

# Care, Inequalities, and Health Justice: Interdisciplinary Perspectives on Global Health

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In an era deeply marked by overlapping health crises, persistent conflicts, and systemic inequalities, the field of global health is increasingly emerging as a contested space. It is a domain characterized by a constant tension between standardized, technical interventions – often designed in the Global North – and the situated, messy, and deeply human practices of care enacted in local contexts. This thematic issue of the «UniCamillus Global Health Journal» does not merely document this tension; it aims to inhabit it. By weaving together anthropological, historical, pedagogical, and philosophical perspectives with advocacy practices and social inclusion strategies, the contributions collected here offer a multifaceted reflection on how health is negotiated, organized, and transmitted

across diverse territories, revealing itself as an inherently historical and situated product.

The articles in this issue, heterogeneous in method and scale, converge on a fundamental premise: health cannot be reduced to a biological fact or a bureaucratic metric. It is, fundamentally, a relational project. The authors challenge us to look beyond the structural fragilities of contemporary healthcare systems and to examine the “molecular” dynamics of care – the specific gestures, the educational encounters, the historical legacies, and the political struggles that shape the wellbeing of communities.

The issue opens with a strong focus on the pedagogical challenges of medical training, exploring how well future health professionals are equipped to understand

the complexity of the human subject. Virginia De Silva proposes a reflective itinerary that bridges the gap between the ethnographic field and the university classroom. Drawing on her experience teaching medical anthropology to nursing students, De Silva illustrates the difficulty students face in grasping concepts that seem abstract or distant from their biomedical training. She argues for the use of “ethnographic vignettes” – such as the startling gesture for “yes” in Tigray or the figure of a traditional healer who learns from *National Geographic* – to trigger a productive culture shock. This pedagogical approach serves to deconstruct the assumed universality of biomedical categories, helping students recognize that the body itself is a culturally and historically constructed entity.

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In a complementary dialogue, the article by Alessandro Boccanelli and Laura Elena Pacifici Noja examines the structural integration of humanities into medical education through the lens of a seven-year experience at Uni-Camillus University. The authors argue that medicine, having a practical purpose focused on the human being, cannot be a “pure science” and thus requires a robust philosophical foundation. Their paper details an integrated curriculum where Moral Philosophy is not an add-on but a core component, designed to foster moral reasoning and narrative competence in future doctors. By engaging with topics ranging from the epistemology of care to the ethics of artificial intelligence, they demonstrate that interdisciplinary education is essential for navigating the “forest” of medicine, where patients must be encountered as unique narratives rather than interchangeable diagnoses.

Moving from education to history, Christina Savino offers a compelling re-reading of Camillo de Lellis in the context of Counter-Reformation Rome. Savino situates the saint’s work not merely within hagiography but within the gritty reality of a

city plagued by malaria, floods, and social stratification. The paper highlights Camillo’s revolutionary intuition of “global healthcare” that attends to the whole person – body and soul – anticipating modern holistic models. Crucially, Savino traces the historical trajectory of this ideal beyond its inception. While grounded in the material response to the urban pathologies of early modern Rome – from the reorganization of hospital shifts to the physical cleansing of patients – the paper explores how this model of comprehensive nursing care expanded across centuries and continents, evolving into a foundational paradigm for modern global healthcare.

The intersection of health policies and community dynamics is explored in depth by Corinna Santullo, who presents an ethnographic analysis of immunization practices in Tigray, Ethiopia, between 2015 and 2019. Santullo deconstructs the notion of “vaccine hesitancy” by revealing the sophisticated mechanisms of persuasion and control embedded in the Ethiopian health extension system. Her analysis of the Women Development Army, operating through a capillary “one-to-five” network, shows

how compliance is often manufactured through social pressure, the mobilization of shame (*yiluññta*), and the framing of the unvaccinated body as a threat to collective modernity. This contribution, based on fieldwork conducted just prior to the recent conflict in Tigray (2020-2022), serves as a vital document of the biopolitical infrastructure that underpins global health initiatives in the region.

Shifting the focus to disability rights and civil society initiatives, Hewan Mulugeta Asfaha and Roel van der Veen discuss the outcomes of the *Down Syndrome and Other Intellectual Disabilities Awareness Event* held in Addis Ababa in November 2024. The authors expose the pervasive stigma and misconceptions surrounding Down syndrome in Africa, often attributed to supernatural causes. However, rather than presenting a narrative of victimization, the article highlights the power of self-advocacy. By detailing the strategic outcomes of the event – including the *With Us Not For Us* initiative – they outline a concrete roadmap for shifting from a charity-based model to one grounded in rights, inclusion, and the active participa-

tion of people with disabilities in the policies that affect them.

The issue concludes with Marco Menon, who traces the genealogy of urban bioethics, distinguishing between its North American origins – focused on density, diversity, and disparity – and its radical reinterpretations in the Global South. Offering a distinct theoretical lens, he explores how Latin American scholars have politicized the field, viewing urban bioethics as a tool for

resistance against biopolitical control, while also engaging with the European legacy of Fritz Jahr to include environmental concerns. Menon's contribution invites us to expand bioethics beyond the clinical encounter to address the very design of our living spaces, suggesting that the city itself is a fundamental determinant of moral and physical well-being.

Together, these six contributions offer more than a collection of case studies. They

provide a methodological blueprint for a more just global health. They remind us that whether we are discussing the training of a nurse in Italy, the vaccination of a child in Tigray, or the planning of a “healthy city”, we are always dealing with questions of power, history, and human dignity. It is our hope that this issue will serve as a tool for scholars and practitioners alike to navigate these complexities with critical rigor and ethical commitment.