WHO IS MY NEIGHBOR?

Compassion in the Age of Globalization

By DAVID G. ADDISS, MD, MPH

Globalization can be deeply unsettling. Recent news headlines in the United States and the United Kingdom point to a pervasive and widespread sense of "globalization fatigue." The forces of cultural and economic globalization can threaten cherished identities, undermine long-held beliefs and endanger traditional ways of life. Globalization stretches us, makes us uncomfortable and moves — or dissolves — our boundaries. It also raises key questions about our capacity for compassion and to whom it should be extended.

The legal scholar's question to Jesus, "And who is my neighbor?" remains a crucial one for us today. Jesus offered his response in the form of a parable about a man, beaten, robbed and left by the side of the Jericho road. Pressed for time with their official duties, two religious officials hurried past. Only a Samaritan — an outsider — recognized the man as neighbor and was sufficiently moved to respond with compassionate action.[1]

In our age of globalization, we are bombarded by news and images of suffering from around the world, over which we seem to have little influence. We are increasingly dependent on people in other countries for our food, technology and economic well-being. Infectious disease epidemics, such as Ebola, have taught us that we are deeply interconnected in ways that we never before appreciated. Who, then, is our neighbor now? To whom are we asked to extend compassion? Today, we find our neighbor not only amid our increasingly diverse communities, but also among people we may never meet, from whom we are separated by vast distances of culture, economics and geography.

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GLOBAL HEALTH AND COMPASSION

Globalization brings with it the realization that, whether we like it or not, we are all neighbors. The rapid rise in popularity and importance of global health in recent years is a testament to this realization. The field of global health seeks to improve the health of individuals and populations. It is concerned with clinical health care as well as with public health. It is highly multidisciplinary. We are called to heal the sick in our hospitals at home as well as to support public health measures that will improve the health of populations overseas. Although these two responsibilities require different skills and approaches, they are inextricably linked, and they are both, fundamentally, expressions of compassion.[2] This

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dual obligation — to care for the individual and to improve public health for "the multitudes" — is a modern-day example of the ancient philosophical idea that St. Thomas Aquinas wrestled with, "the one and the many."[3]

Recent research by psychologists and neuroscientists shows how profoundly we humans are primed to respond with compassion to the suffering of those around us. In clinical medicine and nursing, the caregiver directly perceives the suffering of the individual patient, and compassion is delivered through expressions of care, kindness and application of the healing arts. Yet one of the great lessons of the past two centuries is that health status and life expectancy depend much more on sanitation, hygiene and public health interventions than on individual medical care. So our compassion must extend to populations and our concern to addressing the systemic and structural forces that lead to health inequity, suffering and premature death. In the words of Jesuit Roger Haight, PhD, "to be compassionate for all requires that we be concerned for justice."[4]

In her excellent book, *Compassion: Loving Our Neighbor in an Age of Globalization*, Maureen O'Connell, PhD, offers a compelling vision of what the parable of the good Samaritan means for us today. "When we turn to face suffering persons," she writes, "we realize that it is no longer enough for individual travelers to step into the ditch and offer emergency aid to the victims of humanly perpetuated violence. Samaritanism calls for a collective response to whole groups of people."[5]

For global health, as with other fields that have been deeply influenced by globalization, this collective response is usually framed in the language of social justice and health equity rather than compassion. Here, compassion is expressed not primarily through individual gestures of kindness, but through organizational policies, budgets, programs and logistics. These are the instruments through which global health's preferential option for the poor is expressed and health equity is to be secured. With such an emphasis on organizational solutions, it is not surprising, perhaps, that the language of compassion is rarely heard in secular global health discourse.

We who work in health care administration or in global health programs to improve the health of populations can easily become relationally disconnected from the people we seek to serve. This is the challenge of "compassion at a distance," of compassion in an age of globalization.[6] The empathic signal required to sustain compassion and to nourish a sense of purpose in our work can rapidly fade. Despite — or perhaps because of — our frenetic efforts to "gain the health of the whole world," we may find that we have lost our souls. In my conversations with hundreds of global health practitioners, leaders and students over the past five years, this theme of so-called compassion fatigue frequently arises. For many, a vibrant connection to the animating power of compassion has been lost.

'SEE THE FACES'

In a speech to his colleagues several years ago, Bill Foege, MD, former director of the U.S. Centers for Disease Control and Prevention, highlighted the importance of remaining connected to individuals while working to improve the health of populations.

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"If we are to maintain the reputation this institution [CDC] now enjoys, it will be because in everything we do, behind everything we say, as the basis for every program decision we make — we will be willing to see faces," he said.[7]

What the CDC — a premier public health agency — most needed was not more sophisticated laboratories or the latest technology, but a collective willingness to constantly look beyond health statistics to see the faces of suffering people.

