History . . . It Influences Us Every Day

And it began . . .

Reflective exercise: Your story
1. When did your ancestors first come to America?
2. Or were they already here?
3. Why did they come?
4. Share your story:

Speaking in his native Pomo language, a recent conference speaker explained that his grandfather had told him “Your life is your story . . . tell your story.” Whatever our native language, we all have a story to tell; in sharing our story, we gain insights into our history and those who came before us. Our histories, our stories, shape who we are and influence how we see and interpret our world.

Recently, a young woman shared that she had fled Cambodia, and spent four years in a refugee camp in Thailand before immigrating to the United States. Her colleagues never knew that piece of her history. It now provides a perspective, a way of seeing her with new understanding. Now transfer this process to your patients and colleagues. How are their stories similar to yours? How are they different?

In this chapter we will look at history and the effect it may have on healthcare decisions. For some the reason to seek, or not seek, healthcare may be based on previous encounters by family members or a long-standing history of mistrust of the system. Although these incidents may have happened many years in the past, it is in sharing of stories that one formulates beliefs, values, and biases about healthcare and healthcare providers.
We All Have A Story . . . It Influences Us Every Day

Our story begins . . .

. . . with those who were here in America before the emigration from Europe and Asia. It begins with a Pequot man, standing on the shore of the Atlantic Ocean, watching the first white settlers arrive in this, his country. Until that time, there were, according to Charles Mann (2005), author of 1491: New Revelations about Americas before Columbus, over 90 million Indians living on 400 million acres. Their advanced level of farming and hunting and gathering had sustained them over thousands of years. It was a thriving community of peoples across the Americas — North and South. The first of many treaties with the Native American population began in the early 1800s when then Major General Andrew Jackson defeated the Creeks in what is now the state of Alabama. Over twenty million acres of tribal land were seized in the 1814 treaty. The desire by Americans to establish a solid economic base, along with their disregard for the native people currently inhabiting the land, continued this process for the next one hundred years.

Economics always seems to be at the forefront of immigration to the Americas. The early 17th century saw increased emigration from England — people seeking a better life for themselves and their families. The 1700s and 1800s brought immigrants all seeking work with the ability to send money home. They came from Italy, Germany, Ireland, Asia, and South America. For many, the intent was to return to their homeland, but less than half realized that dream. Other emigrations stemmed from wars, famines, and reunification. Forced immigration (slavery) added to the socioeconomic status of the plantation owner, but did nothing for that of the slave. Forced migration, the movement of people to a land inconsistent with their lifestyle, affected most of the Native Americans who had not already been killed by guns or germs. Immigration by white settlers, unfortunately, brought disharmony and distrust.

Troubled Times Lead to Emigration

England

Following King Henry VIII’s establishment of the Anglican Church, Protestants and Catholics alike were subject to shunning by neighbors, and were also fined and occasionally jailed by the government. Some Protestants took the Reformation as an opportunity to go one step further and “purify” the Anglican Church. They called themselves Puritans and believed that they did not need an intermediary (priest), but that they could talk to God on their own. This created a religious tumult in England. The
Reflections from COMMON GROUND: Cultural Awareness in Healthcare

North American colonies probably seemed like an answer to prayer: the possibility of religious freedom. In 1620 the Pilgrims, as they came to be known, sailed on the Mayflower for the new colonies.

The 17th century focused on the establishment of colonies. During this time the economy in England was unstable, and inflation led to poverty, making it next to impossible for the poor to meet even their basic needs. For many the opportunity to leave for the new colonies was the answer. By the mid-1600s, more than 30,000 people had left for the new colonies. King James I viewed this as a win-win for England: an outlet for surplus population and input of material for their expansive industry.

As time went on, there was a greater sense of establishment in this new country with a growing desire to separate from England’s rule. What followed was the Declaration of Independence in 1776. It is interesting to note that it was not until 1787 that the term immigrant was used. The term differentiated between the colonists who saw themselves as the established society and those foreigners who arrived after the country’s laws, customs, language, and constitution were formed. This may have been done in response to Thomas Malthus’ published Essay on Principles of Population in 1789. It stated that England was quickly running out of food production and predicted that if nothing changed starvation would result. A surge of immigrants to America followed. Wars and famine were another reason for migration.

