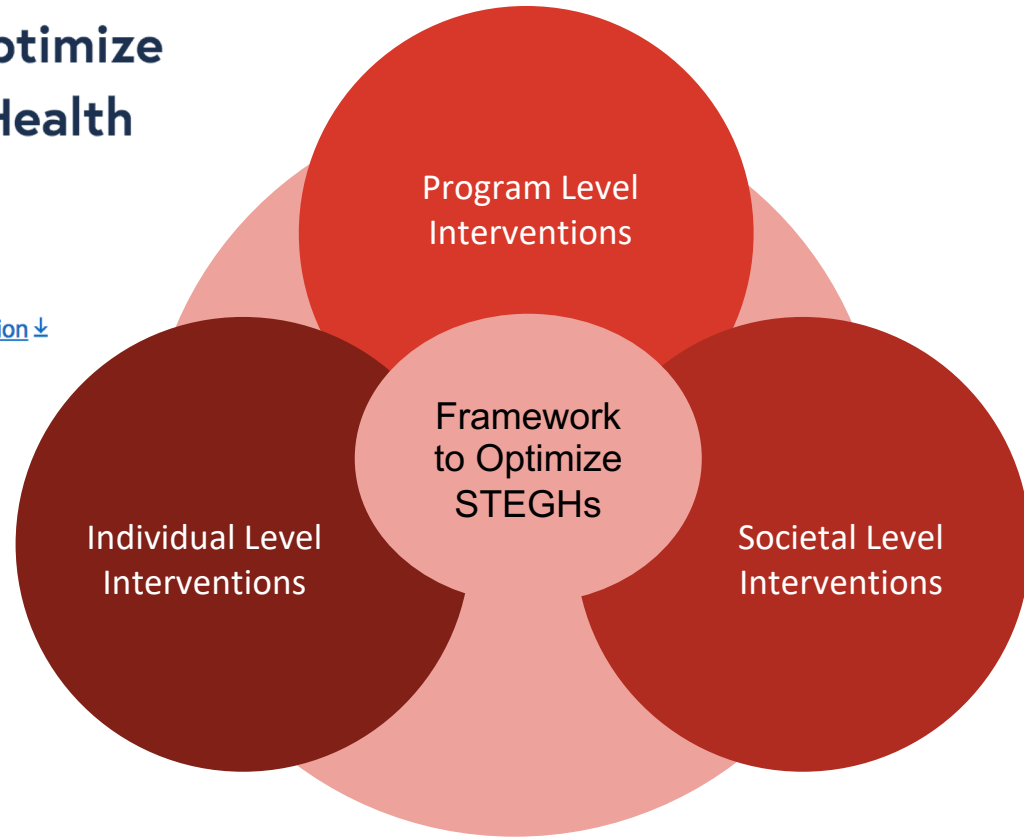
Short Term Experiences in Global Health (STEGHs)

- Typically involve volunteers and learners from high income countries traveling to settings in low and middle-income countries to provide service, teach or conduct research for a short period of time.¹
- 2005 estimate of the value of US volunteer time spent abroad was \$2.92 billion with 10 million volunteers participating in STEGHs
- Literature supports that significant disparities exist between perceived benefits by volunteers and host community members arising from STEGHs and disparities can potentially be **perpetuated** by traditional STEGH models²

A Comprehensive Framework to Optimize Short-Term Experiences in Global Health (STEGH)

[Shivani Shah](#), [Henry C. Lin](#) & [Lawrence C. Loh](#) 

