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Voiceover: *A Deeper Look*, exploring what works and what doesn't in development and the changes we can make together to turn ideas into action.

Patrick Fine: Hi. I'm Patrick Fine, CEO of FHI 360, and this is *A Deeper Look* podcast. Today we're going to discuss the concept of decolonizing public health. As our returning listeners know, this year we're looking at the trends that are shaping the future of global development. And, since we're looking at the future, it makes sense to talk with people who will be taking on the challenges we've been looking at in previous episodes. That's why I'm thrilled to have three guests today who are Duke University graduate students and the co-founders of the Duke Decolonizing Global Health working group – Laura Mkumba, Yadu Raveendra and Andrea Koris. Welcome to *A Deeper Look* podcast.

Yadu Raveendra: Thank you for having us.

Laura Mkumba: Yes. Thank you. We're glad to be here.

Andrea Koris: Thanks so much.

Patrick Fine: All right. Let's just dive into the idea of decolonizing global health. Now, all societies have had public health practices and healers going back through history, from ancient Greece's Hippocrates, from where we get the Hippocratic Oath, to the renowned physicians during the Islamic golden age who introduced practices such as good hygiene and sanitation to Europe, to different civilizations that have left their mark on the field of medicine and healing.

However, the predominant paradigm today is rooted in the scientific revolution that took off in Europe in the late 1600s. This was the same time that European nations were using superior military technology to conquer and colonize much of the world. So, I guess it's not that surprising that the fields of medicine and public health have a Eurocentric perspective to them both in outlook and in practice. So, the three of you are the founders of Decolonizing Global Health working group at Duke University. Can you tell me a little bit about the origins of founding that group? What was your objective in setting up that group? Yadu, you want to start?

Yadu Raveendra: Yeah. Sure. Our journey as Decolonizing Global Health working group started on the first day of class in 2018. And, Laura, Andrea and I and a couple of other friends, we just finished up our first class and it was a class on global health challenges which just starts off with what is global health. What are we talking about when we talk about health equity? And, we left the class and felt like we were missing something. And, slowly we started opening up about our own individual experiences coming from all over the world, from different backgrounds.

And, we felt like there's more to global health than what we just learned. Global health, for example, doesn't just start in the 21st century, right? There's histories and histories beyond that we need to explore. So, starting from there, we realized that we needed a safe space to talk about our experiences in this field. Speaking for Laura and myself as members of low/middle-income countries that are now studying and working and living in a high-income country to participate in a conversation openly where we can talk and dissect the different aspects to global health that are beyond what we're now being taught.

We've now come to almost two years that we started out applying for a couple of grants to get funding so we could have this working group and get more students to join us. Unfortunately, our first year we got no funding despite applying for quite a few grants. The second year though we lucked out. We got a few grants in place and we really give a stage to this conversation. We finally had a conference in early January this year with an attendance of 250 people in person and 500 people online.

Patrick Fine: Laura or Andrea, do you want to add anything to that?

Laura Mkumba: Yeah. I can add in. Initially we formed the working group as a way for us to have these conversations amongst ourselves as students. As time went on, we started reaching out to different faculty members who were very interested and were supportive of our conversation. And, it kind of turned into – I think as the more conversations we had with upper-level administration, they also kept recommendations of how to change the way that they're teaching global health or solutions in how we as future practitioners would like to practice global health.

And, that's when we really started having this critical lens and critical view of decolonizing global health. And ok, beyond just talking about experiences, let's start reading about what other people have written about decolonizing global health. Let's now start talking to some of the speakers that we invite at our conference and talking with them and saying well, what are your views as someone who has been in this field for decades. What are your suggestions? And so, I think our evolution from being students sitting in the lounge and still getting to know each other to then having this big event and then continuing to have these conversations. And, now really, I think pushing ourselves too to reimagine what the future of global health could look like even as we are young professionals just starting out.

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Patrick Fine: So, let me start by asking you, what do you mean when you talk about decolonizing global health and development?

