EDITORIAL
Global Health Fieldwork Ethics: Mapping the Challenges

RACHEL HALL-CLIFFORD, DAVID G. ADDISS, ROBERT COOK-DEEGAN, AND JAMES V. Lavery

Introduction
As Paul Farmer has observed, “global health remains a collection of problems rather than a discipline.” An exclusive focus on technical problems and the quest for solutions obscures how global health is actually enacted and implemented through fieldwork. In this special section, we consider “fieldwork” broadly to include any on-the-ground research or program design, implementation, or evaluation conducted by or with local participants and communities, which often involves collaborators from abroad.

At the very heart of global health fieldwork, relationships—real-world connections among people and across institutions—give meaning to the goals and projects of this multidisciplinary field. Those relationships inspire us and compel us to act to reduce health inequalities and promote health and social justice. Yet, in working toward these goals, we must more fully consider the asymmetries embedded in global health practice—imbalance of power, access to resources, and decision making—many of which come to a head in the context of fieldwork.

The dynamics of global health fieldwork and the nature of the relationships that emerge through it have been conspicuously underexplored in global health scholarship. This special section of Health and Human Rights Journal highlights the ways in which participants interact and experience the work of global health. It is an effort to shed light on some of the ethical challenges of fieldwork and to explore terrain that might lead to practical ethical guidance for global health fieldworkers.

Research regulations and traditional research ethics fall short in helping navigate many of the challenges that arise in global health practice. The US Federal Policy for the Protection of Human Subjects,

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Competing interests: None declared.

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first adopted in 1991 and known as the Common Rule, establishes procedures and regulations for research involving human participants and builds on the 1979 Belmont Report ethical principles of respect for persons, beneficence, and justice. Most of the ethical issues raised in this special section fall outside the scope of the Common Rule, which has become the de facto international standard, due in part to the power and reach of US federal funding. The dominance of the Common Rule paradigm allows for adherence to procedural ethics without attending to many broader ethical questions that emerge from global health fieldwork, such as guidance on financing, “ownership” of programs and appropriate engagement with stakeholders, and, increasingly, data sharing and the implications of big data. Moreover, there is very little emphasis on institutional or organizational ethics in global health research, which belies the centrality of interpersonal and institutional relationships that are at the heart of the global health enterprise. These relationships are shaped by inherent power imbalances between high-income and low- to middle-income countries that are not fully acknowledged for their deep influences on how we think, work, and evaluate success in global health. Yet it is precisely through these relationships that the relevance and value of the right to health becomes tangible.

As a multidisciplinary field, global health does not have clear or consistent guidance for fieldwork ethics. Perhaps our unshakable belief in our shared mission to improve health and the lives of marginalized populations across the globe has made us too complacent about the ethical stakes involved in the complex interpersonal and institutional relationships that fuel all global health efforts. This has significant implications for human rights—the very ideals we seek to promote—since it has allowed breaches of ethics, inadvertent or otherwise, to go underreported and under-examined. Local collaborators, project communities, and fieldworkers themselves are made vulnerable by the gap between procedural ethics and the complex ethical realities of fieldwork in global health.

Workshop on Ethically Managing Global Health Fieldwork Risks

In April 2018, a group of 29 global health researchers and practitioners from various disciplines, institutions, and career phases—from students to CEOs—came together for the Workshop on Ethically Managing Global Health Fieldwork Risks held at Agnes Scott College in Decatur, Georgia, USA. The idea for the workshop initially emerged through informal, serendipitous conversations. Each of us has worked in global health, and we have experienced situations in the field that led us to question our own actions and to seek ethical guidance, which was largely absent from the global health literature (see Hall-Clifford and Cook-Deegan; Addiss and Amon; and Graham, Lavery, and Cook-Deegan in this issue). We came to realize that our varied experiences spoke to shared encounters with the gap between ethical principles and the complexities of real-world fieldwork.

The primary objective of the two-day workshop was to provide a place to consider fieldwork experiences and ethical challenges. The format involved each participant sharing a short case example from their own work that presented particular ethical questions, followed by discussion. Through creating opportunity for dialogue, we wanted to begin mapping the fieldwork challenges that participants had experienced. While we recognized that an exhaustive taxonomy of every ethical challenge and situation that global health fieldworkers face may not be possible, we wanted to do more than throw our hands up in despair at the complexity.

What emerged during the workshop was a rare opportunity to share fieldwork experiences, including mistakes and vulnerabilities, across disciplinary and researcher-practitioner boundaries. Topics covered by participants’ case examples included power dynamics within global health funding and agenda setting; inequalities among foreign and local global health staff; the limits of consent, participant recruitment, data security, and resource allocation in contexts of crisis; challenges in training and supporting global health students;
issues in global health photography and commu-
nication; personal and moral injury to global health
fieldworkers; gender-based violence in the field;
and organizational and institutional roles in ensur-
ing ethical practices. Although far from exhaustive,
these workshop topics suggest a preliminary tax-
onomy of ethical issues that have largely evaded
serious attention in the traditional global health
ethics guidance documents.

Many of the discussions also signaled broader
ethical challenges within the paradigms through
which we conceptualize and conduct global health
fieldwork, such as the common practice of having
foreign fieldworkers parachute in for short peri-
ods of time and expectations of ethical on-the-fly
decision making. Another theme centered on the
challenges and shortcomings of our efforts to pro-
vide adequate preparation for students to participate
in fieldwork, particularly in light of the increased
pressure on universities to compete for students
by offering meaningful work experiences early in
training programs. The expectation that students
should engage in the field early coupled with the
dearth of cohesive practical ethics in global health
can lead to terrible outcomes for students—who
are often left without appropriate support before,
during, or after fieldwork—and their local hosts.

