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BUILDING A GLOBAL COMMUNITY:

BRIDGING AND BONDING THROUGH INTERNATIONAL SOCIAL WORK

A project based on independent investigation, submitted
in partial fulfillment of the requirement for the degree of
Bachelor of Arts ion Social Work.

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ABSTRACT

Globalization has created a world in which social problems are interconnected and inter reliant. Social problems such as AIDS and extreme poverty can not be resolved by independent countries; they must be addressed on a global scale. Social Workers must respond to the global demands and expand their international knowledge base and participation. Research on the present state of AIDS and extreme poverty in the world was conducted. An exploration of the current reforms and their success rate was researched. A comparative analysis of two international without borders organization, Doctors Without Borders and Engineers Without Borders was performed. Findings revealed the high success rate of international programs hat represent a profession. Doctors Without Borders had provided heath care in over 70 countries in crisis. Engineers Without Borders had implemented 100 projects in over 40 countries that have improved the living conditions of needy communities. A design for a Social Work Without Borders organization was constructed to demonstrate an avenue to increase the social work professions participation internationally. Social Workers must become active in addressing social problems in a global context in order to uphold ut duty to promote the general welfare of society.

INTRODUCTION:

Mahatma Gandhi insightfully recognized that, "No culture can survive if it attempts to be exclusive," (University of Fiji, n.d.). With increasing globalization, societies are faced with a new degree of social problems, such as poverty, AIDS, ethnic conflict, and violence (Weiss, 2005, p.102). The increase of global activity and global interconnectedness has increased awareness of such problems among countries and has required countries to enter "partnership" relationships. "At a time when social work and social policy are increasingly affected by global political and economic processes and compelled to view what were previously national concerns through analysis that is global" (Penna, 2000, p. 109), there is an urgency to expand social work knowledge and involvement to an international level.

There are a wide range of global problems presenting themselves to the international social work community. These problems are not dependent on any specific area in the world or country. Many of the social problems confronting social workers are "rooted in international dynamics that transcend national and cultural boundaries" (Estes, 1992). Society has grown economically, and politically more global in function.

> Perhaps more fundamental, the need of the profession to cope with similar demographic trends, especially worldwide aging, and with similar problems such as poverty, violence, ethic conflict, and AIDS, have encouraged sharing knowledge and international cooperation, especially on problems that have cross-border sources and require cross-national solutions (Weiss, 2005, p. 102).

Other professionals such as doctors and specifically businessmen participate in a global exchange and understand current international dynamics.

The social problems of poverty, AIDS, ethnic conflict, etc. in most countries are not being eliminated by reforms done independently in each country. "Instead of seizing the moment, the world's governments are stumbling towards a heavily sign-posted and easily avoidable human development failure—a failure with profound implications not just for the world's poor but for global peace, prosperity and security" (United Nations, 2005, p. 3).

Presently, 1.3 billion people live on less than one dollar a day; 3 billion live on under two dollars a day; 1.3 billion have no access to clean water; 3 billion have no access to sanitation; 2 billion have no access to electricity (Wolfenson, 1998, p. 10). "Approximately 790 million people in the developing world are still chronically undernourished, almost two-thirds of whom reside in Asia and the Pacific" (World Resources, 2001). Reforms to alleviate poverty such as resource allocation and economic growth have failed in countries such as the United States, United Kingdom, Nigeria, Indonesia, and Rwanda (Seipel, n.d., p. 199).

Of the 2.2 billion children in the world, 1 billion are in poverty. Of the 1.9 billion children from the developing world, 640 million are without adequate shelter (1 in 3), 400 million have no access to safe water (1 in 5), 270 million have no access to health services (1 in 7) and in 2003, 10.6 million children died before the age of 5 ("State of the World's Children," 2005). According to UNICEF, 30,000 children die each day due to poverty which calculates to about 210,000 children each week ("Progress of Nations," 2000). Worldwide 2.2 million children die each year because they are not immunized, and 15 million children orphaned due to HIV/AIDS (" State of the World's Children,"

2005). Children are dying from preventable diseases. Reforms to alleviate poverty such as resource allocation and economic growth have failed in countries such as Brazil, Columbia, and China (Seipel, n.d., p. 199, Ritzer, 2004, p. 109).

AIDS is an epidemic that is growing in countries around the world. According to the Avert 2004 statistics on AIDS, during 2004, some 4.9 million people became infected with the human immunodeficiency virus (HIV). Also in 2004, there were 3.1 million deaths from AIDS which is "a high global total, despite antiretroviral (ARV) therapy, which reduced AIDS-related deaths in the richer countries" ("Worldwide HIV &AIDS epidemic statistics," 2004).

The outlook for those infected does not look good. Deaths among those already infected will continue to increase for some years even if prevention programs manage to cut the number of new infections to zero. However, with the HIV-positive population still expanding the annual number of AIDS deaths can be expected to increase for many years, unless more effective provisions of ARV medication begins to slow the death rate ("Worldwide HIV &AIDS epidemic statistics," 2004). Reforms to alleviate the spread of AIDS such as, "a new emphasis on abstinence-only education, and doubling the funding for abstinence-only programs" ("Worldwide HIV &AIDS epidemic statistics," 2004). are failing in countries such as USA, and England.

There has never been a shortage of social and economic problems in the international arena, and there is no sign that these problems are abating by the reforms of each independent country. One method to address such global problems is international collaboration of social workers to generate new and integrated reforms. The issue of

working as a collective partnership on global problems is important to social work because the profession intervenes at the point where people interact with their environments. Promoting social change, coordinating reform and relief efforts and empowering global victims so as to enhance social well-being globally are fundamental to social work (International Federation of Social Workers, 2005).