Andrea Koris: I can jump in on that. This is Andrea. I think you're right, Patrick, to comment on this entanglement between European enlightenment, the colonial project of the 18th and 19th centuries and our contemporary field of global public health and medicine. And, I'd push that further to say it's not just that medicine and public health are Eurocentric, but that they've also been used as tools of control and dispossession and violence in the past alongside tools of healing and wellness. So, our contemporary global and public health interventions are really played out upon this fraught historical backdrop.

We as a group, each of us, have different conceptions of what decolonizing global health means and that's important to state because this is a movement that has multiple iterations and multiple meanings. And, the purpose of this movement is never really to arrive upon a fixed definition of what it means to decolonize. So, from kind of a broad perspective, I'd say we look at decolonizing global health and development as repoliticizing global health and development. At the moment, both sectors really use a perspective of using technical solutions to fix technical problems.

So, to give an example, a community with poor WASH infrastructure, technical specialists are called in to fix the problem through implementing maybe hygiene behavior change interventions or building latrines or maybe even updating

municipal piping. And, while that work is important because we all want to live in cities with updated pipes so that we can reliably depend on fresh water, it's the approach to that work that obscures the fundamental political issues underlying a community's lack of potable water. And oftentimes, these political issues are embedded within broader geopolitical histories that are related to colonization or structural oppression and racism.

And so, for us, decolonizing global health or decolonizing public health means repoliticizing its mission. We urgently need to reinvigorate our system with a health justice framework that acknowledges that many formerly colonized countries where our work takes place experience economic instability and challenges of the infrastructure and fragile health systems purely because of these histories of dispossession, often extractive practices from the global north or contemporary predatory economic policies. So, that's kind of just a broad conception of the philosophy underpinning decolonizing global health.

Patrick Fine: Great. I've got a couple of follow-up questions. The first thing that I noticed is you're raising the issue of the political context for public health actions. And, that has been a recurring theme on *A Deeper Look* podcast over the last three years. It is important that human development work be centered and understood in the context of both the local and the broader macro-political context that conditions, people's behavior and the decisions that they make. What does that look like in practice? So, you gave a practical example of improving the infrastructure for good sanitation and access to water. What do you see as examples of how we would repoliticize those kinds of actions? What does it take?

Andrea Koris: So, that's a great question and I think it's something that the three of us think a lot about, mostly because to kind of imagine a way forward. A lot of decolonizing work begins with articulating an alternative vision. It's based in this process of unveiling, revealing, kind of trying to call back or reinvigorate our work with moral integrity and this kind of repoliticization. So, when we look to concrete ways that we can implement decolonized strategies or practices, it can look like a whole variety of things. And, as you mentioned earlier it really depends on the local and national context that you're working within.

So, it might mean that in this example of a community struggling with WASH issues instead of the national government contracting to USAID-funded development organization to fix the WASH problem, it means that there's more funding available or more space available for grassroots groups to advocate and petition their own government to fix the problem. Or, it might mean that that same USAID-funded contracting organization that's working on these issues has a wing or a space within its organization to advocate for more just economic policies so that that country has the national funding in its budget to adequately supply and update its municipal piping systems.

I think there's focusing on grassroots interventions and allowing solutions to come from the communities. But then, there's also these big global players, which we are all knowledgeable about and often we work within them. And, I think it also means inviting those global players to repoliticize some of their work as well, creating more space for advocacy, etcetera.

Patrick Fine: Ok. You make a distinction here between the global north and the global south. And, I want to challenge that, because we're recording this broadcast right now during the depths of the COVID pandemic, where the entire world has been turned upside down and shut down. And, one of the stories that needs to get more attention in the United States is the fact that this pandemic is having a disproportionate impact on communities of color, in particular on African American communities.

