OPENING OUR EARS AND WELCOMING IN BOLD CHANGE

BRUCE COMPTON

Recent conversations with David Addiss and Heather Buesseler, from the Task Force for Global Health's Focus Area for Compassion and Ethics (FACE), reminded me of the synodal process the Catholic Church has undertaken. It was great to hear how this secular organization embodies a similar process that Pope Francis describes as "a dynamism of mutual listening, conducted at all levels of the Church, involving the whole people of God."[1] As the saying goes, the shortest distance between two people is a story, so I have asked Buesseler to share hers.

STAYING IN BY LEANING OUT

HEATHER BUESSELER, MPH

At the end of a human-centered design workshop in Kampala, Uganda, that I facilitated more than a year ago with representatives from two East African health care organizations, I received some comments from participants that still resonate with me today:

"Sometimes you never know the potential you have until you have the opportunity to explore it."

"You allowed us to contribute. And we came out with beautiful ideas."

"Sometimes you go to these workshops and it is like a lecture, but the way you have structured this, we are required to participate. When you have to participate, you take ownership."

As I took in this feedback, hot tears gathered in the corners of my eyes, and I tried to discern why this emotion was bubbling up.

In March 2020, I left my position as a senior global health advisor at an international humanitarian nongovernmental organization. A couple months later, George Floyd was murdered mere blocks from my house in South Minneapolis.

The social uprising and racial reckoning that ensued prompted me to take a deeply critical look inward: What was my part, conscious or not, in perpetuating systems of oppression and White supremacy, both in America and as a global health professional? While I had always been conscious of my positionality as a White American woman and the geopolitical and postcolonial power dynamics at play, I found myself examining my place in this field anew.

PRACTICING AWARENESS AND COMPASSION

Since leaving my job in early 2020, I began consulting with a focus on unblocking and embedding compassion in global health systems. One of the organizations I have been working with in this endeavor is FACE at the Task Force for Global Health.

At FACE, our working definition of compassion is: 1) an awareness of the suffering of another, coupled with 2) an emotional response to that suffering, and 3) a strong desire or action to alleviate and prevent suffering. In other words, awareness plus empathy plus action equals compassion. In this sense, global health is fundamentally a practice of compassion.

But global health is also historically rooted in the European colonial project. Its motivations,

while perhaps cloaked in an air of compassion, were often self-serving in nature. Tropical medicine was born of the desire to protect European colonizers from the health hazards encountered in the lands they had claimed. Offering health services to local populations was a means to introduce Western culture and to "civilize" native populations. In doing so, White Western "expertise" and systems of healing were elevated, displacing traditional knowledge and healing modalities.

Fast forward to the 21st century — the discipline of global health continues to center White knowledge, leadership and expertise. Global health funders, training institutions and decision-makers are still largely concentrated in Europe and the United States. "Vulnerable populations" are still often treated as passive recipients of health programs. And local "partners" are frequently treated as infantry, given marching orders and then monitored for implementation "fidelity" and, of course, corruption.

Yes, global population health has improved over the past half-century by many objective measures: life expectancy has increased, maternal and child mortality has fallen, diseases like smallpox have been eradicated, and global hunger is abating. But if, as a global health professional, my compassionate actions to alleviate suffering in low- and middle-income countries (LMICs) are embedded in racialized epistemic and geopolitical systems of power that cause oppression and suffering, is it justified?

This dilemma is what I have been wrestling with when it comes to my place in global health. Do I lean out completely? Or is there something I can still meaningfully offer without displacing the skills, creativity and lived experiences of those I am supposedly helping? Particularly as I engage in the nascent domain of compassion in global health, I'm consciously trying to avoid shaping it within the same colonial power structures from which global health emerged.

'TICKLING' MINDS WITH POSSIBILITIES

In January 2022, FACE received funding from the IZUMI Foundation to test a novel approach to compassion cultivation with its existing grantee partners, using human-centered design to enhance compassion at the organizational, staff and/or patient level. These partners, who deliver health programs and services in Africa and Latin America, are rightly regarded as exemplars of compassion despite the many challenges they face. Yet even exemplars need support, particularly when they work in resource-limited settings where human suffering can be severe and the causes of suffering complex.