MAIN POINTS

Social problems are currently being unresolved in independent countries. "It is becoming increasingly apparent that we can no longer hope to solve human problems and advance the practice of social work without accounting for world interdependence and recognizing the interrelatedness of the environment, economy, war, politics, and social conditions, (Caragata, n.d., p. 235). Countries no longer can claim to be independent or unrelated to other countries. The advancement of technology and the trade of natural resources and labor have made the world truly connected economically, politically, and as a result socially.

There is a call for social work to take its part in creating a global village, open communication between countries. It is the natural progression since the interdependence between countries is growing. "Events of the latter half of the 20th century have demonstrated that, indeed we do live in a global village where human's needs and events… cannot be viewed in national isolation. Therefore, in this global village we must begin the practice of global social work," (Barclay, 1998, p.215). To partake in this

international call of social work, one must understand how social problems are indeed inter-reliant.

AIDS

The current social problem of AIDS in developed and underdeveloped countries is reaching epidemic proportions. To understand the problem one must have an understanding of the disease and how it spreads.

> HIV infection is a syndrome that takes the form of opportunistic diseases such as Kaposi's sacoma, pneumocystis, carinii pneumonia, cytomegalovirus, and virulent forms of thrush, herpes, and hives. HIV infection can be transmitted through unprotected sexual intercourse, contaminated hypodermic needles, and untreated blood products. HIV infection has a latency period of 5 to 15 years but is usually fatal if an untreated infection has progressed to AIDS. (Ritzer, 2004, p.317)

This disease is one that knows no borders and the spread of the disease has hit all genders and age ranges.

In the United States AIDS reform has been a slow progressing movement. At first the disease was projected to only concern homosexuals and therefore was largely ignored. Currently the federal government sanctions abstinence only programs to educate youth on HIV and AIDS prevention.

Studies have shown that abstinence-only programs show little evidence of sustained (long-term) impact (Hauser, 2004). The overall "Prevention work in high-income countries has declined, and sexual-health education in schools is still commonly not by any means guaranteed, in spite of the fact that the risks of HIV are well-known to governments. Political factors have been allowed to control the HIV prevention work that

is done, and politicians are commonly keen to avoid talking about *any* sexual issues" ("World HIV& AIDS epidemic statistics," 2004). First world countries have classically denied the prevalence of AIDS and reacted unresponsively and narrow-mindedly, "many high-income countries suffer from the belief that HIV is something that affects other people, not their own populations" ("Worldwide HIV &AIDS epidemic statistics," 2004).

The American policy to target HIV/ AIDS transmission has been seen in the "War on Drugs." This has been the attempt to reduce the number of needle transmitted HIV through the crack down on drugs in the United States. Simultaneously there has been an attempt to integrate a needle exchange program to reduce the spread of the virus through drug needles. The needle exchange program has proven itself to be successful in Canada, the Netherlands, Australia, New Zealand, and Britain. However the drug exchange program has met much resistance and not condoned by the federal government. "The imagery has not only hampered HIV prevention efforts, but those moral leaders and lawmakers in the United States who have responded to the War on Drugs have been particularly fierce in raising barriers to HIV prevention for Injection Drug users, their sexual partners, and their children (Ritzer, 2004, p.324).

In South Africa, the AIDS Foundation of South Africa is trying to combat AIDS prevention through "Fundraising & Distribution of Funds, Strategic Partnership Building, and Organizational Development Services, and Building Organizational and Individual Capabilities." The reality of the AIDS epidemic in South Africa in 2003 was estimated to be about 5,300,000 adults and children living with HIV/AIDS (AIDS Foundation, 2003).

These reforms are good intentioned, but simply can not feasibly combat the epidemic successfully and this is true of all similar sub-Saharan Africa countries.

The major difference between developed and underdeveloped countries and their struggle with HIV/ AIDS is the access to health care. "HIV infection may be deadly in societies in which life saving medicines are unavailable and chronic (manageable) in wealthy nations in which antiviral regimens are the standard of medical care" (Ritzier, page 317). This distinction between the have and the have-nots is making reforms done by countries independently insufficient, and ineffective.

At the heart of the issue is the sociological structure of each country that keeps successful reforms at bay.

> The relationship between community disruption, risk behavior, and HIV transmission is located firmly within these sociostructural explanations…This factor is particularly salient in poor nations but also in industrialized countries where there is considerable wealth gap between rich and poor, and whose health systems are similarly stratified (e.g. the United States). (Ritzer, 2004, p. 320).

This realization has been escaped by countries focusing in on reforms that help treat current victims. It is clear to see even in the most desolate areas of the world the need for structural changes in society is the real reform needed. In sub- Saharan Africa, "Structural factors affect men's risk of HIV transmission…War, famine, and poverty affect men's as well as women's HIV risk through the social dislocation caused by troop movements" (Ritzer, 2004, p. 319). Many social factors, such as violence and hunger have a direct effect on problems such as AIDS and poverty. In order to create successful reforms one must consider this connection.

EXTREME POVERTY

Poverty is defined as a condition of deprivation. Two classifications are used to define poverty in the world; Income poverty and the Human Poverty Index. Absolute poverty is measured by inadequate income to obtain the basic necessities of life. Relative Poverty is related to people who have enough resources for survival bit their income does not allow then to obtain services at the societal standard. The Human Poverty Index takes into consideration that poverty is more than income. It considers the dimensions of deprivation, including: early death, malnutrition, illiteracy, access to health care and safe water. (Seipel, n.d., p. 192).