So, when I think about the way you framed the colonization of global health and global health interventions not only being used as a way of promoting the well-being of communities but also used at times as a tool of oppression, then immediately what comes to my mind are the disparate health outcomes in the United States and the whole concept of the social determinants of health really being at the base of how health systems produce different outcomes for different groups.

And, I wonder how does that concept of the social determinants of health intersect with your concept of the decolonization of health? And, what are your views about what the SDGs, the sustainable development goals, refer to as the universality of human development, that all countries trace human development challenges and that this dichotomy that we have used over the last

	70 years of developing versus developed countries really is obsolete, doesn't describe the world today.
Laura Mkumba:	I'll jump in and say that's a very good question in terms of when we talk about development. I think one thing that I always think about whenever we're using these terms of developing or developed countries is who sets the definition of what is a developed country. Who sets the standard of how we get to say that this community has not reached development or ideal developed status. So again, to go back to tying it to decolonization, is it really, is this usually western Eurocentric ideas of what is developed? Historically, we've looked at development through economic development and that was, say, through capitalism. And, I think we can all agree that capitalism is not always the solution. And so, when we are using that as the metric of development for a community, then that's when we have these issues of using that dichotomy of developed versus developing because it implies that this system is better.

And, another thing too is that it ignores the fact that even within developed countries, even in the United States for example, where you have certain communities that are more advantaged and have better health outcomes, this didn't happen in a vacuum. There's historical context that led to those disparities. Right? So, if we're talking about, say for example, a country in the global south, then we can say well, that is due to colonialism. If we're talking in the U.S. and we want to talk about these disparities and the structural racism roots around it, then we start saying well, let's look at how slavery played a role. Let's look at how Jim Crow played a role. Let's look at how immigration issues have played a role.

I think it's complex and I think the COVID-19 pandemic has shown that even these countries that have been herald as having all the answers and having all the solutions, it shows that we don't. And, even if overall it looks like there's the answer, as you mentioned, Patrick, there are communities that are still very much struggling and still very disproportionately affected, whether it's COVID-19 or whether it's, for example, in Flint, Michigan, with access to clean safe water. Whether it's just to have access to health care and well-being.

Patrick Fine:	Right. One of the key lessons for me over the years in working on human development challenges is the importance of humility and to recognize that nobody has all the answers and that what we can

do is we can approach the challenges with an open mind and with a sense of collaboration and professionalism to bring whatever we can offer but recognizing that what we're offering are not answers. It's just a willingness to collaborate with others to find solutions. When I looked at your working group and the ideas behind it, it brought back to me the concept of dependency theory, which was a theory of economic and social change that was developed in the late 1960s. It came out of the economic commission for Latin America. And, it hit on many of the themes that you have raised in your own work on decolonizing global health.

It really had as its thesis that the world economic order was structured in such a way that poor countries were put in a dependent position and that the economic order had created a kind of caste system or hierarchy in which the poorest countries were suppliers of raw materials and that they would be exploited and remain dependent upon the wealthy countries of Europe, the U.S. and, at the time, Japan. This was prior to the rise of China. But now you can see China actually playing the same kind of role in terms of its international relationships with countries around the world. That theory of economic change and development put a lot of emphasis on the role of colonialism as building up the dependency of some nations on others and maintaining them in a subservient status.

So, it was rooted in a Marxist view of economics. Because they weren't able to make actionable recommendations. It's not that it got discredited. It just kind of ran out of steam because people want solutions. And so, they were offering a good critique. But, their critique didn't lead to clear solutions. So, let me ask you, what do you see as solutions to offer that are workable that would allow us to do things in a better way, in a way that is decolonized?

Andrea Koris: So, Patrick, just to return very briefly to your comments about dependency theory. You mentioned that that theory, which was kind of based out of Marxist thought, really lost a lot of steam because it couldn't offer these concrete solutions. And, I think that is one of the challenges and contentions that a decolonizing movement holds is that to imagine another world or to imagine a different system from the one that we contemporarily have takes space and time and the need for radical imagination. I think that the movement in and of itself is not in a place to reduce this call for a different world or a different world order down into, like, quantifiable language.

