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## We Are Global Health: A Rejuvenating Perspective

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# We Are Global Health: A Rejuvenating Perspective

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## Editorial

Global health, as we know it, is a rapidly expanding area of interest. Health professions students and clinicians across the United States continue to seek, and often demand, that academic institutions offer robust international service opportunities in their respective disciplines. However, in a growing age where our best global health efforts tend to be outwardly focused, one is forced to ask a few important philosophical questions regarding the current approach to global health. Therefore, to gain a deeper understanding of the orientation of the global health moral compass, we step aside from any cultural, ethical, or political views and approach our bearing through a fundamentally abstract lens. Consider the following queries:

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#2.0.2



Who is it that we seek to serve? And, to whom does global health refer?

If the answers to these questions are, “developing nations,” it would appear as though our global health efforts are suffering an identity crisis. As such, one could suggest an angle of declination exists. If the answers to these questions are indeed, “the underserved and less fortunate,” then we ought to collectively reorient our global compass. Global health, by definition, encompasses the health of *all* humans beings on our planet (World Health Organization 2011 [D](#); Murray et al. 2012 [D](#)). The World Health Organization (World Health Organization 2011 [D](#)) asserts that healthcare is a basic human right. Setting out to heal only those in developing nations, as educated healthcare providers from the wealthy and prestigious western world, could be considered somewhat short-sighted. Therefore, we should strive to clarify any misleading stereotypes about what global health is, and is not – because ultimately, “global health” is you and I (Doane 2016 [D](#); French and Gronseth 2008 [D](#)). Together, we are all global health.

Consider this perspective: When engaging in international health missions or service work in low- and middle-income countries, one is not necessarily performing anything *global* regarding the healthcare that is delivered. To the patients receiving that care, it is simply healthcare – the same kind that you and I receive. For them, the focus is entirely on their health. Simply traveling abroad is not what makes *global healthcare* “global.” Now, consider the work of a foreign-educated doctor from Honduras, or any other low- or middle-income nation. If this doctor travels from his or her home country to the United States to help provide care to the rural and underserved areas of the Navajo Nation, is he or she engaging in global health? And, does this unconventional direction constitute global health as it is currently perceived?

It is easy to render attractive labels to the work in which we are engaged while serving abroad, but are they truly accurate? Is the only thing that makes global health “global,” the fact that it is traditionally viewed as westerners going out into the more distant reaches of the developing world to deliver healthcare? The argument here is that global health is a wonderful and beneficial endeavor in which to engage for all professions. Indeed, many people across the world are in desperate need of the care that is provided to them through these efforts. However, should we turn the focus of global health back to where it belongs – to *all* the people in this world regardless of any geographic distinction. Perhaps, to engage in anything less may result in misfortune to all humankind.

Furthermore, we must acknowledge that there are things to be learned from each community that is served. It is well known that the social determinants of health and the treatment of disease are not mutually exclusive – in fact, they are intimately woven (Marmot 2005 [D](#)). The social determinants of health in a community affect both communicable and non-communicable disease. Marmot (Marmot 2005 [D](#)) highlights the sheer importance of this approach and posits, “If the major determinants of health are social, so must be the remedies. Treating existing disease is urgent...but should not be to the exclusion of taking action on the underlying social determinants of health.” In this light, the un-

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- 1 World report on disability (Lancet)
- 2 Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: A systematic analysis for the Global Burden of Disease Study 2010 (Lancet)
- 3 World report on disability (Lancet)
- 4 Why do rich countries think development should be only one way? (The Guardian)
- 5 Lost in a jungle of evidence: We need a compass (Neurology)

#2.0.4



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#2.0.6



- 1 Social determinants of health inequalities (Lancet)
- 2 Social determinants of health inequalities (Lancet)
- 3 A piece of my mind: Duffle bag medicine (Journal of the American Medical Association)
- 4 World report on disability (Lancet)

derserved communities of Honduras or Tibet, just to name a few, may not be so different in their needs, disparities, and demographics as some underserved communities in our own backyards. Additionally, these communities may share striking similarities in the challenges faced for their healthcare. Therefore, by engaging in global health efforts abroad we can learn valuable lessons that can then be applied back at home, and vice versa. As such, our best global health efforts should be the tip of the spear when addressing these social determinants of health. Gone are the days when our *global health* efforts resemble the unilateral and unidirectional flow of humanitarian aid packages and non-sustainable “duffle bag” medicine operations (Roberts 2006 ). Could it be possible to create a bidirectional flow of healthcare knowledge and resources with which to better serve all humanity? After all, global health is for *all* those in the world (World Health Organization 2011 ).

A new generation of global health leaders have an amazing opportunity in front of them to dispel old notions of unidirectional aid and bring to fruition a new “open-access” paradigm of thinking, whereby mutual respect and openness to learn become core bidirectional values. After all, people who are served in global health are essentially the same as the ones serving at the end of the day. Our hope is that the new leaders in global health can appreciate this rejuvenating perspective as well.

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