Poverty is a social issue that has plagued every country. "Even the more developed countries are not without poverty. More than 100 million people in industrial countries live below a poverty line of $14.40 per day. Millions in the industrialized countries are without jobs," (Seipel, n.d., p. 195). The United States is one of the richest countries in the world yet they face the same issues of poverty and how to irradiate it as the poorest countries in the world. "The World Bank reports that there are roughly three billion people, or one half of all people in the world, who live on $ 3 per day, " (Seipel, n.d., p. 195). It is an issue that can not be effectively combated independently.

Poverty in industrialized countries has been an issue the social work has played a role in since its conception. "In spite of the periodic attempts to eradicate poverty in industrialized countries, its presence remains strongly felt and a primary task of social workers continues to be responding to those who are poor. These practitioners can benefit

from the experiences of their colleagues from developing countries, who have a great deal of knowledge about working with poor and destitute people" (Caragata, p 223). Reforms such as Johnson War on Poverty which made poverty a national concern and set in motion a series of bills and acts such as those which created programs such as Head Start, food stamps, work study, Medicare and Medicaid. However, but the poverty rate has remained steady since the 1970s. (See attached chart). Reforms done independently in a country are not enough to successfully deal with the social problem.

Developing, "third world" countries are experiencing higher rates of poverty. "In 1980, one out of every ten poor people lived in Sub-Saharan Africa. In 2000, the figure rose to one out of every three. Future projection predict that one out of every two poor people will live in Sub- Saharan Africa," (The World Bank, n.d.). This is an alarming tend. " Between 1981 and 2001, the number of poor in Sub- Saharan Africa rose from 41 percent to 46 percent. In absolute numbers, this means hat the number of poor jumped from 164 million to 314 million. The GDP per capita programs and policies are not reducing the poverty rates.

Africa is not isolated as the only developing country experiencing an increase in poverty rates. According to the World Bank in a 2004 report; "The number of poor people in Eastern Europe and Central Asia has been rising, particularly during the 1990's. Very few people live below one dollar a day, but the number of people living below $2 a day around 2001 has risen to around 20 percent," (The World Bank, n.d.,).

In developing countries there are pressing factors that influence the poverty rates. " If long term development is to take place, growth-inhibiting problems like political

corruption and unmanageable debts must be eliminated, and growth- promoting activities like human capital development, fair trade, health promotion, equity and the like must be enhanced," (Seipel, p. 199). The global community must attend to the systemic issues of why a country is unable to manage its own poverty levels.

"On the whole, advances have been made to reduce poverty, but several new trends threaten to further increase global poverty," (Siepel, p.199). The reform for the poverty issue can be looked at in three ways. The first issue is economic stagnation, the global wealth must be increased. Second is the presence of persistent income inequality which needs to be addressed by better planning for equitable distribution of money. Third is the growth of external debt which needs to be addressed because third world countries are so indebted to the World Bank that countries, such as Cambodia, Haiti, and Namibia, spend millions a year to pay loans or merely interest. Thus, there is never money for education or the reduction of poverty. The degree of interdependence between the American World Bank and theirs world countries is inseparable. The World Bank has been involved for sixty years in economic development in poor countries. This is not a problem that is being adequately solved by individual countries themselves, it is an international issue. (World Bank, n.d.).

SOCIAL WORK PROFFESIONS ROLE IN INTERNATIONAL RELATIONS

Social Work,

Practice can be understood as having a dual configuration; on the one hand it is idiosyncratic to the culture of nation states; on the other it has a dynamic which

> incorporates an impulse to include broader supranational concerns. Social work and social policy are increasingly affected by global political and economic processes and compelled to view what were previously national concerns through analysis that is global," (Penna, 2000, p. 109).

The distinction between understanding the cultural, and political difference between countries while understanding the increased interdependence between countries is the crucial interception for the Social Work profession.

Contemporary times fast paced, always changing, a technological world web. For the social work profession to be affective and produce desired outcomes, it must recognize and accommodate to the new global community. "These changes also bring international issues and social problems closer to home. The world economy and the international AIDS crisis, for example, now affect practice worldwide" (Johnson, n.d., p.7). This will require social workers to look at problems as part of a larger, global system as opposed to the traditional education on one's respective country.

There are a number of social workers that are currently working on the global scene.

> The International Federation of Social Workers (IFSW) is a global organization striving for social justice, human rights and social development through the development of social work, best practices and international cooperation between social workers and their professional organizations. At present, there are national organizations in 80 countries with more than 470.000 members belonging to the Federation," (IFSW, "Membership").

Further, "There are 3,000 schools of social work in 114 countries," (Weiss, 2005, p 101), that are communicating with each other. Within these schools there has been an increasing move toward creating international programs. The global community has long been recognized as influencing and being influenced by United States social work education research, and practice. Schools of social work and social services organizations

in many countries as well as the United States have sponsored study trips outside of their border for students and professionals for decades, activities sometimes referred to ass cross national learning" (Greif, 2004, p. 514). It is a beginning of international exchange, but does not yet operate in a transnational context (Penna, 2000, p.120).

In order to build the global community there must be communication between social workers in different countries. "The Social Work Dictionary defines international social work as 'a loosely used term applied to (1) international organizations using social work methods or personnel, (2) social work cooperation between countries, and (3) the transfer of methods or knowledge about social work between countries'"(Johnson, n.d., p 7). The mission is three-fold, and the need is immediate.

The social work profession is motivated by the desire to achieve equality and justice for all people. To achieve this goal requires social workers to take interest in global dynamics of the social problems they are combating.

> As new global alliances are forged in these dynamic times, social workers mist rise to the challenge of understanding our new collaborators. Learning more about social issues in other countries through reading and engaging in cross-national learning are important steps in helping to wage a battle against potential shortcomings in our own continuing growth as a profession (Greif, 2005, p, 516).

