

Service Learning, Serious Lessons: A Reflection on Service Experiences and Ways to Fix the System

Donald Warden
Oglethorpe University

Each year, thousands of students at American colleges and universities flock to a variety of opportunities to serve their community as a requirement for a class – I was one of those students. In the Atlanta area, there are many opportunities for service in the sciences. The class I took focused on cancer biology and thus we focused our service on cancer-related projects. Part of my service was working at the American Cancer Society Hope Lodge. I also prepared children's activities at the Children's Healthcare of Atlanta, and facilitated an on-campus Relay for Life team. All of these experiences were fulfilling in their own way through my foray into cancer-related volunteerism. Ultimately, these opportunities enlightened me to several key facets of service currently in practice: service opportunity attendance, increased linguistic and socioeconomic barriers, and reaching supporters' minds, not just their wallets. Specific experiences revealed the aforementioned as issues in the status quo, and after careful reflection and internal dialogue, several solutions exist.

At the Children's Healthcare of Atlanta, there is a portion of the hospital known as "The Zone," in which sick children watch films, play video games, and engage in other fun activities. This environment allows the kids to be kids – something often lost when hospitalized. The path to The Zone involved two elevator trips and walking down several winding hallways. While waiting for the second elevator, I noticed a screen. The screen stated that the koi pond was closed for repairs and that Oglethorpe University students would be visiting. I immediately thought, "That's us!" I continued to read the screen's announcements and noted that the only groups volunteering were from other surrounding colleges. I came to realize and began to question why non-college adults were not volunteering at the same levels as college students.

I came up with a variety of reasons for this disparity of participation rates. Firstly, college-aged individuals may have more free time than their working counterparts. Secondly, although the average person probably wants to do service, the average college student has service hours to complete for a class or organization. Having service as a requirement would undoubtedly be a compelling reason to participate. Despite these two reasons, it is not naïve or insane to suggest that working adults should engage in more meaningful, "hands-on" service activities. Moreover, there must be a way to get college students to volunteer without it being an obligation of a class or organization. This overwhelmingly seems like a marketing issue.

Some organizations catch the public eye more than others. Event organizers must face this reality. The Relay for Life event that occurred at Oglethorpe University was the most attended event that contributed to the Cancer Biology class' service component. Aside from Relay for Life being a nationally recognized event, community participation is encouraged. This is not to say that community participation is not encouraged at other service opportunities. However, Relay for Life defines itself as an event that brings the community together. Not only were several on-campus organizations present with educational booths, but members of the local, non-Oglethorpe community were there to show their support. As individuals seeking to not only increase cancer awareness, but also increase service participation, there must be a push to strive for higher attendance at events of all kinds. Thus, how do we get people to The Zone or the ACS

Hope Lodge in similar numbers? Challenging and changing the ways we define those organizations is a good first step.

Prior to registering for the BIO-224 Cancer Biology course, if asked what the Children's Healthcare of Atlanta did, I would have almost certainly responded that they were a hospital devoted to pediatric care. Furthermore, if asked what The Zone was, I would have shrugged my shoulders and given you a perplexed look. Coming to Atlanta only a few years ago, I normally would blame my ignorance on being a new Atlantan. However, I would have had similar responses if asked about programs in St. Jude Children's Research Hospital, located in my native state of Tennessee. In fact, St. Jude has a children's zone as well that I did not know about. When thinking about hospitals and volunteering for them, it is easy to immediately jump to the conclusion that volunteering at your local hospital requires some degree of medical knowledge. This is the barrier for most people. Although all of this information is on the organization website, people do not even think to look there since their initial assumptions lead them to believe that they would need to help the clinical side of operations. This may seem like a non-issue to people heavily involved in volunteerism, but for an individual looking to volunteer, it could make it difficult to feel comfortable coming to the hospital to help. Therefore, it is crucial that the dialogue surrounding these organizations changes. We can no longer view them as hospitals where sick children and medical specialists go, but rather, their role is that of a community center that allows for volunteerism by everyone in the community. Current volunteers and hospital marketing and volunteer personnel need to express to people in their own communities that these places are open for different types of volunteer opportunities.

The Internet is where most people go to get their preliminary information on a topic. Thus, websites should market their volunteering opportunities with ease of visibility. Despite the information being on the website, it is often difficult to find. For example, on the webpage for St. Jude, four clicks are required to reach the children's play zone volunteer page. Although this seems like only a few clicks, you must remember that I was specifically looking for the children's playroom, and any person not looking for the children's room could have clicked on any one of the dozen other volunteer opportunities. The Zone is listed under the volunteer section, and nonetheless, I still had to navigate three pages to get to the section on volunteer opportunities for college students. By optimizing these opportunities on the webpages, they become more accessible to people seeking to enter the volunteer space. These website optimizations and word-of-mouth initiatives are not only what hospital-based programs should do, but also every volunteering program.

It is not enough to focus merely on fundraising and other ways of obtaining donations. Fundraising is essential as the money raised every year is important to cancer research around the nation. However, I think donating five dollars and "calling it a day" is not enough. People give money or attend one event a year and feel satisfied in their volunteerism. People should not be satisfied with just throwing their name in the pot of donors; people should be passionate about the cause and strive to make real change. These people do exist, but surely, there is a way to make these individuals the majority, not just a handful.

