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 Unpacking the Invisible Knapsack: Addressing Privilege in Global Health Contexts.
 

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Op-Ed

Peggy McIntosh's "White Privilege: Unpacking the Invisible Knapsack" enumerates upon the unseen advantages accorded to her on a daily basis that simultaneously disadvantage people of colour. As global health scholars and workers, we may see our work as being honourable, rooted in justice and essential to advancing health equity. However, this may not always be the case. Through my experiences in global health, which have included conducting a systems analysis of geriatric health care in India as well as working on several community development projects in low-income racialized communities in Canada, I have come to recognize the unseen power and privilege I hold. By unpacking my own global health knapsack, I hope to remind all of us in the field to be cognizant of the ways in which our global health work benefits us and the "idea" of global health while simultaneously disempowering the recipients of our labour.

1. As a citizen of the Global North, I am able to travel anywhere in the world to do global health work and have my credentials validated. This level of freedom may not be afforded to citizens of the Global South.
2. I can fund my own global health trip for which I may not possess the necessary skillset, without considering that those funds may be better spent on locals who are more culturally and technically adept for the job.
3. I am able to willfully ignore the inequities that occur in my own backyard while feeling good about myself for "making a difference" somewhere else.
4. I have the privilege of not being exposed to or having to think about the systemic injustices of poverty, corruption, and poor infrastructure that will continue to plague the community I am working in long after I am gone.
5. I am able to secure a higher position or paycheck than my local counterparts of equal or higher experience.
6. I can assume that I am serving the interests of the local population without actually having to consult them or include them as decision-makers.
7. I am able to appropriate the local culture through food, clothing and art while doing little to understand the history and significance of said cultural items.
8. I can overlook my own perceptions or biases around the community or country I am working in, thereby actively helping to perpetuate harmful and stereotypical narratives about them.

The above list is not meant to undermine or to suspect the intentions of those who are immersed in global health work. Rather, it is to get us to think critically about the idea that good intentions are not enough. We need to make an active effort to be aware of the power we hold to shape issues in the global health sphere and determine project and policy outcomes. We must ask ourselves whether our definitions of global health problems are inclusive of the myriad of social and historical factors that contribute to an issue, and how our own biases may cloud our ability to look at issues through an intersectional lens. We must also question whether we are contributing to mere band-aid solutions or actively working to strengthen social infrastructure and address the root causes of global health issues. Lastly, we must consider *why* we are engaging in global health work, is it to feel good about ourselves or to strengthen local communities to take their health into their own hands?

To me, global health is about working towards health equity and access in accordance with the principles of social justice. It is about community collaboration and capacity building as well as ensuring long-term sustainability, i.e more than just "charity work". The role of the wider global health network, in which I include myself, is to facilitate knowledge exchange and build the capacity of local residents to achieve justice for themselves.