In order to act seriously and intentionally on the international level the social work profession must include international education into the national social work accreditation. The education in curriculum must go beyond just merely skimming the topic. "The concept of internationalization in the curriculum goes one step further. Such a perspective means a comprehensive and integrated approach to 'encourage students and faculty to take a global perspective a s a matter of course" (Johnson, n.d., p 8).

One way of creating an international program is to add international exchange programs. As J. William Fulbright insightfully said, “International education exchange is the most significant current project designed to continue the process of humanizing mankind to the point, we would hope, that nations can learn to live in peace." By placing this exchange into the social work curriculum it will enlighten students about the real interdependence between countries and the need for more bridging and bonding.

By providing international social work education in the curriculum, the door to collaboration between nations is opened. Such education provides the opportunity to combine efforts to combat some of our common issues. By combing research, sharing, teaching, and exchanging information, social workers could create a global network to serve “human need” in an efficient and thorough manner.

AIDS

President Bush has piloted a project reform to combat AIDS in Africa called PEPFAR., Presidents Emergency Plan for AIDS Relief.

> In January 2005 it was announced that PEPFAR had provided ARV therapy to 155,000 people in the focus countries and an additional 17,000 in other countries by the end of September 2004. The focus country total had increased to 235,000 by the end of March 2005 (as shown below). This means that the June target had already been achieved, even though more than half of the national goals had not been reached. Around 57% of those receiving treatment in March 2005 were female. By the end of September 2005, some 400,900 people were receiving treatment. (Office of National AIDS Policy, 2006).

ARV stands for antiretroviral medication, it is a treatment that helps prolong the life of individuals with HIV and AIDS. Classically developing countries disproportionately do now have access to this treatment. President Bush has committed to finding 15 billion

dollars to this project to bring ARV to needy countries in the effort to reduce transmission of the disease around the world.

The reform is successful in getting women and children treatment and therefore preventing future infections.

> With regard to the targets on Prevention of Mother to Child Transmission (PMTCT), in FY 2004, 125,100 women were provided with ARV therapy to prevent infection of their unborn child, and as a result an estimated 23,766 infant infections were averted (Office of National AIDS Policy, 2006).

As the program develops the numbers of infections prevented will increase. A commitment to building support and respect for human resources and sites able to provide PMTCT services is essential.

The PEPFAR reform is not limited to the administering of drugs but also includes counseling. "PEPFAR supported care for over 1.7 million people through March 2005, exceeding a goal of 1.1 million set for June 2005. The initiative had also supported counseling and testing services for over 3.5 million people as of June 2005," (Office of National AIDS Policy, 2006). The counseling services provide a vital component to the prevention of AIDS and HIV in target communities. The counseling of people inflicted with the disease will help individuals come to terms with their state of health as well ass become educated on how to best treat themselves and others.

South African Finance Minister Trevor Manuel in his Budget speech to the National assembly announced the government's plan to increase financing for national HIX/AIDS grants to nearly $255 million in the fiscal year 2006-2007 budget, and increase over the current level of $187 million," ("Daily HIV?AIDS report"). The

spending strategy will include youth focused programs, treatment of STI's counseling, and access to female condoms. Funding for female condoms will increase to about 24 million in the near future (Daily HIV/AIDS report"). This increase in finding marks an increase in concern and action for the AIDS pandemic. The newly formed programs under this budget could decrease the rates of AIDS in South Africa.

POVERTY

One of the international global funding projects that provide loans and reforms for impoverished countries around the world is The World Bank. "The World Bank is a vital source of financial and technical assistance to developing countries around the world. Together we provide low-interest loans, interest-free credit and grants to developing countries for education, health, infrastructure, communications and many other purposes," (The World Bank). Over 9,500 projects have been implemented to reduce poverty since 1947.

The World Bank has been responsible for reducing poverty in some countries. The World Bank conducts poverty assessment in countries around the world to locate specific needs of the community. It shows a decrease in poverty in Europe and Asia. "The economies of Europe and central Asia grew 5.5 percent in 2003, up from 4.6 percent the year before. The outlook for 2004 and beyond is for continued robust growth on the region as a whole. GDP in South Asia rose 6.5 percent in 2003, up from 4.3 percent in 2002, with domestic demand providing the impetus for growth," (The World Bank).

The World Bank reports progress in the Middle East "despite severe disruption in the Middle East and North Africa- tied in large measure to the Iraq conflict- GDP growth jumped from 3.3 percent in 2002 to 5.1 percent in 2003, the strongest economic performance since 1991. Underpinning the growth was a sharp upturn in growth in the region's oil-exporting economies, which grew 5.7 percent in 2003, up from 3.6 percent in 2002," (The World Bank). These increases in growth development progress convey the success rates of World Bank reforms.

Another global organization created to reduce poverty rates around the world is the Ford Foundation. "We work mainly by making grants or loans that build knowledge and strengthen organizations and networks. Within our broad goals, we focus on a limited number of problem areas and programs strategies," (Ford Federation). The Ford Foundation donated 10 million dollars to the hurricane Katrina relief efforts. They also donate money to schools in Africa. "Presidents of six of the largest U.S. foundations are announcing a $200 million commitment by the foundations over the next five years to further strengthen higher education in seven African nations,," (Ford Foundation). The foundation believes that by building up institutions such as high education it will trickle down and help African development.

A Christian poverty relief organization, World Vision has delivered promising rates of aid to impoverished countries. Its relief efforts are present in 100 countries. They raised 905 million dollars from donors in 2005 alone. Their projects included relief aid to Tsumi victims. "World Vision provides hope and assistance to approximately 100 million people in nearly 100 countries. In communities around the world, we join with local

people to find lasting ways to improve the lives of poor children and families," (World Vision).