That being said, that needs to happen in order to make these imagined worlds into a reality. And, there are some kind of contemporary theories that different economists and people have been tossing around. They don't have a ton of popularity in the U.S., but the idea of degrowth that, like, a country's development index, so to speak, isn't based off of their economic growth but rather based off of their level of human health and other kind of anticonsumerist and anticapitalist indicators as opposed to the system that we contemporarily have. So, there are these other theories or ways that not only involve a radical paradigm shift for how we conceptualize what development actually means but also lend themselves to some more tangible outputs.

Patrick Fine: I think one of the better known examples of an alternative approach to measuring social progress is Bhutan's indicator of gross national happiness instead of gross national product. And, I always liked the idea of rather than measuring simply economic gains in terms of growth of material wealth to also look at other aspects of human well-being, spiritual aspects, satisfaction, contentment and others.

Yadu and Laura, as you've thought about these alternatives to the current system, which does bring scientific progress, does bring innovation in products and services that do generate well-being within communities but oftentimes access to those innovations and to those products and services that make for a better life is very inequitable. What have you thought about as pathways that would create greater equity within our society?

Laura Mkumba: I think one way that I've thought about is even when we talk about decolonization, I think I want to bring light to the fact that the four of us are having this conversation in North America, in the U.S., where we have access to Wi-Fi and we can do this recording remotely. And, I think one important step that we can take or a solution I like to think of it is inviting people from these former colonized countries and asking them what would decolonization look like for them. Even when we think about reimagining how to measure and talk about development, as a global health community we've tried to be better about it. And global health is collaborative, yes. But I think there's room for us to lean out and the folks that have not had the chance to sit at the table to lean in.

And so, one way I think of a solution is I'm going to step back and give this space and give this stage and give the mic or the megaphone to the other person who has not had a chance to speak their voice. And then, when I can and when my privilege allows me, if there's for some reason someone who is shouting over them that they can't be heard, then I step in and use my privilege to make sure that their voice is heard. So, that's one way that I think of in terms of development and a solution is really well, let's go back into these communities that we're discussing, the ones that have been formerly colonized, ones that have been exploited historically and really invite them to the table.

And, making sure that that table is not just set in the global north or in the west where they can't even get a visa to come here. But, let's have those conversations there, so that it's accessible to them, so that they don't have to jump through these hurdles in order to be a part of the conversation or to have their voices heard.

Patrick Fine: That's a great concrete example and I really appreciate that. Yadu, do you want to offer another one?

Yadu Raveendra: Yeah. Sure. I'm with Laura on this and I feel particularly very passionate about this because I'm from Sri Lanka and I'm an international student here in the U.S. And, I'm going to offer the pandemic as an example. One of the issues from this lack of representation at the table is that people are making decisions for others. Right? So, the decision to lock down and the social distancing measures that have been put forth, they don't work for half the world's people. Simply copy-pasting these strategies used by the developed world and applying them to the developing world doesn't work.

I see this from like just talking to my family at home. My dad has now not gone into work for close to a month. He's a small business owner and the impact is greater on the employees who are coming into work, because no one is able to make sales and therefore they can't make money. And now, my government isn't at a point where they can support them. It's really difficult because we need to understand that the privilege of some is not the reality for others. We look at other parts of the world. And, you take a family of 15 and you ask them to lock down in a slum complex that houses 700,000 others. How does that work? How can you practice safe practices when water has as much value as gold in certain parts of the world? It just doesn't work like that.

And, I particularly reticent of what Dr. Tedros said recently when we talked about some of the French scientists suggesting that we test the vaccine in sub-Saharan African context. And, he commented that this colonial hangover needs to end. That's where I believe that, alongside Laura and Andrea and a lot of the other people that we're having this conversation with, that a decolonized global lens is our way forward towards a more equitable system. It's imperative that the perspectives that are coming are not coming from people that are just sitting in Geneva or the U.S., but from all over, because if our voices aren't being heard then, how are we going to make change? Right?