The most salient and pressing theme that
arose from the workshop was gender-based vi-
olence in the context of fieldwork and the lack of
open discussion about it in global health. Nearly
every woman in the room had been touched by
gender-based violence, and many of the men were
shocked at how pervasive an issue this is for their
colleagues. We explored the challenges that women
fieldworkers and local participants face as well as
the reality that global health workers can be the
perpetrators as well as the victims of gender-based
violence during fieldwork.

In the special section

The articles in this special section, which emerged
following the workshop, present a wide array of
global health fieldwork ethics challenges, which
powerfully illustrate the ways in which global
health has not adequately addressed on-the-ground
ethics. Above all, the papers illustrate that unex-
pected situations and encounters frequently occur
during fieldwork, often with problematic outcomes. Rachel Hall-Clifford and Robert Cook-Deegan
highlight risks associated with fieldwork conducted
in dangerous places and illustrate how failures to
navigate those risks can lead to immense harm to
community participants and fieldworkers them-
selves. David G. Addiss and Joseph J. Amon further
explore unintended harms in global health and
critically examine our individual and institutional
responses to situations that call for apology and
reparation.

Another key theme emerging from the contri-
butions to this special section is the insufficiency of
training for global health fieldworkers on the dan-
gers and realities of fieldwork. Aimee Lorraine C.
Capinpuyan and Red Thaddeus D. Miguel explore
the challenges of participating as medical interns
in a program to extend the reach of health services
in the Philippines, and Jacob Roble et al. describe
the efforts of a student-led group to improve
preparation and accountability for undergraduate
short-term global health experiences within the
university context. Beyond their time as students,
ongoing ethics training and support is vital but
often absent for global health professionals. Izraelle
McKinnon et al. describe the outcomes of human
rights training for staff working in global health
projects, highlighting a lack of clarity around how
current training on ethics and human rights princi-
pies is acted on in the field. While we must support
individual fieldworkers in making ethical decisions
in the field throughout their careers, we must also
further incorporate ethics into our institutional
norms and protocols. In his commentary, David
Ross describes efforts at the Task Force for Global
Health to further institutionalize ethical thinking
at every level.

Across global health, the representation of
global health project participants and communities
in publications and publicity can underscore the
deep power dynamics embedded in the field. Au-
brey Graham et al. examine these power dynamics through the techniques and use of photography in global health fieldwork. Sharing data fairly and responsibly with participating communities presents further ethical challenges. Alyssa Mari Thurston et al. explore the lack of ethical guidance in communicating study results to participants and communities through an analysis of breastmilk biomonitoring studies, pointing out a dearth of meaningful engagement with these stakeholders to shape ethical norms of practice and guidelines. Jennifer Mootz et al. expand the discussion of ethical dissemination of results in their consideration of gender-based violence in conflict settings, in which they question the ways in which to best protect individual participants while disseminating data to communities and entities which might help alleviate violence.

Finally, while gender-based violence has been lifted up as a central concern for global health, particularly in relation to universal health coverage, its negative impact in global health fieldwork is inadequately recognized and remains largely unaddressed. There are key challenges both in how to ethically study and work to end gender-based violence and in how to support global health fieldworkers who experience it. Shana Swiss et al. further explore the ethical implications of gathering data on the impact of conflict on women. Arachu Castro describes her long-term work in documenting obstetric violence against women in Latin America and articulates some of the challenges of her dual roles as global health researcher and activist. Further elaborating on the theme of insufficient training, Corey McAuliffe et al. present data on the experiences of female graduate students in global health, including experiences of gender-based discrimination and violence. In her commentary, Rachel Hall-Clifford shares experiences of sexual harassment and assault during global health fieldwork, recognizing that such accounts are largely absent from the fieldwork literature and discussions within the field. Finally, the special section includes a joint statement against gender-based violence in global health fieldwork by many participants of the 2018 workshop. Global health must take action to end this widespread but typically invisible violation of rights during fieldwork.

Steps forward

The articles in this special section point to many perils—practical, ethical, and moral—in global health fieldwork. Yet we believe they also point to important points of entry to improve our ethical practices and to develop clear guidance and support for fieldworkers in global health. Across the field, efforts are underway to address our ethical shortfalls. Training is being improved by the sharing of lessons learned through collective groups, such as the Consortium of Universities for Global Health, and the opportunity for deep engagement with the experiences of fieldworkers, including through resources such as the Human Engagement Learning Platform for Global Health. Institutions are also moving toward broadening their scope of ethical responsibility, such as the Focus Area for Compassion and Ethics at the Task Force for Global Health, and organizing action to increase equity within global health, such as the work of Women in Global Health. These emerging projects and programs are hopeful signs that our unexamined bureaucratic processes and norms of practice are being disrupted in favor of a deeper ethical reckoning. As many of the articles in this special section illustrate, human rights violations—of local participants, project communities, and fieldworkers—occur within the context of global health fieldwork. It is our responsibility as a field, particularly one dedicated to the promotion of health as a human right, to establish clear and practical ethical guidance to mitigate and eliminate these violations and to ensure that the relationships we build are ones of partnership and equality.

Acknowledgments

The authors thank Agnes Scott College, the Task Force for Global Health, and the Emory University Rollins School of Public Health for their co-sponsorship of the 2018 Workshop on Global Health Fieldwork Ethics. We extend particular gratitude
to Elizabeth Kiss, who as President of Agnes Scott College energetically supported this project and lent her expertise as an ethicist to the workshop. We also thank Arthur Kleinman, who delivered the 2018 Agnes Scott College O.C. Hubert Public Lecture, “Caregiving: What Distinguishes the Social Medicine Approach to Global Health,” as the inaugural workshop event and provided invaluable insight as a participant in the workshop.

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