These are merely a few organizations that are established to deliver aid globally to countries inflicted with extreme poverty. Most of the emphases is on building relationships with needy countries and to deliver donated funds and establishing loan agreements.

SOCIAL WORK'S PROFESSIONAL ROLE LOCALLY

A social worker is one that works on the behalf of the citizens of their social community. Each country has their own unique political structure and strengths and weaknesses inherit in each once. The role of a social worker is to work with in the system to get the best possible quality of life for their clients.

Social Workers in each independent country have a responsibility to the people of their nation. In the United States, "At the end of 2004, the CDC estimates that 415,193 people were living with AIDS in the USA," (Worldwide HIV&AIDS epidemic statistics). Much work is needed to be done within the boundaries of the country to reduce poverty.

Social workers have seen much success working locally and there is still much need for them to do so.

> Since the first social work class was offered in the summer of 1898 at Columbia University, social workers have led the way developing private and charitable organizations to serve people in need. Social workers continue to address the needs of society and bring our nation's social problems to the public's attention. ("Code of Ethics, 2006).

If the profession opens itself up to work in the international field then domestic reforms could suffer from lack of attention.

Perhaps the most compelling issue related to the promise of international social work is the inherent differences between countries. Some are more advanced technological then others, and first world and third world countries do not compete on the same economical playing field. Therefore the way in which social work is practiced is much different as well.

> "It is important to recognize that the definition of Social Work itself differs greatly across cultural contexts. The professionalized conception of the 'social worker'- especially the social worker who provides individual clinical services- originated in Western industrialized countries." (Rowe, 2000, p 67).

These differences would make any communication and cooperation meaningless and ineffective.

Assuming that other countries would be interested in working together as one community might be met with resistance. "Any notion of external people defining the needs of the East Timorese, or prescribing solutions or programs for them, will not only not work, but will create tension and understandable resentment from the East Timorese," (Mohan, p 57). The intention to unify the profession could be interrupted as a friendly form of imperialism. In some countries the suggestion of ideas and feed back would be offensive.

There are some significant barriers that have prevented international social work to flourish and grow. "Three major barriers to the construction of an international society that embraces global citizenship, implying universal freedoms and fundamental rights for all human beings…(are) global oppression; the cult of violence; and neo-globalism,"

(Mohan, p. 244). These factors make it difficult for social workers to travel in countries experiencing violence or even to effectively communicate with them. When a country is bordered by oppression it Is not able to focus on community building. Maslow's hierarchy of needs helps to explain how they stay in the survival and safety stage. Global dynamics of economy and government transcends any understanding that social workers are equipped with, therefore making them ineffective global change agents.

Contemporary international social work is being criticized for its lack of a historicoanalytic approach that critically unravels the dynamic of global oppression. (Mohan p. 246). The criticism that social workers involved in the global movement are approaching the issue from the wrong perspective and therefore will ultimately fail.

HYPOTHESIS

A wide range of global problems are presenting themselves to the international social work community. Perhaps the most compelling issue related to the promise of international social work is the inherent differences in problem solving among diverse countries. To date, the social work profession has been pulled in two directions: to service the needs of citizens, "social workers' primary goal is to help people in need and to address social problems" ("Code of Ethics," 2006) and the call to promote social justice, "social workers should promote the general welfare of society, from local to global levels" ("Code of Ethics," 2006). This pull has kept social work from working in the interconnectedness of the global community to address the interdependence of social problems.

The means for social workers to embrace the future changes in the world dynamics would be to develop a program that works in the global community. Since 1971 "Doctors Across Borders" has been successful in it's efforts to being medical relief to counties in need. Currently there are reporters without borders, architects and engineers without borders as well, all non profit global relief organizations. "Doctors Without Borders/Médecins Sans Frontières (MSF) is an international independent medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural or man-made disasters, or exclusion from health care in more than 70 countries," (Doctors Without Borders, 2006). A 'social work' program that emulates doctors across border could be designed to address these global issues. Such a program could give social workers the experience and skills to work on an international level. By adding a social work without borders program the increase in social work involvement around the world would help bridge the gap existing between countries and enable these countries to work collectively.

METHODOLOGY

A sample of programs that implement international "without borders" service work was assessed to determine the effectiveness of this type of work toward the mission of the profession. Effectiveness will be judged by the intended goal of the service work compared to the actual results. Programs researched include, Doctors Without Borders, Engineers Without Borders, and Architects Without Borders. These programs were

selected based on their established merit and duration. Each program has been active for over five years and the outcome of their work can be assessed.

Doctors Without Borders or Médecins Sans Frontières (MSF) is an international independent medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural or man-made disasters, or exclusion from health care in more than 70 countries (Doctors Without Borders, 2006).

Engineers Without Borders is a non-profit humanitarian organization established to partner with developing communities worldwide in order to improve their quality of life. This partnership involves the implementation of sustainable engineering projects, while involving and training internationally responsible engineers and engineering students.

Data was gathered through a combination of online resources, including the designated websites for each program as well as independent research. Using the mission statement of each program as a measurement of success, research was conducted demonstrating the impact of the intended services on target communities. A comparison was illustrated of the example communities without services to after they received international services from these sited programs.

The procedure of researching current international programs is representative of how to implement any type of international program. By illustrating the structure of the programs and the effect of its efforts in the communities it works in reveal the value to the respective profession as a whole.

Doctors Without Borders (MSF) has created programs across the globe in areas that are in crisis and in countries that have requested their services. MSF has had a presence in Haiti since 1991. Their main focus in Haiti is primary health care, surgery, and maternal health. MSF programs have expanded in Haiti to include the reopening of Chosecal hospital, a health care center inside the Cit"_Soleil slum, the opening of a free basic health care clinic in Decayette, and the opening of a new hospital in Port au Prince. (Doctors Without Borders, 2006).

