A woman in rural Wisconsin carries a rather unusual name. By the time of her birth in the early 1950s, her mother had already brought six children into the world. Each of those births took place on a very rural Indian reservation, surrounded by a network of indigenous midwives and caretakers. This time her mother decided to give birth in a hospital in a nearby mid-size town. After settling into her hospital room, she was given a call buzzer to alert the nurses of her needs. As labor progressed, she pressed the buzzer. No response. Contractions fell into rhythm and she pressed the buzzer again. And again, no response. By the time anyone responded, the baby was calmly nursing at her mother’s breast and that call buzzer was ripped out of the wall. As the newborn’s eldest brother walked through the maternity ward, he overheard one of the nurses say, “That’s okay, I didn’t want to touch that dirty Indian anyway.” The name recorded on the newborn’s birth certificate would rarely be used. Instead she would be known to her family and community as Buzzy, named after the call buzzer that never received a response.

The global “other”
When asked to imagine global health, many of our minds easily fill with images of nearly lifeless bodies receiving life-saving medications from heroic health professionals. We hear the deafening clatter of overcrowded waiting rooms or the soft whimpers of malnourished children. We smell the fleshy stench of untreated infection. Internally, we might feel a bodily unease reveal that our use of the terms “global” and “local” often signals more about the position, power and identity of the person using them or being described than any particular set of knowledge, skills or attitudes. While of course connected to particular geographic spaces, global and local are also profoundly personal places lodged in our minds and bodies.

Knowing who we are and where we come from matters deeply when we wade into global and local spaces, if we desire to build relationship and effect social change. That starts by first asking ourselves: Who are my ancestors and where am I from? Who is my community? What is the history of the place in which I live?

Stories of place
I (Jim Bear) was born in St. Paul. I am the descendant of Scandinavian/German immigrants on my mother’s side, and Indigenous Mohican on my father’s side. Buzzy from the introduction is my auntie. Mohicans are indigenous to the East Coast in upstate New York, however forced relocation practices during the 19th century mean that since the 1830s, the center of Mohican life, culture and identity is a small reservation in central Wisconsin. My father was among the generation that moved away from the Rez in the late 1960s. A decade later, I was among the first generation of Mohicans born and raised in a large city away from my Mohican community. With the independence that comes with adolescence and a driver’s license, I began making the five-hour drive to the reservation to spend more and more time with my grandmother and other relatives. At times, I would spend the entire summer there awakening to and immersing myself in my Mohican identity. I spent days listening to the stories of elders and feeling a deep sense of sacred homecoming. It gave me a reverence for place that I had never experienced before. As I transitioned to my adult years in the Twin Cities, this reverence for place and the stories that are held in the land fueled my passion for storytelling and Indigenous justice.

I (Michael) was born in St. Paul as the descendant of German, Irish and French settlers. My paternal great-grandparents arrived at Ellis Island by boat from Germany in 1923 and eventually settled in Duluth, where my great-grandfather labored for years in the U.S. Steel plant. I largely grew up amid the farm fields of central Minnesota in a household of educators. Science fair projects with my father and the selfless caregiving of my mother cultivated my interest in medicine. A curiosity for global exploration paired with an unexamined desire to help others brought me to Uganda just prior to medical school. During medical training, I built an identity on global health, repeatedly traveling to Uganda to provide primary
care and teach about the social determinants of health. Moving home to Minnesota in 2011 to raise a family and practice primary care at a refugee health clinic in St. Paul, I continued teaching in Uganda each January and bringing students to Fort Patiko, a historical site connected to slave-trading and European exploration in northern Uganda. While passionately educating others in Uganda about colonialism, racism and the desire for cheap capital as root causes of health inequities, I remained largely unaware of those same histories in my birth place.