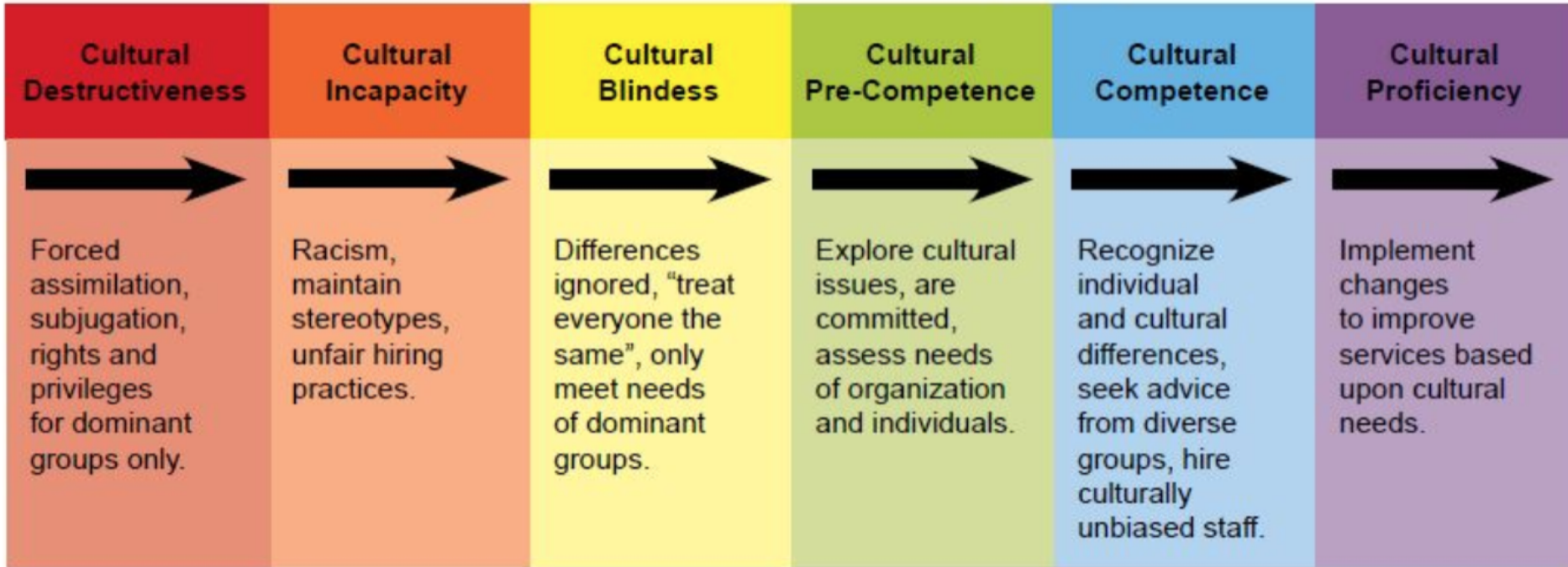
Globalization and Health 15, Article number: 27 (2019) | [Download Citation](#) 



Individual Level Interventions

- Encourage volunteers to work ***under*** the leadership and direction of host community partners, and seek out programs that do so
- Ensure that volunteers are ***adequately trained, prepared, and deployed***, with a focus on understanding the importance of how to ***humbly and critically reflect*** on their experience at all stages
- Consider their ***intentions in volunteering***, and ***identify blind-spots***

Continuum of Cultural Humility



Program and Societal Level Interventions

- Program Level Interventions
 - **Focus on capacity building** and less on direct service delivery
 - **Foster collaboration** and partnership
 - **Effective** participant training, preparation, and debrief
 - Monitoring and Evaluation
 - Rigorous volunteer selection
- Societal Level Interventions
 - **Policy change** in sending countries and at international level

“Your reports about your work in Mexico, which you so kindly sent me, exude self-complacency. Your reports on past summers prove that you are not even capable of understanding that your dogooding in a Mexican village is even less relevant than it would be in a U.S. ghetto. Not only is there a gulf between what you have and what others have which is much greater than the one existing between you and the poor in your own country, but there is also a gulf between what you feel and what the Mexican people feel that is incomparably greater. This gulf is so great that in a Mexican village you, as White Americans (or cultural white Americans) can imagine yourselves exactly the way a white preacher saw himself when he offered his life preaching to the black slaves on a plantation in Alabama. The fact that you live in huts and eat tortillas for a few weeks renders your well-intentioned group only a bit more picturesque.”

Ivan Illich “To Hell with Good Intentions”, an address at the Conference on InterAmerican Student Projects, 1968

Raise your hand if you have heard of 'The Savior Complex'...



The Savior Complex

"FIRST WORLD"

MONEY

"**They** just don't understand"

PRIVILEGE

"I can fix **this**"

GENDER

"I want to help"

POWER

RACE

COLONIALISM

"I know better"

"**They** don't have the education"

We need to define this for ourselves

The Savior Complex: Teju Cole



“There is the principle of first do no harm. There is the idea that those who are being helped ought to be consulted over the matters that concern them.” 5

“Easy Example”

When White Saviorism Turns Deadly:
American missionary played doctor,
children died, when will there be
justice?



No White Savors

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Sep 29, 2018 · 6 min read



Pictured is Renee Bach, an American missionary who moved to Jinja, Uganda at age 18. She is not a Doctor, not a Nurse. With no formal medical training, Ms. Bach started experimenting with medical procedures she'd learn from Youtube.

A Closer Look at Privilege

Writing Exercise

Reflect and write...

- 1) Please reflect on what makes up your savior complex
- 1) Think about a recent global health experience where your savior complex was in play?