The success of the programs is contingent on the intended service and their ability to meet that intended purpose. The success of the programs in Haiti is evident by the number of people they are able to treat. "In 2004, MSF opened a 56-bed trauma centre at St. Joeseph's hospital in Port au Prince Since opening….treated nearly 4,500 patients." The next year MSF opened the new health clinic. "In August 2005 MSF started to provide free basic health care in Decayette. The MSF team carries out about 120 consultations per day." Cit"_ Soliel is a slum in Haiti that is in severe need of women's health care." MSF workers in Cit"_Soleil practice an average of 35 caesarian sections and provide 3.500 medical consultations per month." A significant amount of people are victims of violence in Haiti. "Since the opening of Choscal Hospital more than 600 people have been treated for violence related wound and amongst them 217 were victims of gun shots." MSF organizations are specifically designed to meet the needs of the community in need. (Doctors Without Borders, 2006).

The MSF also has a presence in Sudan. Within all of the current conflict MSF has sent up a small hospital in Marial Lou. "In this forbidding environment MSF operates a

small hospital in Marial Lou which must cater for the needs of 300,000 people," (BBC World: Doctors on the frontline). The intake of patients by this non profit international organization represents the lack of alternative options in developing/ crisis areas. It also indicates the success of the agencies programs. (BBC World: Doctors on the Frontline).

Doctors Without Borders has been engaging in projects since 1971. Criteria for choosing a project include being asked by a national government or another organization or when they identify a humanitarian crisis. Each project has a country manager and a coordination team which resides in the capital city of the country. The role of the manager is to oversee the project and to be a liaison between local partners, the government and other organizations. They report the Operations in one of the five countries. A team of volunteers ranges between 4-12 people. They work with around 200 local staff members. The collaboration helps to inform international volunteers of the needs of the community. (Doctors Without Borders, 2006).

The first step is to send an exploratory team of experience MSF members to assess an array of factors; they look at the medical, nutritional, and sanitary needs, the political environment, security, transportation and local capabilities. The exploratory team reports its findings to the Operations Department. When MSF volunteers arrive at a location they complete the following actions as needed. (Doctors Without Borders, 2006).

Massive Vaccination Campaigns. Some communities that are suffering from emergency situations have a large number of weakened people that are more susceptible to disease. A vaccination campaign is conducted to reduce the chances of a yellow fever, cholera, measles or meningitis. (Doctors Without Borders, 2006).

Training and supervision of medical personnel: MSF volunteers work closely with the local doctors and nurses however many times doctors and nurses have fled the crisis area or there is a lack of well trained doctors. In this case MSF provides training and supervision in all areas of health care ranging from primary to drug prescription, to psycho-social care. A list of training guidelines is followed to ensure that all members are receiving the same training. (Doctors Without Borders, 2006).

Water and Sanitation Improvement. MSF hires specialist who come in and create water sanitary facilities using water sources. Date collection. It is important to keep good records of all medical data, mortality figures, the number of patients, different diseases, the degree of malnutrition, etc. (Doctors Without Borders, 2006).

Maternal and pediatric care. MSF has various services provided to pregnancy women and children, the most vulnerable population. They provide neonatal care, special feeding programs, vaccination campaigns, birth control, and health education. (Doctors Without Borders, 2006).

Distribution of drugs and medical supplies. At times local supply routes of medical materials and drugs are cut off due to crisis situations. MSF has the capabilities of providing supplies until the regular ways are re established. (Doctors Without Borders, 2006).

Mental health care. MSF began a mental health program in 1991. Psychosocial care is a component to many of the long term projects. Rehabilitation of hospitals and clinics. In some high crisis locations hospitals and medical facilities are destroyed. MSF works to re

habilitate and re equip these buildings. AIDS care and prevention. MSF provides HIV treatment programs in 27 countries. (Doctors Without Borders, 2006).

Doctors Without Borders has sections in 18 countries. Five countries, Belgium, France, Holland, Spain and Switzerland are operational sections, meaning they are in charge of deciding what field projects to engage in and when to terminate a project. The remaining 13 countries ate non-operational and responsibilities include recruiting volunteers, do public outreach and to raise funds. MSF receives educational assistance from three leading health centers, Epicentem Aedes, and HealthNet. (Doctors Without Borders, 2006).

Doctors Without Border is a 501 (c) (3) tax exempt non profit organization. The majority of the funding comes from individuals, foundations, corporations, and nonprofit organizations among its donors worldwide is 2003. IN 2003, MSF's worldwide income was $423 million, " (Doctors Without Borders, 2006). Having private donors allows MSF to be unrestricted by government politics and procedures. MSF adheres to the Association of Fundraising Professionals' (AFP's) Donor Bill of Rights. The donations are used primarily for program activities, 85.4 percent of the overall income. The rest is spent on fundraising and managerial expenses. Each program is allocated a budget and the program manager monitors the spending throughout the year. External and financial audits are conducted annually to uphold the financial obligations of the organization. (Doctors Without Borders, 2006).

"Engineers Without Border- USA. Building a Better World, One Community At A Time." As of April 2006 the EWB has 100 projects in 40 countries. One project took

recently took place in Nakor, Kenya to address the crisis of a long term drought. The Turkana region was experiencing crop failure and famine as a result of the drought. They responded by sending the student chapter of EWB from Valparalso University. They worked with "local inhabitants to install several wells to provide water irrigation, and build drip irrigation systems for a series of gardens. Focused on installing one well with a windmill- one half acre drip irrigation test patch. Next they worked on installing three more wind driven pumps and drip irrigation gardens. A baseline health assessment educational program for the local children was performed," (Engineers Without Borders, 2006). This project was recently completed in May 2005. The intention of the EWB is to provide the training and materials to meet the needs of a community in crisis. Unlike Doctors Without Border the members of the organization stay in the country for a couple of weeks at a time.

