

FROM PARACHUTES TO PARADIGM SHIFTS: MY GLOBAL HEALTH JOURNEY

If I were to write a book about my global health journey, it would likely be called *From Parachutes to Paradigm Shifts*. I jumped with one of those “parachutes” when I took my first mission trip 28 years ago. I have been untangling myself from the aftereffects of that mess for more than two decades. After living in Haiti and seeing the complexities that these “parachute missions” created when they didn’t have the appropriate perspective, I decided that if I wasn’t part of the solution, I would be part of the problem. You may be confused, so let me explain.



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In 1996, my life took an unexpected turn. I transitioned from the fast-paced world of stock brokering to a role in the mission office of the Diocese of Springfield, Illinois. This shift was more than just a career change; it was a profound transformation in how I viewed the world and my place in it.

Within months of joining the mission office, I embarked on what I would now call a “parachute mission trip” to Haiti. This term refers to short-term missions in which volunteers, often with little understanding of the local context, drop in to provide aid. At the time, I was filled with enthusiasm and a desire to make a difference. Over the next four years, I led 13 such health missions to Haiti, each time believing we were making a significant impact.

However, in late 2000, I made a more permanent move to Haiti to become the administration and finance director for a clinic and public health outreach organization funded by the United States Agency for International Development (USAID). Living and working there for two years opened my eyes to the unintended consequences of these parachute missions. I began to see the distractions, damage and disconnection they brought to the ongoing operations of local health services.

In light of the current global health environment, it is now more important than ever to en-

sure that we participate in and support partnerships that follow the principles highlighted in this column. A preferential option for those who are poor and vulnerable has always been at the heart of the Catholic health ministry. Catholic social teaching calls us to advance human dignity and the common good. It reminds us that we are one human family and that loving our neighbor has global dimensions. Our founders and sponsors have walked alongside people all over the world as missionaries and have supported them through their donations to international aid organizations.

WELL-INTENTIONED, BUT MISGUIDED EFFORTS

One of the most glaring issues I witnessed firsthand from parachute missions was the lack of understanding of the local culture and beliefs. Many volunteers, myself included, arrived with preconceived notions and little effort to truly understand the community we were trying to help. This cultural disconnect often led to well-intentioned but misguided efforts that did not align with the community’s needs or values.

Language barriers further compounded these issues. Communication is crucial in any health care setting, and the inability to speak the local language creates significant obstacles. Misunderstandings were common, and the effectiveness of our interventions was often compromised.

Egos and a savior mentality also played a role. Many volunteers, again including myself at times,

arrived with a sense of superiority, believing we had all the answers. This attitude not only alienated the local staff but also undermined their expertise and efforts. The local health workers, who toiled day in and day out, were often overshadowed by the temporary presence of foreign volunteers.

Perhaps the most damaging aspect was the lack of respect for the local staff. These dedicated individuals worked tirelessly 365 days a year, even when we “paratroopers” were not there. Yet, their contributions were frequently overlooked, and their knowledge was undervalued. This lack of recognition and support created a rift between the local staff and the American volunteers, further hindering the effectiveness of our missions.

SHIFTING FROM SUPERFICIAL INTERVENTIONS TO SUSTAINABLE PARTNERSHIPS

Since returning to the U.S. after living in Haiti, my career has revolved around addressing many of the difficulties that I witnessed from these well-intentioned but often misguided parachute missions brought to the health workforce, the patients

and ultimately, the health system. I have dedicated myself to doing all in my capacity to ensure that others who engage in this work do so with a better understanding of these realities. It has been a long and challenging journey, but one that I believe is necessary for creating sustainable and meaningful change.

CHA, the Global Health Advisory Council and many others have helped to lay the groundwork for a paradigm shift in global health. CHA played an integral role in the development and launch of a study produced by the Uganda National Academy of Sciences (UNAS) called “Enacting an Ethic of Care and Responsibility in Global Health Partnerships.”¹ We have also recently released the 10th-anniversary edition of CHA’s Guiding Principles for Conducting Global Health Activities.² We believe that the paradigm shift is in motion that will allow for a future without the need or desire for parachute missions because those who wish to be of assistance enact the principles outlined in the UNAS consensus report.

For this shift to play out, Catholic health care and others must continue to learn and engage in

Findings from “Enacting an Ethic of Care and Responsibility in Global Health Partnerships”

Conclusions

1. Global health funding is inherently complex due to diverse partners, priorities and power imbalances.
2. Harmonization efforts in global health can inadvertently perpetuate inequities and hinder systemic change.
3. Capacity-building should move beyond a deficit-based approach, recognizing existing strengths and self-determination.
4. The pursuit of equity in global health necessitates acknowledging the interconnectedness of humanity.
5. Effective communication, humility and adaptability can enable truly transformative partnerships.
6. Humility — acknowledging limits, embracing uncertainty and adapting to change — holds the key to equitable global health partnerships.

Recommendations

1. Promote transparency about financial incentives and constraints and address funder dependence.
2. Embrace contextual understanding and flexibility, and foster collaboration and shared ownership.
3. Shift from capacity-building to capacity strengthening, and prioritize local ownership and knowledge exchange.
4. Cultivate mutual understanding, trustworthiness and shared decision-making.
5. Establish clear communication channels, cultivate a culture of openness and humility, prioritize emotional intelligence and empathy, and embrace power-sharing.
6. Practice active self-reflection and vulnerability, cultivate a learning and growth mindset, and embrace decolonial perspectives and practices.



Scan to read
"Enacting an
Ethic of Care and
Responsibility
in Global Health
Partnerships."

global health partnerships following the guidance from these important documents to ensure that we are part of the solution and not part of the problem. This involves moving away from short-term, superficial interventions to long-term, sustainable partnerships. It requires a deep understanding of the local context, respect for the local staff and true collaboration. It means recognizing that we do not have all the answers, and that true change comes from recognizing the agency of those from local communities and supporting their efforts to strengthen their capacity.

My journey from parachutes to paradigm shifts has been one of learning and growth. It has taught me the importance of humility, respect and collaboration. As we move forward, let us continue to build on these lessons and create a more just and equitable world for all.

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NOTES

1. "Enacting an Ethic of Care and Responsibility in Global Health Partnerships," Uganda National Academy of Sciences, 2024, https://unas.org.ug/wp-content/uploads/2023/04/Global-Health-Partnerships-27-October-CC-No-Pri_241027_104757.pdf. For more coverage of this report, see the Jan. 2025 coverage in *Catholic Health World*, <https://www.chausa.org/publications/catholic-health-world/archive/article/january-2025/report-on-global-health-partnerships-a-huge-win-toward-working-together-for-change>.
2. "Guiding Principles for Conducting Global Health Activities," Catholic Health Association, https://www.chausa.org/docs/default-source/international-outreach/cha_guiding_principles_2022-update_lr_single.pdf.



Scan to read
CHA's Guiding
Principles for
Conducting Global
Health Activities.

Upcoming Events

from The Catholic Health Association

Theology and Ethics Colloquium (invitation only)
April 8 - 10

What Counts and Accounting for Community Benefit
April 22 | 1 - 2:30 p.m. ET

Global Health Networking Call
May 7 | 1 - 2:30 p.m. ET

Diversity & Disparities Networking Call
June 25 | 2 - 3 p.m. ET

United Against Human Trafficking Networking Call
July 22 | 1 - 2 p.m. ET

Faith Community Nurses Networking Call
July 30 | 1 - 2 p.m. ET

Global Health Networking Call
Aug. 6 | 1 - 2:30 p.m. ET



chausa.org/calendar

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