

Viewpoint

COVID-19 presents a unique opportunity to emphasize the relationship between global health and social justice

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NOW IS THE TIME TO REFRAME GLOBAL HEALTH IN THE PUBLIC EYE

Many global health education programs have been put on hiatus during the COVID-19 pandemic. Rather than view this as a loss, we need to embrace this opportunity to reframe the idea of global health in the mind of the public and the medical community. Too often, global health has been viewed as an independent sector of medicine reserved for those professionals who enjoy travel, infectious diseases, and tropical medicine. Now is the time to emphasize that global health, in fact, has much closer ties with health equity and social justice than with crossing international boundaries. In doing so, we see that global health can be practiced and taught just as well in our own backyards as it can be abroad.

REDEFINING GLOBAL HEALTH

The identity conflict of global health is well described in the position paper by Beaglehole and Bonita which proposes to redefine global health as "*collaborative trans-national research and action for promoting health for all*."¹ Through this and other more modern definitions, global health advocates reinforce the relationship between global health and health equity for all, while avoiding distinctions regarding political borders.

To take this one step further, global health cannot be separated from the concept of social justice. Social justice encompasses the interrelated principles of equity, access, participation, and rights.² In coupling these ideologies, we recognize that all individuals, regardless of race, religion, nationality, or socioeconomic status deserve the opportunity to be healthy. Thus, we must strive to intentionally link global health with social justice. This starts with the training of our own medical professionals.

GLOBAL HEALTH IN MEDICAL SCHOOLS AND GRADUATE MEDICAL EDUCATION

Global health continues to rise in popularity amongst medical students and residents with 92% of a group of recently surveyed graduates expressing interest in the field.³ Considering this, many medical schools and graduate medical education programs offer global rotations to meet this de-

mand and to expose their trainees to different health systems. However, these initiatives may fail to emphasize that global health can often be practiced and strengthened through work in our own communities without the need for an international experience.

Despite good intentions, there is potential harm in the way that we communicate and advertise global health to our trainees. By focusing on travel, we may misrepresent the true principles of global health and cause unintended consequences during international rotations. For instance, global health trips may reinforce the false idea that health-care professionals trained in high-income countries are inherently more knowledgeable than those in low- and middle-income countries instead of emphasizing a relationship of bidirectional learning. Additionally, short rotations abroad may inadvertently burden local communities by consuming finite resources such as water, electricity, food, and lodging. Lastly, to continue the growth of a global health program, trainees and educators may choose to emphasize the positives of their experiences without adequate self-criticism.

With the above skepticism, it is worthwhile to recognize that not all short international rotations to low- and middle-income countries are bad. They can certainly endorse several positive aspects of global health including respect for others and cultural humility. Instead of doing away with such rotations, we should take this time to reflect and redesign our approach to global health education for medical students and graduates. It is our duty to guide trainees to view global health through an appropriate lens.

EMPHASIZING THE INSEPARABLE LINK BETWEEN GLOBAL HEALTH AND SOCIAL JUSTICE

Though health indicators in a community may improve with certain interventions, this is often done inequitably. This is the idea of health without social justice. These ideals must go together.

- *Global health is collaborative trans-national research and action for promoting health for all*¹
- *Social justice is the objective of creating a fair and equal society in which each individual matters, their rights are recognized and protected, and decisions are made in ways that are fair and honest*²

When examining the above definitions, we see that global health emphasizes health for *all* and therefore is intrinsically linked with the concept of social justice. The question then remains: what does this look like in practice?

With travel slowed, we can now take time to reflect on our own communities. In doing so, we quickly see that there is health inequity all around us. Disadvantaged communities (whether delineated by race, socioeconomic status, etc.) regularly receive poorer care and have worse outcomes than other more privileged groups in society. This point has been further emphasized by health disparities seen during the COVID-19 pandemic.

This is the root of global health and is seen in every community to varying degrees. We do not need to travel across the globe to realize this. And, more importantly, we do not need to travel across the globe to do something about this. We, as medical professionals, have the power to change these health inequities through the inextricable concepts of global health and social justice. With so many medical learners interested in global health, now is the time to reinforce these concepts through local community rotations and in-depth educational programs exploring health disparities. If we can take the momentum of the global health movement and apply it within the context of social justice, great change will be made.

PRACTICAL STEPS FORWARD

We should strive to make concrete and intentional changes in medical education to emphasize that the spectrum of global health is vast and therefore can be practiced in many locations and in many ways. In addition to traditional global health work involving international travel, local rotations can be set up which highlight health disparities in our own communities. These experiences can involve working in low resource clinics, volunteering at foodbanks, visiting homeless shelters, and partnering with social work agencies which focus on care for individuals in need. These opportunities allow for medical learners to practice global

health locally by recognizing health inequities in their own neighborhoods. This provides great insight that caring for those most in need is translatable across the whole spectrum of global health. The above experiences can be further augmented by specific didactics and learning modules dedicated to local health disparities. Additionally, by emphasizing health equity locally, funding opportunities for global health can be expanded. Many donors and governments aim to provide resources to help those in their own particular community. Therefore, global health that highlights care for disadvantaged populations locally has broader opportunities to receive funding to make a positive impact.

Social justice locally and abroad is essential to understanding the complete breadth of global health. One does not need to be an avid traveler or expert on tropical diseases to share the passion and commitment to care for those who are most in need. We should create global health programs and educational systems that emphasize this both now and in the future. Though COVID-19 provides a unique opportunity to reflect on the health of our local communities, the potential resolution of the pandemic should not dilute this idea. Rather, if the pandemic dwindles, we must hold onto these values so that global health programs can encompass the true scope of what they are intended to do—emphasize compassionate care for all individuals in need, whether they are right outside our door or across the globe.

COMPETING INTERESTS

The author completed the Unified Competing Interest form at <http://www.icmje.org/disclosure-of-interest/>, and declares no conflicts of interest.

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REFERENCES

1. Beaglehole R, Bonita R. What is global health? *Global Health Action*. 2010;3(1):5142. doi:10.3402/gha.v3i0.5142
2. social justice. *Oxford Reference*. Accessed March 11, 2021. <https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100515279#:~:text=The%20objective%20of%20creating%20a,that%20are%20fair%20and%20honest>
3. Porter R. Why medical students are pursuing global health experiences . Published online 2018. Accessed March 11, 2021. <https://www.merckmanuals.com/professional/news/editorial/2018/03/29/14/14/global-health-experiences>