TEAM CODE OF ETHICS AND CONDUCT

Each Medical Teams International volunteer signs a series of forms whereby they agree to abide by various guidelines and stipulations set by Medical Teams International’s management. The following provides both reference points and general explanations of various acts that fit under the categories given in one of these documents, the Team Code of Ethics and Conduct. It is important that field leadership employs this document during all disciplinary processes.

Team Code of Ethics & Conduct

a. **Unethical or immoral conduct**: Includes (but is not limited to) sexual conduct, regardless of gender or consenting party issues (excluding team members who are married to one another). Sexual affairs, courtships and even excessive flirtation can distract a team’s focus and cause various cultural problems with national hosts and/or other cooperating organizations, placing Medical Teams International’s mission at grave risk. A sexual affair is grounds for automatic expulsion.

b. **Inappropriate behaviors (e.g., equal opportunity or civil rights violations)**: Includes (but is not limited to) sexual or racial harassment, or inappropriate prejudicial statements about the host nationals and/or culture, etc.

c. **Licensing/certifying board violations**: Includes (but is not limited to) substance abuse; intake of excessive alcohol to the point of intoxication; practicing health care under the influence of either alcohol or other mind-altering substance; demonstration of poor medical judgment, skills and/or knowledge; or treating patients beyond one’s licensing/certification parameters.

2. **Divisive/inappropriate behaviors or communications**: Includes (but not limited to) public disturbance(s) that potentially place(s) Medical Teams International teams, colleagues, partners and/or mission at risk. Examples of this could be raising the ire of the military, other participatory organizations or other civil authority; inciting a public reaction from nationals towards our teams, colleagues, partners and/or mission; involvement in activities that are in direct conflict with our mission, e.g., following one’s own agenda; insubordination, particularly when one proceeds with an activity they have been advised is too risky or fails to observe a directive under extreme circumstances (e.g., orders to evacuate); or any behavior that places the team’s safety or mission in jeopardy; etc.

3. **Political activities/agendas**: Includes (but not limited to) indiscreet criticism of the local government, police, military, health care community and possibly other nongovernmental organizations (NGOs), or cooperating organizations. Also includes inappropriate prejudicial statements about the host nationals, a refugee community, the aggressors in a refugee/war situation, or the world community at large. **This is particularly important in the presence of the media.**

4. **Designated team site**: Team members are to serve where they are assigned, under the infrastructures set up by Medical Teams International management. Irresponsible judgment that potentially hinders the team in travel or mission is grounds for disciplinary action. Examples of this may be, but are not limited to: actions that may cause a team to miss their connecting flight(s); actions that may cause the team member to miss their own flight (setting off a chain of problematic events and logistical upheaval for the entire team); risky local, regional or international travel during non-working hours; or an independent, unauthorized decision to partner with another organization.

5. **Misuse/abuse of Medical Teams International property and/or resources**: Includes (but not limited to) theft; use of Internet or e-mail for pornographic or political purposes; use of Medical
Teams International funds for non-mission related items, including the purchase of alcohol; or negligent damage of property owned, loaned or rented to/by Medical Teams International.

6. **Host country laws and cultural traditions:** Includes (but not limited to) violation of host country law(s); insensitivity in dress, gestures, actions, language or other pertinent cultural cues in the representation of Medical Teams International as a Christian-based organization. As well, indiscreet or insensitive sharing of one’s faith or personal philosophy can deeply offend or provoke some nationals. This can escalate to the point of endangering the lives and/or mission or our teams, national staff, patients and partner. Medical Teams International encourages team members to utilize wisdom, discretion and sensitivity when sharing Christ with nationals.

**Disciplinary action on the field**

It is an extremely rare and sensitive situation for all involved when the adverse actions of a team member call for a disciplinary response. However, there are those unusual occasions when choices made by a volunteer member can threaten or potentially impact Medical Teams International team(s), its partner, beneficiaries or the mission as a whole. The following is a basic guideline for handling disciplinary issues.

**Protocols for response**

1) **Automatic expulsion:** Certain acts warrant automatic expulsion from the team. Those acts, even where they have no legal consequences in the host country, will result in the team member’s immediate removal from the mission and return to their country of origin.

