

The Volunteer Culture of Health Frontiers

(Adapted from remarks by Hakon Torjesen at the Health Frontiers Board Meeting, March 23, 2006)

It's hard in a single phrase to sum up an organization, but here's a try:

Health Frontiers is **“an all-volunteer outreach of health professionals”**.

Most non-profits have worthy goals and try hard to pursue them. But they are also driven by other imperatives: always to meet the payroll, and as a result they allow their mission to tilt toward where “funds are available.” In Health Frontiers we also have high goals, but our driving imperative is where “volunteers are available.” Our aim is to help an extended circle of volunteer health professionals engage selected opportunities in global and domestic health that would be lost without a volunteer effort. Such programs are often even more compelling than the fundable ones. Consider our training on the special needs of children in disasters, or the residency programs in Laos, or the chloroquine study in Uganda. All are examples of compelling needs that fell outside the current priorities of available funding.

How “available” are volunteers? Here Health Frontiers has a stunning answer. For the past dozen years in our Laos program, highly trained American health specialists have competed for the opportunity to give up six figure incomes and spend a year or more working in Laos on a small living stipend. And last month Karen Olness had more volunteers than she could take to Pakistan for the three weeks that nine volunteers from the US and Thailand spent teaching,,, this in hurting cities that conventional wisdom would judge to be so dangerous that hazard pay would surely be needed to attract any paid workers.

Why are volunteers so available? Two answers suggest themselves. First, the current state of “managed care” in the US and elsewhere makes it difficult for many health professionals to realize the high ideals that led them to careers in medicine. A year of “meaning” in Laos can trump a high-salary year in a troubled industry. Secondly, in our affluent society, a growing minority of people are looking for ways more satisfying than increased consumption to spend their resources. Health Frontiers is attractive to such people, some with skills to share, others with wealth to share.

In conventional non-profits, volunteers can provide a low cost way to get the work done. But they are almost always directed by paid executives. At Health Frontiers, no paid person anywhere ever outranks the volunteer. The rare case where HF pays a salary would be like Sou, in Laos, who provides the administrative support for the volunteer team. This is at the heart of the “volunteer culture” of Health Frontiers. It attracts a higher caliber of professionals than are usually available to conventional non-profits, and they accomplish their missions at a small fraction of the conventional cost.

The volunteer culture also permeates our fund raising. It has been 18 months since HF had any grant funding. Instead, we are now relying on voluntary contributions from a growing list of regular supporters. We do no formal fund raising, and we will look for a close mission and culture fit in any grant applications. We still have some reserve funds.

We all hope this approach can keep us going for while. But we see compelling needs and opportunities ahead, in Malawi and elsewhere, and we do not know how much we can grow without diluting our culture. We need now to begin assembling a larger team of key givers and doers, who can help us test the upper limits of growth in an all-volunteer culture. We may prove that there is no limit to such growth. Or we may be looking for that elusive point at which the greatest benefits of growth and volunteerism are in perfect balance. We have interesting days ahead.