Engineers Without Borders, a non- profit humanitarian 501 (c)(3) corporation that functions through partners and sponsors. In each participating country the organization collects corporate sponsors that cover the cost of running the program. The United States partners include; Ch2M Hill, ASFE, Chevron, and The Vinyl Institute. In addition to doing direct outreach in needy communities the EWB fosters trainings to educate "internationally responsible engineers and engineering students," (Engineers Without Borders, 2006).

Each potential project is submitted through different channels such as NGO's and the communities themselves, goes through a process of screening and assessment. First the project application is submitted, followed by a reviewing process done at a monthly

meeting. If the program is approved the chapter (division of the EWB) musty fill out section 8 of the project application, or fill out form #502. If the project does not have a Chapter yet it will be posted on the open section of the website. The Chapter that decides to take on the project will then need to submit a #52 form which takes up to four weeks to be reviewed and accepted. Next steps are for the chapter to contact the community in need and start to learn about the culture and the presenting needs. An assessment presentation #806 must be submitted to EWB 6-8 prior to leaving on the trip. The n a Travel readiness checklist #601 and a travel waiver needs to be submitted. A site assessment report is sent into EWB, along with a design of the project. An implementation presentation needs to be submitted to EWB 8-12 before departure. Then the Implementation trip takes place, where the participants actually go to the community and implement the site plan, and make assessments. Afterward an implementation report is sent in to the EWB. At this point more trips may be needed to the site or not. (Engineers Without Borders, 2006).

To develop a chapter of EWB at a university or college requires following a series of straightforward steps clearly illustrated on the website. An interested student must contact professors and students to develop a core group of interested individuals. A faculty advisor must be appointed. Then the newly formed group must send in information to the EWB Chapter Coordinator. EWB then sends an information packet to assist the club start up. Students then hold a meeting on campus, elect officers and an advisor. The group must attain club status at the University and then it is officially considered a chapter of the EWB and is eligible for projects. Each yeah the club must

attend a workshop at the EWB national conference. There is a sourcebook available for each group to learn how to run a project.

Funding is an integral component to any organization. There are various ways in which student EWB chapters raise money. Some Universities offer student grants, or service learning programs, outreach or international programs. Or grants from faculty, Dean's funds, donations from Alumni, or local humanitarian groups. Some groups do fund raising, or contact local organizations and NGO's for help. Students contribute funds when necessary. At times EWB will provide materials and travel that is needed, as the organization grows this will happen more frequently. (Engineers Without Borders, 2006).

EWB was founded in April 2000 by Dr. Bernard Amadei, Professor of Civil Engineering at the University of Colorado at Boulder. Dr. Arnadei was invited to San Pablo, Belize to help design a water delivery system to the community. After spending some time in the village Dr. Arnadei went back to the University and recruited 8 of his students to accompany him to San Pablo to help the community create a sustainable water system. The experience was so successful that Dr. Arnadei gathered a group of professional and students at University of Colorado to begin Engineers without border organization. What began a motivation to help a community reaching out for help began a vision of an international humanitarian organization that represents engineers. The origin of the EWB demonstrates how achievable beginning a social work without borders program would be. Engineers, like Social workers have a code of ethics, American

Society of Civil Engineers' Code of Ethics. This helps the EWB develop a standard of service delivery. (Engineers Without Borders, 2006).

Doctors Without Borders was created similarity to Engineers Without Borders. With a call to help the international crisis of inadequate health care a group of French Doctors developed an international charitable organization. " MSF was founded (1971) by a group of French doctors who felt that much international aid was often medically inadequate and too easily obstructed by legal obstacles," (Doctors Without Borders, 2006). The group has grown and now has more than 2,000 members providing medical care in 80 countries.

COMPARISON CHART:

	Doctors Without Borders	Engineers Without Borders
Mission Statement:	Doctors Without Bordersor Medecins Sans Frontieres (MSF) is an international independent medial humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural or man- made disasters, or exclusion from health care in more than 70 countries.	Engineers Without Borders is a non-profit humanitarian organization established to partner with developing communities worldwide in order to improve their quality of life. This partnership involves the implementation of sustainable engineering projects, while involving and training internationally responsible engineers and engineering students.
Means of Funding	501 (c) (3) tax exempt nonprofit organization. Donors, Sponsors.	501 (c) (3) tax exempt nonprofit organization. Donors, Sponsors.
Number of Programs:	NA	One hundred.
Number of Countries services are located in::	70-80	40
Number of Members:	2,000	NA

Number of branches of the program:	18	147

A Social Work Without Border organization could be created as a 501 (c)(3) tax exempt non-profit. Emulating the Engineers Without Borders program, Universities and Colleges of Social Work would develop student run chapters.

First an appointed director would need to choose an available original business name that meets the requirements of the law which varies among states. Next one would full out the formal paperwork : articles of incorruption," which can be received at a state corporate filing office. After the articles are reviewed and sent back one can submit the federal 501 (c)(3) tax exemption application to the IRS. "IRS Form 8718, Uer Fee for Exempt Organization Determination Letter Request, and IRS package 1023, Application for Recognition of Exemption,: (Nolo, How to form a 501m n.d.). If the application is approved the IRS will send a latter of acceptance in the mail. The next step is to create a list of Bylaws. The bylaws are constructed by the board of directors and are the guidelines on how to govern the corporation. "By laws contain rules and procedure for holding meetings, voting on issues, and electing directors and officers, (Nolo, How to Form a 501 n.d.). A board of directors will need to be established. Some states allow one appointed director others mandate at least three. An initial meeting with the board of directors takes place to appoint the officer position and delegate beginning tasks such as opening a bank account and recruiting members. Additional research should be done on the license and permits necessary in each respective state. (Nolo, How to forma 501, n.d.).