Small Group Case Discussion

A fourth-year medical student travels to Kenya for a four-week clinical rotation on the medical ward. The medical student identifies as white and uses he/his pronouns. He has never traveled to a low- and middle- income country in the past. During his second week, the Kenyan consultant (attending) on the team asks him to join him in the outpatient clinic after rounds to observe outpatient care. The Kenyan consultant offers to have the medical student team up with one of the clinical officers (nurse practitioners) in one room while the consultant sees patients in the room next door. There are benches on either side of each room. As the student and consultant walk towards their respective rooms, most of the patients move to wait for the room with the medical student. The clinical officer tells the student in front of the Kenyan consultant that the 'patients are excited to see the white doctor'. The student proceeds to 'see' the patients, suggesting treatment plans and ordering labs/diagnostic testing. The clinical officer encourages the student despite him ordering more expensive/unavailable medication or ordering labs that are not available at the facility.

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Incorporating Savior Complex into Residency/Fellowship Training

- A discussion about savior complex is not a discussion without racism, privilege, and power
- At the residency level...
 - Structured didactic sessions on implicit bias, microaggression, structural competency, residency wide caucusing

Incorporating Savior Complex into Residency/Fellowship Training

- At the fellowship level...
 - 2-3 didactic sessions per year dedicated to savior complex, anti-racism, intercultural communication, and unintended consequences of GH
 - Readings include...
 - White Fragility by Robin DiAngelo
 - Madhukar Pain “10 fixes for global health consulting malpractice”
 - Video: To Promote Public Health We Must Decolonize, by Rupa Marya, MD
 - Ted Talk: Allegories on Race and Racism, Camara P Jones, MD MPH PhD
 - Social Media outlets like: No White Saviors
 - The Silent Language, by Edward Hall
 - Global Health Means Listening, by Raymond Downing
 - The Culture Map, by Erin Meyers
 - AAFP GH Summit Presentation to promote this discussion and encourage ourselves to continue unpacking

Take Home Points

- Recognizing savior complex takes work
- It is important for individuals to examine their intentions/motivations for international and domestic work in limited-resource settings
- Faculty have a responsibility to help learners...
 - Examine their own motivations/intentions for global work and
 - Develop strategies to address savior complex

nayyirah waheed



References

¹Sykes KJ. Short-term medical service trips: a systematic review of the evidence. Am J Public Health. 2014;104:e38–48

²Evans T, Akporuno O, Owens KM, Lickers B, Marlinga J, Lin HC, Loh LC. Using Maslow's hierarchy to highlight power imbalances between visiting health professional student volunteers and the host community: an applied qualitative study. Educ Health (Abingdon). 2017;30:133–9.

³Bauer I. More harm than good? The questionable ethics of medical volunteering and international student placements. Trop Dis Travel Med Vaccines. 2017;5.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5531079/>

⁴Shah S, Lin HC, Loh LC. A Comprehensive Framework to Optimize Short-Term Experiences in Global Health (STEGH). Globalization and health. 2019 Dec;15(1):27.

⁵<https://www.theatlantic.com/international/archive/2012/03/the-white-savior-industrial-complex/254843/>

Definitions from: Toolkit for TEACHING ABOUT RACISM in the Context of Persistent Health and Healthcare Disparities (2017)

<https://connect.stfm.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=cf40991e-96e9-3e15-ef15-7be20cb04dc1&forceDialog=0>

Cultural Pluralism: Recognition of the contribution of each group to society. It encourages the maintenance and development of different lifestyles, languages and convictions. It is a commitment to deal cooperatively with common concerns. It strives to create the conditions of harmony and respect within a culturally diverse society.

Cultural Racism: Aspects of society that overtly and covertly attribute value and normality to one's own race and devalue, stereotype, and label a different race as "other" different, less than, or render them invisible

People of Color: Peoples from the Americas, Africa, Asia, the Arab world and Asia Pacific Island Americans. People of color have chosen this term as an identity that unites different racial and ethnic 8 groups that all share the experience of racial oppression. The term "people of color" is used in preference to minority because the term can be dehumanizing and because people of color are in fact the majority of the world's population. Also, nonwhite implies that white is the norm. "Black Americans are not a monolith, the Borg, or a hive mind. They are individuals who have a shared experience of racialization in a society structured around both maintaining and protecting white privilege and white supremacy." - Chauncey DeVega, Black America is so very Tired of Explaining and Debating, Salon, June, 2015

Prejudice: A preconceived belief, usually based on limited information.