   **Protocol:**
   a) The party with the grievance contacts the team leader or field coordinator and informs them of the alleged situation.
   b) The team leader contacts the project manager and/or coordinator, or the disaster response manager and/or coordinator at Medical Teams International headquarters as soon as possible. The field coordinator/manager immediately makes return flight arrangements. The in-country leadership expedites ground travel arrangements.
   c) The team leader or field coordinator informs the team member(s) of the expulsion, with one of the superiors taking minutes of the meeting. State the breach of the code, cite the violation category (see *Code of Ethics and Conduct*) and notify the party(ies) of dismissal. All statements must be in writing before informing the person in question. Gain the signatures on the minutes of the meeting of those in attendance.
   d) Provide the expelled team member(s) with their return trip itinerary and explain that Medical Teams International will continue to cover normal team expenses until the expelled volunteer checks in for their outbound plane. The expelled volunteer is then responsible for any further costs. The team leader or field coordinator collects all accounting forms and funds from the expelled volunteer, gaining signatures for the transference and entering the cash in the appropriate accounting form. The coordinator then takes charge of further in-country costs for the expelled volunteer.
   e) The team leader or field coordinator makes certain the expelled team member knows whom to contact at Medical Teams International’s headquarters should he/she desire to discuss the expulsion upon arrival home. The team leader or field coordinator requests the signature of the expelled team member on the *Acknowledgement of Voluntary Disassociation* just prior to their boarding the outbound plane.
   f) **Extreme insubordination:** In the event that a volunteer refuses to leave the country, phone the relevant regional director, project manager and/or coordinator at Medical Teams International headquarters for further instructions.
2) **Disciplinary process for probationary acts:** Less serious acts can usually be resolved through expedient intervention. Generally speaking, the team leader or field coordinator will be the individual who interfaces with team member(s) whose action(s) require some form of disciplinary response. Some scenarios require a lengthier process and may or may not end in the expulsion of the team member(s) in question. The team leader or field coordinator will be involved in these scenarios.

**Protocol:**

**a)** A general recommendation is for the team leader or field coordinator to handle the initial phase of these disciplinary issues. Meet with the volunteer(s) in question, cite the alleged breach of the code (see Volunteer Agreements &/or Code of Ethics and Conduct) and clarify the potential ramifications the action(s) can have on the mission. Wait for a response and determine whether the problem area stems from a simple training issue that can receive immediate correction (e.g., appropriate dress for the culture) or if the issue is deeper. Steps “b” & “c” may be followed prior to this meeting or directly following. If it is a deeper issue, please continue to steps “c” and beyond, as warranted.

**b)** The team leader or field coordinator (whoever is the normal communications link to our headquarters) contacts the regional program manager, country program manager and/or project coordinator as soon as possible.

**c)** If the team member’s behavior remains unacceptable, the team leader or field coordinator, in consultation with Medical Teams International headquarters, has the authority to determine further action, including expulsion. All disciplinary warnings and actions must be documented. The decision of the team leader or field coordinator(s) is final. In the event of expulsion, protocol steps “b - f” from section “1) Automatic Expulsion” is also employed.

**Consequences of disciplinary action**

If disciplinary measures are taken against a volunteer the following consequences may be utilized. Other consequences may also occur:

1. Regional program manager, country program manager, disaster response manager and/or project coordinator are notified and alleged incident may be noted in team member’s file. Letter of disciplinary action taken may be placed in volunteer’s file, possibly putting team member on *conditional or restricted status* for future Medical Teams International team placement.

2. Dismissal from the team.

3. The volunteer is solely responsible for any and all costs, expenses or damages that the volunteer may incur as a result of their action(s).

4. The volunteer is responsible for a portion of the return travel and accommodation costs related to the dismissal.

5. Possible review by the Medical Teams International Health Advisory Board with the possible submission of report to the volunteer’s State Licensing/certifying Board and/or Ethics Committee of the State Board, where applicable.

6. Recovery of damages in an Oregon, USA court.