Patrick Fine: Right. Now, one of the critiques in dependency theory is that in the poor countries, those countries that are dependent, the elites are in league with the decision makers in the wealthy countries and that in fact, they form a united front that keeps populations poor, because they actually are part of what we often may refer to as the international community of well-educated, technocratic rulers of societies or leaders in societies. It kind of brings you right back to the point, Andrea, that you started with about repoliticizing health practices or human development practices. But, that repoliticizing practices immediately challenges the ruling elite. And, as a result, it hasn't been very effective, especially in countries where the ability of people to challenge the ruling elite is quite weak. Now, is that something that you all have discussed?

Andrea Koris: Yeah. What you're talking about reminds me a lot of some of Frantz Fanon's work. And, he describes from his historical context that exact dynamic. And, Fanon's response, as one might read into it, is that complete political revolution is necessary and that is a violent, often violent act. But, what underpins that is there is a loss of position, power hierarchy. There is a complete disruption of the system.

And, I think Yadu, Laura and I have discussed this in a whole variety of ways. I would speak for myself and say I don't think our world is going towards a complete upending of contemporary capitalism, which underpins that international community and system of elite hierarchies between and within countries. I don't think there's going to be, like, a violent global revolution any time soon but some kind of incremental change that has a radical fire beneath it is what's necessary. This really, like, highlights a lot of what Laura and Yadu were talking about, that within countries

these dynamics exist and that there is this kind of global and national leaning out. It's a leaning out that has to happen, I guess, along every line of privilege.

And for me, as, like, a white individual in this movement working alongside my colleagues, it's taught me on the individual level about the need to lean out as an individual, as a community, as a nation and as a system. Leaning out implies loss of power, loss of privilege, loss of x, y or z. So, I think that there's a loss that needs to be acknowledged and accepted when we talk about decolonizing systems.

Patrick Fine: I think that's a profound statement. Very often in the conversations around how do we get to a more equitable world, we tend to avoid the loss to those who have privilege and who have power. It's not just the folks from North America or from Europe who are going to have to be part of those who lean out and step back and give voice to others. It's particularly the elites in the poorer countries. Oftentimes, what I see is that you can get a consensus that the North Americans and the Europeans need to step back but a lot less recognition that there is a global elite where there's a lot of solidarity.

That's one of the problems I have with talking about the global south and the global north is that we are so globalized now that that distinction which might have applied – well, I mean I'm sure it did apply in the '50s or the '60s – has pretty much evaporated. And, I think that's what the SDGs were trying to get at. And now, you have class and education and social stratification. Economic stratification that is much more powerful than the geographic stratification.

Yadu Raveendra: Yeah. I definitely identify with everything that both you and Andrea just commented on. One of the questions that I get as an international student studying global health, and then I did my thesis research in Tanzania, is what are you going to do for your home country. Right? And, I live with a lot of guilt on that question because I do want to give back to my home country and I do want to make an impact or inspire a group of people. And, what people don't understand when we talk about the global elite is it's not just Eurocentric but it's also within the country and its borders as well.

And I, as a minority ethnic group, a woman and someone who is just starting out would never have the space or the voice to join in this conversation at home. So, I definitely think there are factors and elements outside of this global north and global south differential that are in place. And, I would add on to say gender, age and class, education are all different factors that play a part.

Patrick Fine: Yeah. Gender for sure is one of the major determinants of people's outcomes.

Laura Mkumba: I actually just wanted to emphasize what Andrea said. I think a lot of times when we talk about decolonization – and when we started out we had pushback from different types of people because it's a very uncomfortable topic because you have to contend with the fact that we hold a certain amount of power in this world and in our societies whether it's within even our community at our, you know, institution or our communities at home. So, I'm from Tanzania, Yadu is from Sri Lanka, Andrea is from the U.S.