Racism: A system of structuring opportunity and assigning value based on the social interpretation of how one looks ("race"). It unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. – Camara Jones, Phylon 2003

Three levels of Racism:

1. Personally-mediated/ Individual/Interpersonal: Individual acts of discrimination and prejudice, stereotypes, hate

- Individual/Implicit Bias: Unconscious attitudes and beliefs – example: white medical professional not looking an African American parent in the eye and only talking to her white partner while they are attending an ultrasound appointment.

- Individual/Explicit Bias: Example: Police officer calling someone an ethnic slur while arresting them, a white woman locking her door when an African American man walks by, or clutching her purse in an elevator. A person of color perceiving they are being targeted based on race, or having to always wonder if they are being targeted based on their race, because of this larger system that sees them as criminal; the way the media portrays people of color as criminal and the fear that that breeds in people.

2. Institutional/Structural: The unfair policies, practices and procedures of particular institutions and systems that routinely produce racially inequitable outcomes for people of color and advantages for white people.

According to this definition, racism is not just individual acts of hatred, bigotry, prejudice or stereotyping based on race that all people are capable of. Instead, institutional racism occurs when these prejudices are backed up with power. By power, we mean access to social, political, cultural, financial systemic power. In the United States, now and throughout our history, white people have held the majority of dominance and power. White people control political and institutional power, cultural and social norms, and the vast majority of financial resources.

- Institutional/Implicit: Policies that negatively impact a group unintentionally. Examples:

Attendance policies are reinforced, and extenuating circumstances can't always be taken into consideration. Discipline policies carried out day to day in schools; extenuating circumstances or generational trauma cannot always be taken into consideration (teachers don't have time/skills/hands on deck) disproportionately targets students of color who are 23 times as likely to be suspended from school. This leads to high school graduation rates – for AA students 54%, Latino students 65%.

- Institutional/Explicit: Policies which explicitly discriminate against a group. Example: Madison College nursing degree versus University of Wisconsin -Madison Nursing degree. Same curriculum, but UW carries a higher status and a greater number of hires after graduation. UW

Madison is predominantly white. Madison College has a higher percentage of people of color in their programs.

3. Internalized: The process by which people of color adopt racially prejudiced attitudes and behaviors that lead to discrimination and stereotyping of their own racial group. A form of systematic oppression where people and communities of color unconsciously support white privilege and power. (Donna Bivens, Amy Sun) ○

Example: The culture we live in values whiteness as the standard/norm; this can negatively affect the self-esteem and self-worth of people of color. Kids of color may choose a white doll to play with over a doll that is more aligned with their own skin color. Kids of color saying to one another 'you're acting white' or name calling Black kids 'oreo' or Asian kids 'banana'. People of color believing they must assimilate into the dominant culture/be white, and erase the cultural parts of themselves. Black women feeling self-conscious and straightening their hair.

Tone policing: When the content of someone's statement is dismissed due to the emotion that comes with it. This enforces dominant culture expectations as well as undermines valid emotions (anger, pain, fear) that accompany experiencing racism. • Example: "I can't hear your message because it has too much anger."

White people: People of European descent. "White people did not exist in US law until 1681" – Jaqueline Battalora, author Birth of a White Nation

White Privilege: "White privilege refers to any advantage, opportunity, benefit, head start, or general protection from negative societal mistreatment, which persons deemed white will typically enjoy, but 10 which others will generally not enjoy. These benefits can be material, social, or psychological"

- Tim Wise "I have come to see white privilege as an invisible package of unearned assets which I can count on cashing in each day, but about which I was 'meant' to remain oblivious.

-Peggy McIntosh -"White privilege is like an invisible weightless backpack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks."

White supremacy: A historically based, institutionally perpetuated system of exploitation and oppression of continents, nations and peoples of color by white peoples and nations of the European continent for the purpose of maintaining and defending a system of wealth, power and privilege. -Challenging White Supremacy Workshops, San Francisco, CA

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Small Group Activity

A fourth-year medical student travels to Kenya for a four-week clinical rotation on the medical ward. The medical student identifies as white and uses he/his pronouns. He has never traveled to a low- and middle- income country in the past. During his second week, the Kenyan consultant (attending) on the team asks him to join him in the outpatient clinic after rounds to observe outpatient care. The Kenyan consultant offers to have the medical student team up with one of the clinical officers (nurse practitioners) in one room while the consultant sees patients in the room next door. There are benches on either side of each room. As the student and consultant walk towards their respective rooms, most of the patients move to wait for the room with the medical student. The clinical officer tells the student in front of the Kenyan consultant that the 'patients are excited to see the white doctor'. The student proceeds to 'see' the patients, suggesting treatment plans and ordering labs/diagnostic testing. The clinical officer encourages the student despite him ordering more expensive/unavailable medication or ordering labs that are not available at the facility.