China

In China the Opium Wars involving England (1836) and France (1846) created a very difficult situation. Because the wars decimated the land, agriculture was slow to recover and famine was the order of the day. Since there was not enough food to sustain families, many Chinese emigrated to America to work on the railroads, in the gold mines, in agriculture, and in factories. Sending money home and repaying the merchant who had brought them to the United States forced them to work at low wages. While many Chinese were successful and thrived, residents of the United States saw this as a threat to their livelihood. Chinese communities formed as a source of support, but stories of prostitution, gambling, and opium dens sparked the sentiment that admitting Chinese into the United States lowered the cultural and moral standards of American society (U.S. Department of State). Anti-Chinese sentiment rose and pursuant to a downturn in the economy, legislation was passed to bar immigration from China. That 1882 law, known as The Chinese Exclusion Act, was renewed in 1892 and again in 1902. It was not repealed until 1943.
Ireland

Poor economic conditions and famine played a key role in the Irish coming to America as well. Farmers in Ireland rarely owned the land, but rather rented it from landowners living in England. The cost of running the farm, however, left little money with which to support themselves and their families. Emigration to America began in the early 1880s and escalated following the potato famines of 1845 and 1846. One-fourth of the population emigrated to the United States. On a recent trip to Ireland our tour guide, Sean O’Malley, shared his family history with us. “The only time I ever heard my great grandfather talk about the great famine was during a family celebration. He recalled the people who left. It was the thought at that time that when someone left they would never be mentioned again. It was as if they had died.” You could hear the sadness in Sean’s voice as he told his story.

Italy and Germany

With increased taxation and low wages in Italy in 1870, many people emigrated to the United States. The intention was to make money and then return home. Many were not able to fulfill their dream; however, emigration to the U.S. continued from many European countries. It is noted that between 1820 and 1920, 4,400,000 immigrated from Ireland, 5,500,000 from Germany, and 4,190,000 from Italy. Most came for the same reasons: looking for economic stability and a better life for themselves and their families (Brunner 1997).

Mexico

Following the Mexican American war of 1848, those living in the southwestern area of the country, which was ceded to the United States by Mexico, were given U.S. citizenship with all the rights and privileges of others already living in the states. The Treaty of Guadalupe Hidalgo promised citizenship, freedom of religion and language, and maintenance of their lands. The Mexicans who lived in the southwest were subject to discrimination and social injustice following the war. Loss of both property and rights followed as well (McGoldrick 1996). Socioeconomic stability and labor needs have continued to play an integral part in the migration from Mexico to the United States. Borders, being permeable and allowing for flow back and forth, met the needs of both countries. In the mid-1800s, laborers were provided by Mexico to work on the railroad and in agriculture, thus proving a source of income for the Mexicans and a source of revenue
for their country. This win-win relationship continued into the early 1900s, until there was a sudden downturn in the economy: the Great Depression. All immigration was stopped. It was not until there was a labor shortage during World War II that the borders reopened. The Bracero program, instituted in 1942 by the United States and Mexican governments, provided Mexican men to work in U.S. fields for low wages. The Bracero program caused resentment with the farm workers. Cesar Chavez initiated the Farm Workers Union to support those working in agriculture with just wages and living conditions. The Bracero Program ended in 1964 due to pressure from the union.

The needs of individuals, regardless of their countries of origin, played a significant role in the search for stability and economic security for themselves and their families. When there is a socioeconomic downturn, there may be a perception that immigrants are taking away jobs by working for low wages. The facts do not always back up that notion. Yet when there is a threat to economic wellbeing, fear, anger, and uncertainty loom.

**Forced Immigration . . . Slavery**

Economics. The reasons for slavery may have been many, but the bottom line was economic. Slaves were laborers who were owned: laborers who were told what to do, laborers who were told how to live. African slaves in the U.S. prior to 1865 had no rights and were considered less than whole people. They were counted as 3/5 of a person in the census report (U.S. Constitution, 1787). It is said that between three and twenty-four million slaves were brought to the United States. It does remain a fact that slavery existed for over three hundred years in this country. Families were separated. Men, women, and children were bought and sold. Living conditions were well below standard. Treatment of, and punishment for, perceived “crimes” was harsh. Slavery is a part of our story: it continues to influence us.