There are several ways to increase hands-on service while retaining wallet-based service. One method is in the same vein of the aforementioned discussion. It would not be difficult to use word of mouth and tell donors about service activities. Encouraging donors to come into places like The Zone serves two purposes. First, even if they do not go to the Zone, they now know about it, which means they can tell their friends. The donors would have something tangible to attribute to their donation, which makes them more likely to give again. It is much easier to give

to something you can see instead of throwing your money into a big pot of research money. Even if their donation does not directly support subsidiary programs, it is still better to show donors something tangible. Secondly, when donors volunteer, they see the individuals they are helping. It is one thing to pull out a dollar bill in solidarity against an illness, but it is completely different and more powerful to see yourself change someone's day through volunteering.

The Cancer Biology course was not limited to the service, we also had lectures. The lectures became powerful when I saw a sickly little girl walk into the Zone. I clearly remember the child who stood before me, her voice so meek. The life that should be in a child was not there. We asked her if she wanted to decorate a cookie, sit, and watch a movie. She jumped at the opportunity for the stimulation. Her eyes lit up and the child returned. Regardless of the wheel chair and various tubes, she – now a child – dominated the room with her energy. It dawned on me then that the humanity was lost on the child between the hospital food, the nights alone in bed, and the various treatments and tests. We gave to her a childhood moment that a hospital otherwise cannot. In the same light, while at the ACS Hope Lodge, a man undergoing chemotherapy made a joke about the sweet potatoes we were cooking. Although I do not remember the joke now, it made me chuckle at the time. I retorted with a witty comment, too, and from this, a conversation began. We talked about each other, but also about his cancer and the treatment. I do not remember his name, but the conversation we had was powerful and truly made every lecture I learned in class matter. The topics in lecture seemed so abstract and exclusive to the clinical space until I met people who were suffering. The discussion with the man gave the course real importance that I have never previously received. It connected the work put into the class to the outside world. If I feel this way about an undergraduate class, imagine the experience as a donor. A donor investing in the organization would clearly remember his/her direct experiences.

I am not naïve though. I understand that motivating donors to contribute their time and not just their wallets is difficult. Therefore, another solution is to incorporate service projects into fundraising activities. These projects could be something as simple as having donors write a letter to a patient or could be massive elaborate events. The key is that the conversation shifts away from “How many dollars do I need to give?” to “When and where do I need to be to help?” The integrated volunteer events not only give donors the benefit of seeing something tangible, but they also show them that their hands-on volunteering does not have to be hours in the Zone, but rather, it can be as simple as having a pen pal. Implementing these suggestions would not only increase donor happiness, but would also increase their desire to give. This means more help for organizations both physically and fiscally.

Aside from ensuring continued support from individuals, volunteer organizations also need to recognize the changing demographics in America and ways to reconcile differences between volunteers, patients, and their families. While in the Zone, a Hispanic woman came in with her two little boys. Being friendly college students, a member from each of our activity stations blurted out what the boys could do. The mother looked around and said, “*No hablo Inglés*. No English.” Everyone in the room looked around dumbfounded for a moment, and then it clicked that she did not speak English. I sat there knowing almost no Spanish and felt horrible. I wanted to help so badly, yet could not because there was a language barrier. Luckily, another student spoke Spanish fluently and we were able to speak to the kids and help them make a cookie. I still wonder what would have happened if no one there spoke Spanish. We would have been unable to communicate with this family. The only way to solve this is to encourage healthcare providers and volunteers to pursue learning additional languages. It would be callow

to expect English to be the only language in medicine. In fact, Oglethorpe University offers a course in Spanish medical terminology. Unless the United States adopts a *lingua franca*, bilingualism is essential for successful communication in a country with quickly changing demographics. As we move forward, we must recognize the differences we have with those we serve whether it is linguistic or otherwise. The ultimate goal is to provide the best service possible to people in need. I believe we can do that.

These experiences and issues are not unique to the city of Atlanta or myself. These problems are inherent to volunteerism everywhere. Learning to recognize these problems was one of the most valuable lessons I learned in my coursework. We must recognize these issues moving forward. It is of the utmost importance that individuals know about service opportunities, and not just opportunities to offer their wallet. Making information more accessible online, having word of mouth initiatives, and actively engaging donors in service activities at fundraising events, can all help overcome these challenges. Disease and misfortune come to people of every background and age. We must find effective means of communication between those of differing backgrounds. I encourage leaders of organizations offering volunteer activities to adopt these policies, but we also need to change the dialogue. It should no longer be a person in a lab coat who can help fight cancer; it should be everyone. It should be the individual stirring the pot of beans for a community dinner or the person helping a little girl put glitter on her drawing and making sure her medical tubes do not become “too fabulous.” By changing small aspects of the way we view service, we can fundamentally change the effectivity of our volunteering. This means more days made and more lives saved.

~

I would like to thank Dr. Karen Schmeichel of Oglethorpe University, who has mentored me through her immense wisdom and commitment to my success.