Sacred and disruptive spaces
Our paths first crossed under shady oak trees in Mendota during a Sacred Sites tour. Led by Jim Bear, the Sacred Sites tour explores the history of the Dakota, the Indigenous people of Minnesota. These tours began in 2011, after a Dakota elder interpreted a recurring dream of Jim Bear’s to mean that he was to begin educating people in Minnesota about the sacred stories that surrounded them. The tour immerses participants in history by visiting three sites that hold some of the most sacred stories for the Dakota people. Each tour explores the place of creation, history and trauma, and examines the co-existence of both genesis and genocide in the same sacred river valley. Meant to be transformative, the tours incorporate reflective practices. For example: following an emotional telling of Dakota place and history, each participant receives a small amount of tobacco (a traditional indigenous offering for entering sacred space) and is told to go out into the space, sit and meditate in order to open spiritual eyes, ears and hearts to the celebration and grieving of the stories and land. Not interested in just making White people smarter, but in making White people better, Jim Bear involves reflection and ceremony to allow for real transformation to happen.

These tours now play a foundational role in a global-local experiential course that examines the roots of health inequities in Minnesota. In addition to making visible a historical context that has been intentionally made invisible, the tour teaches how deeply place matters and that stories layer and live on in particular places. With these lessons in mind, the class moves through other spaces in the Twin Cities—the Rondo Neighborhood, a Hmong farm, a nurses’ union hall, zAmya theater and the neighborhoods of the learners—listening to leaders and visionaries who believe that equity arises from honestly (continued on next page)
acknowledging history and learning from the wisdom that emanates from proximity to place.

**Dissolving boundaries between global, local and self**

Buzzy, the Sacred Sites and Fort Patiko tours and the COVID pandemic teach that what is global are a set of social forces that forcefully harm some while protecting others. Globally circulated forces of capitalism, racism, patriarchy and settler colonialism—the structural determinants of health—constantly shape material realities and impinge upon human health in the most local of ways. Recognizing this universality shifts our gaze from the poor in other places towards centers of power in all places—not to lose sight of suffering in the global south, but to sharpen our focus on the sources of social forces that marginalize communities everywhere.

To truly understand any place, geographer Ruth Wilson Gilmore urges asking, “Why do things happen where they do?” In northern Uganda, the legacy of war and defunded public health systems create social conditions that permit unnecessary death from malaria, AIDS and diarrheal disease. In Minnesota, historical redlining, on-going residential segregation, forced cultural assimilation and land displacement and underfunded public education and housing systems create social conditions that translate into unhealed addiction, uncontrolled diabetes, severe COVID-infection and end-stage cancer.

Given the shared and predictable patterns of oppressive social forces turning into bodily pathology, we ask why we demarcate what is global and what is local at all. Too often, it is to minimize our accountability, set boundaries on relationships, elevate our expertise, excuse ourselves from historical study or perpetuate hierarchical valuation of human life by applying varied clinical care or research standards in different contexts. If that is the case, we must root it out.

If, however, it is to build off the insights and the potential that the local and the global each offer, then we have found a powerful path forward. Seeking to be intensely local—learning history, listening to story and rooting in community—creates the possibility of long-term relationships that foster vulnerability, trust and accountability. Seeking to be global—recognizing the linkages between social forces throughout the world, sharing innovative ideas across contexts and connecting transnational social movements—builds the power to advance health equity everywhere.

Regardless of where we consider local and where we consider global, we all have a personal connectedness and a place in such histories and forces. Practicing clinicians in any place need to ask, what histories don’t I know? How am I complicit with perpetuating social forces that harm patients and communities? What is my role in dismantling them? If we can steady ourselves amid the uncomfortable answers we hear, we can deepen connection with patients and communities, stir creativity and build the imaginative, bodily and relational fortitude necessary to take on the structural determination of health over the long haul. MM

Jim Bear Jacobs is program director for Racial Justice, Minnesota Council of Churches, and founder of Healing Minnesota Stories. Michael Westerhaus, MD, is assistant professor, University of Minnesota Medical School, primary care physician, Center for International Health, and a current Macy Faculty Scholar.

**For More Information:**

**Global Health in a Local Context Experiential Course.** Offered through the Center for Global Health and Social Responsibility, University of Minnesota. URL: https://globalhealthcenter.umn.edu/global-health-local-context.

**Sacred Sites Tour.** Offered through Healing Stories Minnesota: https://healingmnstories.wordpress.com/sacred-site-tours/

**EqualHealth.** Organization that offers social medicine courses in Haiti and Uganda in addition to supporting the Global-Local course in the Twin Cities. www.equalhealth.org