Not until the conclusion of the U.S. Civil war was slavery abolished. The passage of the 13th, 14th, and 15th amendments abolished slavery and established the right of citizenship, which included the right to own land and serve on a jury. Unfortunately, “Jim Crowe” laws, anti-African legislation passed after the Civil War, followed these constitutional amendments, continuing to affect the former slaves’ ability to realize their constitutional rights. It would be years later with the passage of the 1964 Civil Rights Act and the 1965 Voting Rights Act that the laws established one hundred years earlier would actually take effect and become reality.
Forced Migration . . . and its effects

The recent PBS documentary, Our National Parks (2009), emphasized that much of the land in parks such as Yosemite, Yellowstone, Zion, and the Grand Canyon had been home to the native population for thousands of years. Displacement of Native Americans through forced migration from the “familiar” to unfamiliar land (which came to be known as reservations) changed their way of life. The Indian Removal Act of 1830 authorized the federal government to negotiate treaties with Indian nations, exchanging their land for land in the West. After treaties had been signed some of the Indians left while others remained. In 1827, the Cherokee Nation adopted a written constitution declaring itself a sovereign nation legally capable of ceding its own land. The state of Georgia (where they resided) did not recognize that sovereignty. In 1831 the Cherokee nation took its case to the Supreme Court, and while winning the appeal initially, had its decision revoked later. Forced migration occurred throughout the 1830s from the Trail of Tears of the Cherokee Nation to Oklahoma, to “forced march” of the Piautes from Owens Valley to Fort Tehan in California. In each case thousands of persons perished due to lack of food, disease, and harsh conditions. Millions of acres were lost, but more than that, lost was the land that had been home for hundreds of years.

The Bureau of Indian Affairs formed in 1824. Responsible for the management of millions of acres of land “held in trust by the United States for the American Indians,” the Bureau provided Indian health and social services in exchange for the land and natural resources. In 1978 Public Law 95-341 was enacted. The law stated “it shall be the policy of the United States to protect and preserve for American Indians their inherent right of freedom to believe, express and exercise the traditional religions of the American Indian, Eskimo, Aleut and Native Hawaiian, including but not limited to access to sites, use and possession of sacred objects and the freedom to worship through ceremonials and traditional sites” (U.S. Department of the Interior). Prior to this, American Indians did not have access to a number of sacred sites situated on federal lands such as national parks.

Another attempt to change the life of the Native American was the formation of the Carlisle Indian Schools in 1879. Started by Richard Henry Pratt, whose adage was “kill the Indian, save the man,” the schools ensured that children who attended were prohibited from speaking their tribal language or wearing any clothing that was reflective of their nation. The goal was to forcibly assimilate Native American children into majority American culture. Yet it was not until 1924 that American Indians became citizens of the United States.
Ellis Island and Immigration

There were more than thirty-seven million immigrants who passed through Ellis Island between 1892 and 1954, when it closed. Immigrants came for a variety of reasons, including political and economic stability, religious freedom, and family reunification. During World War I, Ellis Island was used as a site for suspected enemy aliens who were then transferred to other facilities. In the 1920s, public sentiment and politicians were beginning to voice concerns over the increased number of immigrants entering the United States. Restrictive laws, similar to The Chinese Exclusion Act and The Alien Contract Labor Law, along with the initiation of a literacy test, helped to deter the aspiring newcomers. The 1924 the National Origins Act limited the number of immigrants each year to two percent of any current ethnic group. The largest number of the immigrant spots were allocated to those coming from Northern and Western Europe, the least from Southern and Eastern Europe. The Act prohibited those entering from Asia altogether. Due to the current labor shortage, there was no restriction for Mexico (U.S. Department of the Interior).

So why bring up past events that now appear resolved?

History, one’s story, may influence decisions about seeking healthcare – trust and relationship being key issues. These histories had an impact on health outcomes. Read on.

Recent History . . .

Reflective Exercise: Were you or your parents or grandparents alive when . . .

1. Dams were built on the Salt & Gila Rivers in Arizona in the 1920s?
2. Executive Order 9066 was enacted February 19, 1942?
3. Port Chicago experienced a munitions explosion on July 17, 1944?
4. The Civil Rights Act of 1964 and Voting Rights Act of 1965 were signed?
5. Refugees from the Vietnam War emigrated to the U.S. in the 1970s and 1980s?
6. Which of these events were experienced by your patients? What impact do you think it had?
It is thought that events of the recent past have the most impact on our lives. Why? The answer may lie in the fact that if we were alive during that time our response to the events was personalized. In addition we saw and interpreted each event through our cultural lens. If you were a Native American living in the Southwest, the building of dams impacted your family’s ability to farm the land. If you were a Japanese American living on the west coast, loss of business and property due to the enactment of Executive Order 9066 (National Archives) is part of your memory. As an African American, the Civil Rights movement and struggle to obtain equal rights were witnessed in the marches and protests. Each person takes a recent event and internalizes it. Memories may include wariness of government and of those in healthcare institutions. As we reflect on our patient population, we realize that, seen through their eyes, the story may take a different perspective. Let’s take a brief look at each.

