

# THE GUIDING PRINCIPLES

**W**e are living in a time requiring deep humility. How is it that our world, despite all of its resources, technological and diagnostic advances, cannot work together more efficiently to get the upper hand on a virus?



**BRUCE  
COMPTON**

The pandemic ushered in a global shared reality — a reality where we more deeply understand our interconnectedness. And with this shared experience, we have the chance to evolve, or reconstruct partnerships and practices to meet the new realities. It will take humility to see that what was before might not have been what was best.

This column is the second of a series in which CHA members and global partners highlight one of the six *Guiding Principles for Conducting International Health Activities* in the context of their

own global efforts. The series is a call for all our ministry's efforts to be more sensitive to the realities and stated needs on the ground in low- and middle-income communities rather than pursuing our goals for what we hope to provide.

Sharing her experiences with the Guiding Principle of Humility is Camille Grippon, who serves as the system director of Global Ministries at Bon Secours Mercy Health. I have long respected her thoughtful approach to international health activities. I hope her message resonates and allows anyone who participates in or plans global health exercises to look at their own approaches from a different perspective.

---

## Humility

CAMILLE GRIPPON

**F**or those who work in Global Health, there are often stories shared of two distinct realities. One reality centers on those who value and cultivate right relationships with local partners and another reality centers on those who seek their own or their organization's interest. This was true before COVID-19, and it will likely be true post-pandemic. However, Humility, one of the *Guiding Principles for Conducting International Health Activities*, can teach people and organizations a lot about cooperation and collaboration in a time that we need it the most.

Before COVID-19, many groups conducting international trips did not involve local leadership. I remember hearing about an outreach trip over a decade ago where a large U.S. group arrived to a country with no host present. When asked why there was no host present, the response was that the flight tickets had already been purchased before an arrangement with the host had been finalized, and time was money. Host or no host, the trip

was not rescheduled and, needless to say, it was not successful.

If there hasn't been enough planning in partnership with those in-country, actions shouldn't continue for a visit simply because tickets have already been purchased. Just because we can, does not mean we should. Many well-intentioned individuals volunteer their time and skill in communities that are vulnerable throughout the world. Their intentions are noble, yet their actions sometimes lack appropriate self-reflection and self-awareness to ensure that they are entering the country as guests, practicing humility and building right relationships based on mutuality. Relationships marked by mutuality build relationships where both domestic and international partners benefit and take away relevant lessons.

### PRACTICING HUMILITY

A foundational example of humility in my mind is the image of Jesus washing the feet of his disci-

ples. Even though there are many interpretations of why Jesus washed his disciples' feet, in part he was humbling himself in service to others, and in doing so, Jesus set an example for others to follow.

So much of our work in Catholic health care can draw from the example of Jesus, especially in international settings. Leaders can practice humility to set the tone for how their teams should conduct themselves. Sometimes people shy away from the word humility, especially to define a leader, because humility is sometimes understood as a feeling of low self-worth or lack of pride, but humility is far from that. Humility is to be present toward others more than to yourself and become less self-absorbed in order to truly serve others.

One example of practicing humility in a leadership role took place in 2014 during an in-country assessment. During one of the pre-trip phone calls, the president of a much-respected organization told me that as the lead primary surgeon he was the leader of the mission. He added if he needed to clean the floors at the hospital that he would do it and expect all the members of his team to do the same.

While this proposition seemed unusual, it set the tone for others. Neither he nor anyone else was expected to be superior to anyone. All were expected to serve the needs that may have arisen, whether those were clinical or non-clinical needs. I believe this was his attempt to counter some of the attitudes of superiority that come with international trips. For the surgeon, practicing humility was a behavioral compass that ensured everyone would strip themselves of their own ego and bring their best self to the service of others.

#### **LISTEN AND LEARN**

Many shortcomings in international health care could be avoided by a simple pre-requisite of humility, which includes active listening without

preconceived notions. It is vital for international health care guests, whether they come as a single practitioner or an entire non-governmental organization, to listen actively and understand that everyone has something to learn.

Countless local partners complain of international visitors being overbearing, opinionated and even arrogant upon arrival. Usually, this occurs when guests try to "size up" the country, the problem and the people too quickly and begin to voice opinions that are loosely based on fact or common cultural norms. Prior to forming an opinion, guests should enter the country with a willingness to learn, listen and slowly form a relationship based on mutual trust.

#### **STICK TO THE STANDARDS, ALWAYS!**

In the last few decades, international trips have increased sharply as has the literature on best practices. International trips can be successful if standards are followed. As an example, in 2015 CHA published *Guiding Principles for Conducting International Health Activities* to help Catholic health care organizations most appropriately conduct international work. Humility is listed as one of the six principles. The section on Humility details the importance of mutuality and right relationships, while also explaining the importance of cultural competence.

Bon Secours Mercy Health applies best practices including the *Guiding Principles* and other guidance from CHA publications during all pre-trip formation led by the Global Ministries office. All international participants take part in a 12-hour pre-trip session focused on topics such as our Catholic foundation, the clinical and cultural reality, ethical scenarios, safety discussions, country profile presentations, data collection discussions, patient pre-screening studies and assessments, and cultural awareness dialogue. Most



### **HUMILITY**

*We all have something to learn*

Partnerships marked by mutuality and respect build relationships where both the U.S. and international partners benefit and take away relevant lessons. True cultural competence is necessary for a two-way learning process in any development activity.

importantly, the local host is involved in the training sessions to begin to build a relationship prior to arriving in-country.

Our formation opening prayer is from Saint Martín de Porres, a Peruvian saint known primarily for his humility. We read the prayer as a group and reflect on part of the passage “mindful of your unbounded and helpful charity to all levels of society and also of your meekness and humility of heart, we offer our petitions to you.” Upon completion of the training, the session that is most highly rated is the exchange with the local host. One participant mentioned how important it is to have a dedicated space to tune out our own narrative in order to learn about the communities we serve.

#### **HUMILITY IN CATHOLIC HEALTH CARE**

When we are able to eliminate or reduce the harm of COVID-19, traveling abroad likely will resume. At that juncture, we will need to know what lessons we learned from the COVID-19 pandemic. Did our inability to fly into a country change how we can work with others internationally going forward? Can technology take the place of some outreach trips or fly-in activities? How can we build solutions locally? Are we committed to long-term solutions, local empowerment

and sustainability? Reflecting on some of those questions will help individuals and organizations strengthen their international interactions and partnerships. It will also help to assess opportunities for improvement.

Catholic health care is charged with a great responsibility to practice humility. As part of our Catholic identity, we must ensure that our actions are consistent with who we say we are. Can we truly express dignity, solidarity and a preferential option for the poor without practicing humility? It might be possible, but it would not be correct. Similar to flying into another country without making sure the host could be present, we must remember that just because we can does not mean we should. Catholic health care is called to make a difference in every encounter. In international settings, communities are especially vulnerable and deserve the most genuine expression of humility, which lacks all forms of selfishness and empty conceit. Humility is one of the best attributes we can always bring to international Catholic health care, a true attempt to express the example of Jesus.

**CAMILLE GRIPPON** is the system director, global ministries for Bon Secours Mercy Health. She is based in Marriottsville, Maryland.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, Fall 2020

Copyright © 2020 by The Catholic Health Association of the United States

---