

THE GUIDING PRINCIPLES

This column is the first of a series in which we will highlight one of the six *Guiding Principles for Conducting International Health Activities*, first developed in 2015. We're grateful for the participation of CHA members and global partners who are providing context from their own global efforts.



BRUCE
COMPTON

Meant to underscore the rallying cry we frequently hear in meetings with global actors, including our members, staff of the World Health Organization, the National Academies, USAID and many others, the series is a call for all of our ministry's efforts to be more sensitive to the realities on the ground, more understanding of local cultures and more respectful of the authorities that exist there.

Sharing her thoughts on the Guiding Principle of Patience is Susan Huber, senior vice president of sponsorship and president of Ascension Global Mission. Susan was on the think tank that helped develop the Guiding Principles, and I have long respected her thoughtful approach to international health activities. Her message resonates now, especially as we need to exercise patience as we deal with the effects of COVID-19 domestically, and appropriately respond to the needs of our global sisters and brothers.

Patience

SUSAN HUBER

“Are we there yet? ... How many more miles? ... When are we going to be there? ... But it's taking *too long!*”

“Not yet ... A few more ... In a little while ... Be patient. It will be great when we get there!”

As adults, many of us have been on both sides of this classic vacation conversation. We learn at a young age that patience is hard, and usually painful. The need for patience is also part of implementing global mission initiatives.

Pope Francis, in his Sept. 25, 2015, address to the United Nations, stated, “To enable these real men and women to escape from extreme poverty, we must allow them to be dignified agents of their own destiny.” In alignment with this comment, the *Guiding Principles for Conducting International Health Activities* defines patience as “Building capacity, not dependency.”¹ Expanding on the definition, it suggests “we should neither conduct activities that a local community can do for itself nor participate in one-way financial giving. The process of getting to know your partner in order to build capacity often takes longer than expected

and requires patience.”

We are a nation of great means and great desire to help those in impoverished countries. We see great need. We see *our* ways to immediately “fix” *their* need — either through sending money or by providing the service or program that we think they need. But in so doing, we can engage in one-way giving, fail to determine if the service or program is really needed or wanted (or if we just think it is needed), fail to build capacity and sustainability, strip our brothers and sisters of their God-given right to human dignity, or create dependency.

Creating sustainability is a journey of many miles. For it to be truly “great when we get there” requires patience to understand the true needs and the capabilities to address those needs — to take the time to establish relationships that build trust. Patience begins with listening. For international missions/international relief, language — even the same language separated by cultural nuance — is often a barrier that directly impacts listening. It is important to take the time to ensure

that the right people are at the table to ask questions; to actively listen to responses; to clarify understanding; to understand the culture and cultural differences; to understand local services, programs, businesses and providers; to acknowledge the reality of true scarcity of resources; and then to collaboratively develop and refine an approach in ways that acknowledge cultural differences.

Working across cultures and languages will always take more time than anticipated. Unexpected delays such as cultural celebrations or holidays that last for a week, or unforeseen delays such as political unrest or travel restrictions, are a given. This requires us to let go of our self-imposed time frames for short-term results and recognize that the process — the time and patience it takes to work collaboratively — is what yields long-term results.

Without patience, these delays will tempt us to rush in to “fix the situation,” to “do for” versus “do with” because we think we know how it can be done better, smarter and faster. We instinctively move to our American comfort zone of driving for results. But while it may be better, smarter and faster for U.S. providers who are geared to quarterly measures, without the patience to stay the course, we miss important pieces — cultural pieces, dignity pieces, resource pieces — that are important to successful outcomes. Patience allows us to suspend judgment long enough to make informed decisions.²

International health assistance ranges from very complex to “seemingly simple.” However, even seemingly simple assistance requires patience as unexpected roadblocks occur, or even expected roadblocks that take longer than anticipated, as demonstrated in the following story.

A hospital wanted to enhance its nurse education program. An invitation to participate in in-country meetings was extended. The purpose of these meetings was to meet with the director of nursing and those who



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reported directly to her, become familiar with the facility, listen and dialogue about their education needs, prioritize the needs, and develop a plan that would not only provide the education, but also implement a train-the-trainer program to ensure sustainability. The destination, along with its measurement, was defined.

The first educational request was for a course that would certify the nursing staff in the skill and provide the necessary training for a contingent of those nurses to become certified trainers. Consistent with our desire not to harm local providers, a search was conducted to determine if any local resources were available. Assured that there were no local resources, efforts were engaged to identify trainers who were certified to not only certify the nurses, but also to train others to be certified trainers. Because French was the native language in the country, French-speaking trainers were required for the certification.

Following a few months of work to

identify French-speaking trainers who were certified to certify other trainers, agreeing upon the training dates, acquiring the training equipment and training manuals, securing travel, applying for visas and checking daily on the visa status, the visas were denied on the last day. The easy solution at that point would have been to take certified English-speaking nurse educators and a translator to conduct the training. When presented with this option, the in-country director of nursing opted to search for other trainers who would provide the agreed-upon certification of staff and certify a contingent of her nurses to ensure sustainability. We assisted in identifying a French-speaking trainer from outside of the country who could come to begin the training. Four months later, the training classes were held. All nurses who were trained became certified, and 15 percent of those certified became certified trainers, thus ensuring sustainability.

The journey took just under a year. The miles were long, and we sometimes doubted whether we should pursue the original journey or take a side road that would get us *almost* there — but not quite. Patience to stay the course was challenging and frustrating. But today, the country is a Stage 4 security risk. COVID-19 prohibits travel. The side road would have certified the nurses with no opportunity to certify new nurses. The journey was long, but it was great when we got there.

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NOTES

1. A series of columns in *Health Progress* is examining each of the six *Guiding Principles for Conducting International Health Activities*. For more information on these principles, see chausa.org/internationaloutreach/guiding-principles.
2. “Words of Hope—Patience,” blog on Spirit of Sharing website, spiritofsharing.info/blog/2017/10/08/patience/.

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