Construction of dams in the Southwestern portion of the United States had a significant health impact on the Native American nations residing in that area. By 1930 dams had been erected on the Salt and Gila rivers of Arizona. Land once used by the local tribes for farming and fishing was no longer available, and those activities came to an abrupt halt. No longer able to provide for themselves, Native Americans grew to rely on government food subsidies and a sedentary lifestyle.

Japanese Internment followed the bombing of Pearl Harbor December 7, 1941. On February 19, 1942, President Roosevelt signed Executive Order 9066, authorizing the Secretary of War to define military areas “from which any or all persons may be excluded as deemed necessary or desirable.” The only significant opposition would come from the Quakers (Society of Friends) and the ACLU (American Civil Liberties Union). More than 122,000 Japanese, many of them citizens of the United States, were forced to live in makeshift housing predominately in the high desert areas away from the Pacific coastline. Manzanar, a site in the Owens Valley, was home to many who had previously lived and owned property and profitable businesses on the west coast. When I toured this site, it became abundantly clear that sanitary and health conditions were questionable. There was little room for privacy. Release from these sites came at the conclusion of World War II. On February 18, 1999, the Justice Department installed a $1.6 billion reparation program for ethnic Japanese interned in American camps during World War II.
The Port Chicago Naval Magazine explosion occurred on July 17, 1944. Of the three hundred and twenty killed, two hundred and two were African American. Following the event two hundred and fifty African Americans refused to return to work, citing unsafe conditions. Fifty leaders were identified, charged with mutiny, and imprisoned. In 1946 they were released without amnesty. Finally in 1992, a pardon was granted to Freddie Meeks, one of the last two survivors. In the San Francisco Chronicle in 2004 a story appeared marking the anniversary of the event. A woman by the name of Diana McDaniel was featured in the article. She stated that she “heard this story as a child.” She was advocating that a center be established because “the story cannot be told enough…” Recent history is passed down from one generation to the next. It had been sixty years since that event, but the story continued to be told.

The Civil Rights Act of 1964 and the Voting Rights Act of 1965 were enacted to ensure the rights of all people of the United States. It had been a hundred years since the passage of the 13th, 14th, and 15th amendments, and yet in some parts of the country discriminatory practices were still prevalent. Separate schools and separate entrances for blacks and other minorities had been the norm. Separate hospitals were set up in the late 1880s at the request of the American Medical Association and were in existence until the late 1970s. Separate, however, did not equate with equal services.

The Tuskegee study, which began in 1941, engendered a great deal of distrust of those conducting health research. Participants of this study, African American men, were not provided treatment for syphilis, even though there was a known cure at the time. The hesitancy to seek care may be part of the reason for health disparities found in the African American population today. The study is a prime example that has, for some, led to mistrust of most healthcare professionals.

Manuel Pablo fought with the Americans to protect the Philippines during World War II and participated in the Bataan Death March. At the time he was promised citizenship, a pension and medical benefits, along with resident rights for himself and his children. In a recent article (McAvoy 2007) Mr. Pablo stated that those rights were not realized until 1990 with a revision of the Immigration Act of 1964, which now allows him to bring only one family member to the United States. His other children have been on the wait list for a visa for thirteen years. In her book, The Spirit Catches You and You Fall Down, Anne Fadiman (1996)
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cites the belief of some Hmong men who served with the United States military during the Vietnam War that they, too, would receive veteran benefits following their emigration to America. That did not prove to be a reality. As HCPs, we can help to change a negative experience into a positive one by recognizing their contribution to American society and honoring their individual cultures.

Today - being present with the present

History has a way of repeating itself. We, as HCPs, have the opportunity to change the course of events, especially when it comes to the care and treatment of our patient population. Acknowledging the fact that the persons we serve may not trust the health system, we are in a unique position to dialog about this with them. We must recognize that injustices have occurred, and continue to address issues of prejudice and discrimination when we see them. The journey to cultural competence begins with awareness that past events may influence present encounters with patients and colleagues as well. Realizing that these events may have occurred three hundred years ago, sixty years ago, or yesterday, admonishes us to be vigilant in all our encounters, communications, and actions.