Extending this thinking further, Foege and Mark Rosenberg, MD, wrote, "Successful public health leadership in the next millennium will require ... the ability to see the whole and its parts simultaneously. Public health leaders ... need to scan and to focus and to see relationships. And

they need to do these *all at the same time*" (emphasis added).[8]

Foege and Rosenberg are not merely suggesting that global health leaders need to be effective at multitasking. Rather, they point to a kind of non-dual awareness arising out of a deep realization, in Foege's words, that "Everything is local and everything is global. Global health is not 'over there' — it's right here."[9] They argue that these capacities are essential for effective global health leadership. I suggest that they also are necessary for compassion to thrive in an age of globalization. Practices to foster the capacity for non-dual awareness have been taught for centuries in the contemplative traditions of Roman Catholicism and other religions. They are not taught in schools of medicine, nursing or public health.

Justice and compassion often are seen to be in competition with each other, or even incompatible, particularly in our age of globalization. I believe that this is a false dichotomy. Jesus was deeply moved by compassion. He also was an unswerving proponent for justice and preached the dignity of the human person in the face of overwhelming oppression. He healed individuals one by one, yet his message of radical liberation and healing was for all. He truly had "compassion on the multitudes."

In the face of globalization, we must remain connected to the source of compassion, as Jesus did, if we are to work effectively for justice. In the words of Fr. Gustavo Gutierrez, OP, we must "drink from our own wells" of spirituality if we are to sustain the "effective action" of justice.[10] Theologian Paul Knitter echoes this theme when he writes, "Unless the tree of justice grows in the soil of compassion, its roots will not go deep enough to bear lasting fruit."[11]

STAYING CONNECTED

How do we stay connected to the "one" and the "many" at the same time, remain in relationship with individual human faces while immersed in the numbers, see the whole and its parts simultaneously, stay connected to the animating power of compassion while being fully committed to the justice it demands, and move seamlessly from local to global and back again? I offer a few suggestions, based in part on my conversations with global health leaders over the years.

First, despite the tremendous pressures of globalization for nonstop action, take time for prayer and spiritual reflection. Here, Jesus is our model. He spent extended periods of time alone in prayer, in lonely places, away from the crowds. Indeed, he sometimes left the multitudes behind in search of time alone.

Second, stay connected to what nourishes you as a human being: relationships, friends, celebration. Again, Jesus is our model. He enjoyed the rich fellowship of friends, and he valued celebration. He lived fully.

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Third, even if your work is primarily focused on programs to improve the health of populations or to achieve justice, take a moment to really see the faces and listen to the words of the individuals you do encounter, especially those of co-workers. Too often, the essential humanity of our relationships with our organizational co-workers and international partners becomes obscured in a transactional pursuit of programmatic objectives.

Fourth, when possible, travel to the field to literally see the faces. This can be an important source of inspiration and connection for many working in global health. They return home with memories as well as photos that they hang on the walls of their offices to help them remember for whom they work.

Fifth, share your stories. Many of us in the field of health care have been motivated by transformative interpersonal encounters that can sustain an entire career. For example, a chance meeting with a young woman in Ghana who was suffering the excruciating pain of Guinea worm disease inspired former president Jimmy Carter to establish a massive international effort to eradicate the disease.[12] Too often, we keep the stories of these precious encounters to ourselves. Sharing them can be a source of encouragement and inspiration to others.

Sixth, for those such as nurses and physicians whose work is primarily with individual patients, remember that Jesus healed one person at a time.

Communion connects us as individuals to the source of compassion and reminds us of the depth of our interdependency as members of the human family.

This is sacred work. A Talmudic passage teaches, "Whoever saves a life, it is considered as if he saved an entire world."[13]

SACRAMENTS

And finally, for Catholics, I suggest that the sacraments of the church speak to us with power and meaning in a globalized world. Communion, in particular, bridges the duality of the one and the many, connecting us deeply and intimately as individual persons with our Creator and, at the same time, uniting us with thousands around the world who are receiving the same sacrament at that very moment. Communion connects us as individuals to the source of compassion and reminds us of the depth of our interdependency as members of the human family.

Globalization, with all its challenges, is here to stay. We are all neighbors. We have just begun to perceive what this might mean, both for our day-to-day lives and for our vocations of compassion and justice. We who are engaged in global health — whether caring for individual patients, running public health programs or administering hospitals — have a unique opportunity and an extraordinary responsibility to understand, explore, shape and faithfully live into this new reality.

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NOTES

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3. James F. Anderson, *An Introduction to the Metaphysics of St. Thomas Aquinas* (Washington, D.C.: Regnery Gateway, 1953).
4. Paul Knitter and Roger Haight, *Jesus and Buddha, Friends in Conversation* (New York: Maryknoll, 2015), 201.
5. Maureen H. O'Connell, *Compassion: Loving Our Neighbor in an Age of Globalization* (New York: Maryknoll, 2009).
6. David G. Addiss, "Spiritual Themes and Challenges in Global Health," *Journal of Medical Humanities*, Dec. 30, 2015, http://link.springer.com/article/10.1007/s10912-015-9378-9.
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