But it's, it's very uncomfortable and people don't want to be in that level of being uncomfortable and saying, "Oh wow. These are the intersections of privilege that I occupy, and this is where I can lean out." Which is why I think it's almost easier to just say global north, global south, or it's easier to call countries developed versus developing. You know, it's easier to just say well, America as a whole or the U.S. as a whole, you guys need to lean out. It ignores the fact that there are people who are disadvantaged and marginalization within the U.S. that don't have that option of leaning out because well, first of all they're not at the table to begin with.

Patrick Fine: Right.

Laura Mkumba: The people who are setting that agenda are not the people who are going to be the most affected. For example, COVID-19 pandemic happens. The ones who are setting the agenda are not the ones who are going to be the most affected. And so, it requires acknowledging that the system might have to be dismantled, because the roots of the system are set in these oppressive systems. But, that is very uncomfortable, because it goes back to what you said, Patrick. Well then, what is the alternative? How do we imagine something that's different because we're used to operating in this system.

And, also I can even say that sometimes I've thought about, well, even the power and privilege that I have – would I be willing to give that up? And, would I be willing to give that space? And, while I want to say yes and obviously it's, like, yes, I absolutely would step aside and lean out and do all of that. But then, it's, I think, the question is a lot of people don't want to think about really when it comes down to the wire, are you going to lean out and are you willing to really give up that power and privilege that our current contemporary society has afforded you?

And, that's the difficult and uncomfortable question that even before we start imagining and start thinking up a solution really, we have to start with that reflection of what position do I hold in the world and in my respective community, what power do I hold, and am I willing to give up that power in order to have a more equitable global health system or just an equitable world.

Patrick Fine: Well, a legitimate question that goes along with what you're raising is how do you lean out or how do you give up some privilege and at the same time be in a position to advance the agenda that you're trying to advance? There is a balance between stepping out and no longer being in the arena at all. How do you lean out in a way that you remain empowered to continue to fight for the things you care about?

Going back to Andrea's comment about Frantz Fanon and about the way he thought about social change. And, his conclusion was you really have to burn things down. You really have to have a violent revolution that transforms society.

There's another thinker who looked at the same kind of issues around empowering people, building consciousness about one's condition and about society around you and your place in society and empowering yourself to take control of your life, your family's life, so that you build a more equitable community. Who did not see it in a radical kind of revolutionary way. And that was Paulo Freire, who was a Brazilian educator. And, he came up with the concept of conscientization. That you have to build social consciousness amongst people starting at the grassroots level in order for them then to take control of their lives. It starts in the family.

It starts with gender relationships. It grows to the community level and how community members treat themselves. But then,

eventually when you start to get to the community level, it becomes political, because now you are conscientizing people to actually, if they become empowered, to have a voice, to want to participate in decisions that affect their lives, to want a seat at the table. Then they begin to enter into the political arena. And then, that's where it threatens those who hold power.

Andrea Koris: Yeah. I'm a big fan of the pedagogy of the oppressed, his work. And, I think it is a really very grounded approach, I'd say, to cultural transformation and cultural change. And, I think it's actually interesting to use the description you just gave of it of that approach with some of the different ways, within the global health system specifically, we approach cultural change around health belief models and behavior change interventions from attempting to work from that standpoint but ending up with some very unintended adverse consequences.

That kind of approach really needs to be made from a grassroots level, from people within those communities that are embedded within the, like, worldview and cosmos vision and culture of the place where that consciousness raising is happening. Because from a global health system when we go into a country to institute a health behavior change intervention around trying to increase maternal uptake of antenatal care. And, what we don't realize is that women might not be attending antenatal care because within their culture, there is a deep belief that going to the antenatal care clinic before you show you're visibly pregnant actually puts you at greater danger of x, y or z, puts you at an adverse relationship to your community members for whatever cultural, contextual reason.

