

RESPECT FOR CULTURE PLAYS IMPORTANT ROLE IN CARE SETTINGS

A story is told about Albert Einstein when he was traveling from Princeton on a train. When the conductor came down the aisle punching tickets, Einstein reached in his vest pocket; he could not find his ticket, so he reached in his trouser pockets. It wasn't there so he looked in his briefcase, but still could not find it. He looked in the seat next to him, but it was not there.

The conductor kindly said, "Dr. Einstein, I know who you are; we all know who you are. I'm sure you bought a ticket; don't worry about it." The conductor then continued on his way punching tickets. Just before he went to the next car he turned around and saw the great scientist on his hands and knees looking under his seat for his ticket.

The conductor rushed back and said, "Dr. Einstein, Dr. Einstein, don't worry. I know who you are. No problem. You don't need a ticket."

Einstein said, "Young man, I too know who I am. What I don't know is where I am going."

With an emphasis on Healing Spaces, this edition of *Health Progress* has caused me much more angst than normal. Maybe it's the juxtaposition of the conversation regarding healing spaces domestically and the context I bring from my experiences in international outreach. It's difficult to transition from U.S. hospitals deciding to install a flowing fountain or to promote a serenely silent corridor, while in many places on earth, just having access to a physician within an hour's time would be farfetched, and open windows in the operating room are a reality.



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Admittedly when I began writing, I didn't know exactly where I was going. Like Einstein, I knew my experiences, and I know about our ministry's work to provide spaces where healing can happen — both spiritually and physically — but I didn't know where to go as to not be negative or downplay the impact we have in low- and middle-income countries.

Something from the World Health Organization's *Health Promotion Glossary*, published in 1998, inspired me as a definition of a health setting: "The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being."

It's not exactly about a healing space, but

it speaks to the importance of culture. Just as a building is often designed to blend in with or purposely stand out from its surroundings, our actions in international outreach must be based on *where* we are going in order to provide healing that surpasses our Western definition. We have to have a trusted partner in the country we're going to who is a part of the community that requested our services. We have to listen to the local community and respect their desired outcome for any partnership. We have to be in tune with their norms and notions of a life well lived.

In the examples that follow, I admit to needing a course correction. In the first example, I was traveling to a destination I hadn't previously known. I fell into the traps of assumption and a desire to solve a problem that didn't actually exist. In the second, an obvious need was initially unmet. I hope they provide you with food for thought in your own work. As you read them, please ask

yourself: are the space and people, the interactions and attitudes, technically and culturally appropriate to meet the needs of those receiving care? Are we fostering an environment that is in alignment with our healing ministry?

“I CAN GET MATTRESSES”

I was recently in Africa as part of a team visiting a facility that prepared children for orthopedic surgery and helped them recuperate after surgery. During our orientation, staff told us that they had a 50-bed facility, but typically had around 100 children in residence. I recall my initial reaction of concern that such overcrowding was impacting even this one aspect of a child's life — to not even have a bed of one's own. But as the door opened, and we went in, it was explained to us that children are sometimes three or even five to a bed ... by choice.

The children were creating little communities of their own. They were cleaving to one another and creating smaller communities from which to build their identities. It was completely within the cultural norm in this community. In this context, to sleep alone would have been isolating. It would almost have been cruel.

So here I was, already making plans in my head to determine if anything could be done to donate beds or mattresses, to be of some assistance in their living space, and I had it all wrong. These children weren't being forced two-to-a bed, they were being healed in a loving, supportive community.

OVERLOOKING THE OBVIOUS

Having a space that heals — while also maintaining the dignity of the patient — is a hallmark of Catholic health care. In our hospitals, clinics and assisted living facilities, we try to be sensitive to upholding the dignity of any child of God in our care. And while this can hold true in international outreach, it can be far more challenging — logistically and culturally.

A case in point is St Francis de Sales Hospital in Port-au-Prince, Haiti. CHA members and others raised more than \$10 million for the facility to be rebuilt following the 2010 earthquake. It was designed with some patient wards and some private rooms as well as private exam rooms — a vast improvement to what had been there before. However, even with all of the meetings, site visits and

conversations, we missed something. It was not until the Haitian hospital staff came back to CHA asking for privacy curtains that we realized that we had not planned for an item that would have absolutely been second nature in the U.S. setting.

We were able to fulfill the request and there are now curtains for privacy in several wards, but how was it that we didn't even think of it in the original planning process or even during any of the many tours of the facility pre- and post-dedication? How did we think of the shell, but not the experience of a patient, vulnerable, with a family member alongside them, looking for something so insignificant as a sheet of material to separate them from view? We overlooked an essential element of healing.

TOOLS FOR USE

Thankfully, as we consider culture in relation to where we are going, and once there providing healing, there are many tools to use and a lot of work to build upon.

Helpful resources include the WHO's Healthy Settings work and research, Health Care Without Harm's resources (under the Global heading, then to Green and Healthy Hospitals). Useful tools from CHA include *Guiding Principles for Conducting International Health Activities*; *Short-term Medical Missions: Recommendations for Practice*; *A Reflection Guide for International Health Activities*, all of which can assist us in this important work.

They help to ground us and provide us with questions, activities and tools for prayerful reflection. They can assist us through our discernment process when trying to develop culturally appropriate healthy settings in an international context — to remind us to be mindful of where it is that we are going, and not just what we are wanting to do.

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WEBLINKS

WHO Healthy Settings information: https://www.who.int/healthy_settings/about/en/.

CHA International Outreach: <https://www.chausa.org/internationaloutreach/Overview>.

Health Care Without Harm Green and Healthy Hospitals: <https://noharm-global.org/issues/global/global-green-and-healthy-hospitals>.

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