After months of virtual relationship-building and an in-person discovery trip in May 2023 to Safari Doctors in Lamu, Kenya, and Nama Wellness Community Center in Mukono, Uganda, FACE hosted a human-centered design workshop in Kampala, Uganda. We brought together teams from both organizations to design solutions to the question: How might we codify a compassionate organizational culture?

The workshop wasn't just participatory; it was engaged. We eschewed didactic trainings and instead facilitated fun, generative exercises to get the creative juices flowing and build on one another's ideas. I saw people come alive. I saw people believe in themselves. I saw light bulb moments and lightning strikes. "You are tickling our brain!" one participant commented.

We emerged from the workshop with some fantastic concepts that we subsequently prototyped in each organization. But in my estimation, those prototypes and their outcomes only account for about 50% of the workshop's impact. The other half was the way participants reconnected with their inner innovator, competence and worthiness. This format unlocked and unleashed something in them that has the potential to impact how they encounter any professional design challenge in the future.

SETTING OUR 'EXPERT HATS' ASIDE

Human-centered design flips the script in global health program design. It centers the end user of whatever service or product it aims to design. Most importantly, facilitators take off the "expert hat" and embody a beginner's mindset. This means facilitators don't show up with the solutions in mind — even if (like me) they are global health professionals. Instead, they create a space to draw out the ideas in the room and facilitate a process to move big, fuzzy idea buckets into testable, implementable concepts.

As I round out 20 years as a global health

professional, I am finding that shifting from the role of chief program designer to one of creating space and facilitating is not always easy. I've traveled to some of the world's most far-flung places, been in the thick of responses to pandemics and horrific catastrophes, launched innovative projects and learned from the duds. Let's just say I have many ideas about how to address the myriad health challenges facing communities in LMICs.

But as a White American global health professional, I've decided that the only way to stay in is to lean out. The hot tears in that workshop sprang forth because I realized that human-centered design facilitation might be just the way I can lean out and still stay in.

I'm not suggesting human-centered design is a panacea for "decolonization." But it may be an opportunity to rewire global health partnerships and redistribute power in a discipline seeking to break free from its colonial roots.

Human-centered design centers the lived experiences and ingenuities of the professionals and communities these programs intend to impact, making the solutions more resonant and more likely to stick. It is a format that allows the best of global health professionals from both LMICs and Western countries to shine as we co-create the most successful solutions. And it centers that which makes us most fully human: connection, meaning and compassion.

HEATHER BUESSELER is the founder and chief visionary officer of Humaniterra, a consulting firm dedicated to rehumanizing health systems, which partners with FACE at the Task Force for Global Health on its compassion programs.

As Catholic ministries, we are called to embody authentic listening and foster welcome and respect. Listening can be a difficult task when the harsh roots of global health include the challenging realities that Buesseler describes. The ongoing works of Catholic communities globally include many examples of amazing work on our journey of compassion.

The synodal process, along with the work of FACE, offers valuable lessons for our ongoing efforts to advance the healing ministry in the U.S. and worldwide. These insights emphasize the importance of authentic listening in fostering a sense of welcome, respect and a shared mission within our global health initiatives.

Through this work, I am reminded of a quote in CHA's newly developed synodal conversation toolkit: "Listening is a bold contribution to human flourishing."[2]

May we all go forth and listen boldly!

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NOTES

1. Francesca Merlo, "Pope to Rome's Faithful: Synodality Expresses the Nature of the Church," *Vatican News*, September 18, 2021, https://www.vaticannews.va/en/pope/news/2021-09/pope-francis-discourse-rome-faithful-synodal-process.html.

2. "Synodal Conversation Toolkit," Catholic Health Association, https://www.chausa.org/prayers/the-synod-on-synodality/cha-synodal-conversation-toolkit/synodal-conversation-toolkit (CHA website login required to access).

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