Global health is attempting, I think, at some points failing in its interventions to recognize that while there are biological realities that underpin human health, those are embedded within a much broader system of diverse worldviews of what comprises health and well-being. Health and well-being is not just the biological and physical well-being of the body in every place and every culture. That's like a highly kind of Eurocentric worldview of how the body maintains health.

Patrick Fine: Right. And, I think the key there is that you have to start with people's known, experienced reality and not impose your reality.

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Patrick Fine: So, the three of you are graduate students. You've just completed your degrees. Congratulations to all of you. It's been great having this conversation with three people who are now embarking on their journey of really building the kind of world that you envision. So, as you look at the challenges ahead, are you optimistic or are you pessimistic about your ability to make a contribution to creating a more equitable world or, in your own words, to decolonizing global health and development? And, let me just start with you, Yadu.

Yadu Raveendra: I'm an optimist by nature. And, there's too much good in the people and the things that I have experienced to not believe that we are heading towards a more positive world. So, I'm an optimist by nature and I'll speak for myself and say I'll do my best. When it comes to my time to leave that this world will be, or global health will be a lot more equitable than what it is right now.

Patrick Fine: Thanks, Yadu. How about you, Andrea?

Andrea Koris: Well, I guess I'm like a pessimist in recovery. Working with Laura and Yadu – I mean Yadu, your answer just really inspired me. So, yeah. I agree with what Yadu said, honestly. The more individuals I meet, I feel like there are a lot of people that are waking up or there is more space to have this conversation. And so, if anything, that makes me more optimistic, rather, about our global future.

Patrick Fine: Great. Thanks. And, Laura?

Laura Mkumba: Yeah. So, my answer is actually very similar to Andrea. I think in light of recent events, I've been more pessimistic about the future. But, when I think of just in terms of decolonizing global health, one thing that I have learned especially since the beginning of this year is just that we have this big community of people that are really interested in this conversation. And, I think what was different than when we first started is we felt that it was just the three of us. And, it was actually – there are two other students who were with us. And, whereas now it's not just the three of us having this conversation in a small lounge in this building at Duke.

So, I'm optimistic that the community that we've tapped into and that we've built and that we're going to continue to build and the people that we're going to continue to meet will empower us, and we're able to empower them to build a more equitable world. So, I'm very optimistic, because despite all the negative that I've seen

and witnessed, especially in light of the pandemic, I've seen that there's been a lot of good in the way that we've stepped up as a society, as people to really support and be there for each other. So, I'm very optimistic.

Yadu Raveendra: So, I have to ask you a question. And, Patrick, I want to know, are you going to join us in decolonizing global health?

Patrick Fine: I've been working to decolonize global health for 40 years. So yes, I'm right there with you. And, I want to thank the three of you for joining me today. What I hear from you as you talk about the future is I hear realistic optimists. And, that's what it's going to take to decolonize human development and to build a more equitable society. And, a few of the important takeaways that I just want to mention as we close is that you talked about really bringing a new kind of mind or a different mindset that is willing to lean out instead of trying to rush in. To step back instead of trying to be at the forefront, to give voice to others instead of wanting your voice to prevail and to be willing to accept some loss of status and position in order to advance the position and status of others.

You mentioned sometimes feeling guilty about your own privilege and how uncomfortable these topics can be because we're implicated in these discussions and we have to be honest about our role and our positions. I'm very happy to hear that, because I think that humility, a sense of recognition of your own privilege and a willingness to engage in uncomfortable conversations that are uncomfortable for you personally because they force you to put yourself out there, those are keys to that new mindset that you're talking about that will contribute to the kind of change that you're looking for as you fight to decolonize human development and to reimagine what global health can look like for a more equitable world.

So, thank you all very much for this terrific conversation. And, listeners, thank you for tuning in to *A Deeper Look*. Please share this episode. Please give us your own comments and feedback on what you've heard in this episode. It's been very rich with a lot of different perspectives. And, join me next month for another episode of *A Deeper Look*.

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