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INVITED ARTICLE

Beyond asymmetry: An epidemiology of compassion for a more compassionate global health

Rachel Hall-Clifford

Compassion can feel like a slippery concept, where, both in scholarship and in practice, we have relied too heavily on know-it-when-we-see-it assumptions. The articles in this special issue move us significantly forward in articulating how we can recognize and measure compassion in systematic ways. With an epidemiology of compassion, we have an opportunity to do more than amplify compassion. Certainly, a world with more compassion—the completed arc from impulse to action—would be a better world. Further, an epidemiology of compassion would enable us to more clearly understand the existing dynamics of compassion as they are now.

Compassion toward others stems from empathy and recognition of the self in those others, yet it is poorly recognized and even divisive within the fields of global health and humanitarianism. Mauss famously argued that no gift is without self-interest.[i] Even when individuals are motivated by compassionate impulse to contribute to humanitarian action, they can be left at an 'affective impasse' due to the geographic and relational distance to the 'objects' of their compassion.[ii] Some have argued that compassion at scale in the humanitarian sector is not possible, because it is inevitably shaped by self-interest and unequal power dynamics.[iii] This asymmetry has been articulated across government and non-governmental 'humanitarian' sectors.[iv]

Compassion realized through action *does* create a giver and a recipient of that action. However, what distinguishes compassion from charity, from strings-attached gifts, from humanitarian action with ulterior motives is mutuality. Compassion is not a system of exchange. Rather, compassion is predicated on the relational notion of shared humanity and that compassion flows among us over space and time as both givers and recipients. Compassion is rooted in our human capacity for care and caregiving, both among individuals and collectively through humanitarian action.[v] In fact, some have argued that completing the arc of compassion from empathy to action is a moral imperative for those working in global health and humanitarian fields.[vi]

A key critique, then, of compassion in global health centers on equity. Who gets to *do* compassion? It would seem on the surface that only the rich and powerful are able to *do* compassion, and no matter how noble their motivations, their actions are locked in unequal giver-receiver relationships. But my experiences on the ground—in communities where global health and humanitarian aid really happen—show evidence to the contrary. This example from Indigenous Maya communities in Guatemala illustrates that compassion does not require immense power or resources.

> My friend Marta and I were sitting on her patio, chatting in the rare moments of quiet between the work of the day and preparations for dinner. Even still, her fingers were busy plucking kernels of corn from cobs grown in her fields and dried in the sun on

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her patio. The kernels were destined for the small metal silo in the corner of the patio, which Marta would then grind and soak each day to make the tortillas that form the base of her family's diet. Marta is an Indigenous Kaqchikel Maya woman who lives in the rural highlands of Guatemala. Maya people have faced centuries of marginalization, and Marta's village clings precariously to the side of mountains from which the community scrapes a living through agriculture supplemented with factory jobs in cities. Marta's husband is a pastor, and she is often looked to as a leader among women in the community. In fact, I got to know her when she was a community leader on a global health project against childhood diarrhea that we worked on together.

Our chatter that afternoon had covered neighborhood news and updates on friends in common when something came up about a big new development project from a multinational NGO that had just arrived in the village. Marta sighed with the expression of someone who had seen it all and said she didn't have high expectations for yet another project from gringos. But then her face broke into a smile: "It's not like during the hurricane, when no one could reach us," she said. I was surprised to see her smile about a time when a hurricane wrought terrible damage to the region, causing mudslides that buried some communities in their entirety and wiped out electricity, telecoms, and transport infrastructure for weeks.

"Here, in our village," she continued, "we had no electricity or cell signal. The towers fell. But most of our houses were okay, and our wells on this side of the village were still clear." The day after the storm, some men from the village climbed over debris to check on conditions in neighboring villages. What they found on the other side of a mountain ridge was shocking: a village destroyed. Their nearest neighboring village had fallen prey to mudslides, with homes knocked from their foundations and fields covered. Fortunately, loss of life was limited because many had taken shelter in a sturdy concrete church building, but people were left with only the clothes on their backs.