Any new program must develop a strategic plan. Social Workers Without Borders is a non- profit international organization established to partner with communities worldwide in order to foster collaboration and experiential learning. This partnership involves the implementation of international projects and internships, and the exchange of social work professionals and students.

The goals of the program include providing exposure to global needs, opening up communication between social workers form different countries, collaborative problem solving among social workers from across the globe, and providing the opportunity to learn through experience to gain a more in-depth and valuable understanding of other cultures and social work programs.

Objective one of the program will be to establish project sites in five countries within the first year of the organizations operation. A project will include areas in high need of crisis volunteers. Social Workers Without Borders (SWWB) would provide problem solving strategies hat represent the needs of the people and case management of allocating resources as well as individual counseling.

Objective two is to have ten Universities in the United States start student chapters of Social Workers Without Borders in the first two years of operation. Establish student groups that meet the criteria of both the SWWB program and the Universities club status.

On\objective three is to cultivate student involvement from Universities in five other countries within the two years of operation. Objective four is to establish student

exchange programs internationally. The student exchange will allow social work students to shadow classes and internships for the duration of 2-4 weeks across seas.

Objective five is to establish an agency base in New York City that can serve as the central location for all activities in the United States and abroad. It will be the center that makes all of the executive decisions and the place that all other chapters report to.

The National Association of Social Workers (NASW) and the International Federation of Social Workers (IFSW) could serve as professional resources for the organization.

Students on campus's can fundraise and find local donors to help raise funds for international travel. Social Work programs are typically small and are equipped with community organizing skills to help successfully orchestrate a fundraiser. Social Workers are also educated in grant writing and developing proposals which will serve as helpful tools to raise money for the organization.

Once established and the first projects are executed the word will spread and the organization will receive the notoriety it needs to prosper. Initially money and resources will need to be spent on advertisement and recruitment. Social Workers Without Borders would sere as a bridging tool for international relations between social workers. Coming together to work on international crisis collaboratively social workers from around the world will be able to gain insight through different perspective and problem solving strategies. Experiencing social work in a different culture will provide students and professionals with the ability to become more culturally competent while increasing their understanding of the global context of social problems.

CONCLUSION

The social work profession works to deliver services in a vast array of social services. Social work is aboard job title and one of the only professions " whose Code of Ethics enjoins is to promote the general welfare of society," (Wenocur, p198). International social work is a branch of the profession that has "core functions and specialized helping services performed by social workers in the ir professional capacity that transcend national boundaries and deal with varying cultural , socioeconomic, and political contexts," (Sarri, 1997, p.389).

The need for more effective reforms for poverty and AIDS are evident in the statistics representing the number of people affected around the world. "because of increasingly global interdependence, effective international social work in the next century must be collaborative, rather than dominated by the models developed by affluent, industrialized nations," (Sarri, 1997, p387). Current reforms that are global in their service are not focusing on communication and collaboration with the communities that are receiving the aid. The best method to deal with issues that affect people across borders is to come up with universal solutions.

Once the global community begins to work on the reforms as a team rather than against each other a chance at seeing long lasting results can occur. The social work profession has a unique and important role in this opportunity for change.

> The movement in the direction of global social development and welfare exists clearly. We would want to feel like social work had a role in structuring the shape of this merging agenda, highlighting the urgent need to move away from neo-liberalism and the 'juggernaut' if an uncontrollable, runaway world, in favor of policies geared towards sustainable environmental and social development, which requires for their implementation both strict political regulation of global

> capitalism and a foundation for overcoming entrenched cultural discrimination, (Penna, 2000, p 120).

Social work is a profession that promotes social change in a meaningful and enduring way. Creating policies that will ensure action on the part of sovereign countries to address world issues. Social work must respond to the call to become a player in the international arena.

Social problems such as poverty and AIDS are growing more complex as globalization increases.

> Social Work needs to respond to the social problems caused by globalization. The problems of poverty, inner city decay, unemployment, and increasing despair in the industrial countries are a direct consequence of global economic change and the unwillingness of governments to address these problems in ways that integrate displaced people," (Midgley, 1997, p.61).

In order to be productive and make effective changes social workers need to become educated on the dimension of global issues. Currently the social work profession is falling behind other professions such as Doctors and Engineers, not prepared to critically think about problems in a global context. One way to achieve more proficiently is to require international studies as part of the national social work education accreditation . The past and present of other countries will help social workers identify problems preemptively.

There is a beautiful and profound dimension of social work that crosses all borders and is irrelevant to an individual country. Weiss illustrates this commonality in a study he conducted of students from various counties around the world. "This study examined the differences and commonalities in professional ideology among students in 10 countries and sought to identify a common core in their attitudes despite divergent

cultural, economic, social, and political contexts. The major finding of this study is the substantial similarity in the students' perceptions, (Weiss, 2005, p. 108). The social work profession around the world already has the foundation of sharing similar goals and a core mission. "Social workers can support people's efforts by helping to build a coalition of diverse groups and to articulate their common vision. Building partnerships with trade unions, media, community agencies and academic institutions," (Seipel, p. 206).

Social workers can cultivate their skill set and be revolutionary assets in fostering open communication and educational exchange between nations. In order for social work to be valuable and relevant to contemporary times social workers must develop an understanding of social issues in a global context. Social work can open the door for successful reform planning for the future of a healthy global village.

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