"It was terrible," Marta said. "No one, not the government or the gringos, could get to us. We had no way to tell outsiders what was happening. So, we organized." Marta and her husband rapidly mobilized members of their community to provide emergency relief for their neighbors. Women started cooking food that was easy to transport like tortillas spread with beans and boiled eggs. Kids were tasked with filling up all available containers, from empty soda bottles to the traditional hollowed and dried gourds, at the operational wells. Marta told me with satisfaction how she organized different neighborhoods to hand off the prepared food and water in a chain that crossed the mountaintop to those that needed it, minimizing how far each person would have to traverse the landscape made perilous by the storm. She laughed and shook her head recalling how the plastic slippers that she and the other women in her community wear would get stuck in the mud and come off as they walked to pass their food onward. Those are the only shoes they have.

Despite the terrible hardship and the long road to recovery from the storm, Marta most remembered, "We helped ourselves. With everyone doing what they could, we made something happen. We kept our neighbors alive when there was no one else to help. It was only through God's grace that it wasn't our village. I'm sure they would have helped us if it had been the other way around."

When I encounter arguments that compassion is only for the powerful or that only the privileged can act on compassionate impulses, I remember Marta and know that they are not true. Compassion is for everyone. Marta and her neighbors have very little material wealth; in fact, their poverty has made them frequent targets for global health and development efforts. Yet they used what they had to help others in a time of need. They saw suffering in others and acted to alleviate it. Compassion is not predicated on wealth, power, and privilege—it is a part of our humanity, regardless of our material conditions.

Compassion is not asymmetrical. What *is* asymmetrical is whose acts of compassion are recognized and celebrated and whose are not. High-profile philanthropists and powerful global agencies are profiled for their 'compassion;' Indigenous women tucked in the folds of remote mountains and marginalized people the world over are not. If a compassionate act was performed and no one saw it, it still happened. Its effects are still felt. Marta's acts of compassion were not publicized where the power players of global health or compassion critics could see them. Yet they were visible to the people who really mattered—her friends and neighbors who joined her and the community members of the neighboring village who needed their help. In fact, acts of compassion are often downplayed or even concealed by those who do them, in an effort not to draw attention to themselves or to protect the feelings of those who need help.[vii]

The articles in this special issue push back against the notion that compassion is inherently asymmetric by highlighting the multivalent possibilities for compassion beyond the individual to organizational and institutional levels.[viii, ix, x] They explore the descriptive epidemiologic characteristics of compassion across time, place, and person and how we might meaningfully measure compassion at the population level. They further point to ways reservoirs of compassion might be created, such as the inclusive approach to compassion training of hospital staff across roles, caste, and education described in Jha et al.[xi] We also see that an exposure to compassion can turn an individual into a vector for further compassion.[xii,xiii] Key arguments are raised that a compassionate epidemiology makes room for epistemic equity, expanding traditional global health metrics to include culturally-informed and people-centered ways of knowing.[xiv]

The ability of a phenomenon to be measured in global health, however imperfect the metric, often shapes recognition, legitimation, and funding for that phenomenon.[xv] Accordingly, the papers in this special issue have also begun to explore the many challenges in introducing a drive toward measurement via an epidemiology of compassion. We cannot definitively know people's motivations for compassion or understand the interior processes that lead to external action. This inherently shapes how we might measure compassion, which would necessarily focus on reportable intent or observable acts of compassion. While it is impossible to capture all the nuances of compassion, an epidemiology of compassion would work to make compassion measurable and, therefore, visible in global health.

A more equitable and decolonial global health requires compassion—that fundamental interconnectedness of humans to recognize the need for and undertake acts of care for one another. Ultimately, an epidemiology of compassion rejects compassion as the under the purview of the powerful and works to reverse the 'elite capture' of compassion as a conceptual plaything.[xvi] As Marta's story highlights, compassion is for everyone. The beauty of epidemiology is that one datum is not valued over another. In an epidemiology of compassion, a Bill Gates and a Marta could be brought together as equals as we consider not just what individuals can do through compassion but how, in the collective, we might equal more than the sum of our flawed but compassionate parts.

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