

***Human Story of Illness:
Health Humanities Portraits
for Physicians in Training***

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Immigration and Identity Teaching Guide

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This teaching guide is divided into two sections: a guide for discussing the HHP to faculty and a guide for considering the HHP in the medical student classroom.

Plan:

- 1) Spend 75-80 minutes going through HHP content and discussing theme of immigration and identity.
- 2) 10-15 break
- 3) Spend 75-80 minutes discussing how to refine HHP for med school teaching, pedagogical methods and potential activities, adaptations for different pedagogical settings.

A. Discussion of the HHP content and theme: Faculty Core

1. Learning Objectives

- Learn to identify important data/information related to social practices, sources of trauma, and other structural factors that impact identity and embodiment through narrative skills, such as close reading.
- Recognize the impact of war, violence, and trauma on refugees' identities and embodiment.
- Identify structural forms of oppression (structural violence), such as the impact of a lack of language access, poverty, and dangerous and oppressive working conditions on immigrants' identities and embodiment.

- Recognize, value, and immigrants’ social practices and better understand their roles; avoid reducing difference to an essentialized notion of culture.
- Explore the identity of immigrants through their narratives; consider the role of voice and representation when one immigrant speaks on behalf of others (due to language access, oral traditions and collective identity, or other motives).

2. Background: Choosing first-person patient narrative and scholarly readings

10 min.

The goal is to help students to gain knowledge and critical analytical skills to address social issues like immigration and identity that, if not fully understood, can lead to disparities in health and barriers to healthcare. These essays help students to understand that these social issues, social relations, and knowledge itself are dynamic and thus require the skills for careful exploration and analysis.

These essays challenge understandings of narrative versus scholarly readings. Nguyen’s essay combines personal narrative with theoretical analysis of the ethics of immigrant identity, analyzing the stigmatization of refugees, the constructed nature of refugee identity and questions of assimilation and visibility. Nguyen teases apart distinctions between definitions of refugees and immigrants and stereotypes of “good” and “bad” migrants, as well as the structural forces that shape those perceptions.

3. HHP Content Discussion: Grappling with Issues of Immigration, Identity and Difference

55-65 min.

Sub-themes

- Family
- War and Crime
- Health, Illness, Healing
- Work, Injury, Disability
- Narrative and Voice
- Displacement

Notes at the outset:

How to use this guide

This guide begins with close readings and finer-grained analysis of insights and evidence in the text toward broader reflections on the impact of the sub-themes on understandings of immigration and identity. The sections on Family, War, Health, and Work involve close readings and focused analyses of the texts. Some of these sections

have “Summary Questions” at the end that move toward broader analyses. Instructors need not cover all of the questions in each of these four sections. The last two sections, on narrative and on immigration and identity, are important in bringing the discussion to a level where participants can synthesize the work done in earlier sections and reflect on what they’ve learned, how their ideas might have changed, and what new arguments or ideas they might have as a result.

Context for the Yang family’s displacements

In the early 1970s, the French left Laos and the Americans arrived. Bee’s village became a prisoner-of-war site for captured North Vietnamese and Pathet Lao soldiers. The war increasingly encroached on village life, with the Hmong military recruiting men and boys to fight on behalf of Americans. Nearby villages experienced massacres and ambushes. In 1975, the Hmong military leaders left with the Americans and the Communist Party came into power and began transporting Hmong men and boys in retaliation. The Yangs fled. Bee was 16. They lived in the jungles of Laos for 4 years. This is where Bee met his wife Chue and where their oldest child, Dawb, was born. The extended family was separated by an ambush, a child was shot and severely injured and Bee’s cousin Shong captured and tortured. In 1979, Bee and his family crossed into Thailand and became refugees in a UN camp, where his and Chue’s second child, Kalia, was born. After 8 years in the Ban Vinai Refugee Camp, they were allowed to resettle in the US, in a housing project in Minnesota.

Refugees and migrants

Refugees are people who are fleeing armed conflict or persecution. They have a legal, protected status assigned to them by the UN Refugee Agency and are seen deserving of asylum because returning to their home would have deadly consequences. Migrants are understood as seeking a new home to improve their life circumstances and as able to return home safely. Countries are free to deport migrants. In the US, migrants may apply for political asylum, and courts decide whether to allow them to stay for protection. Students may wish to discuss the question of where to draw the line in this legal and ethical distinction. This issue will be raised at the end of the discussion.

Methods

Close readings

Analysis of relevant social data/information

Analysis of themes

Analysis of narrative structures

Focus on narrative

This guide is created by a literature scholar who works extensively with first-person narratives, thus the orientation is to focus strongly on the narrative and engage other readings in unpacking it.

Structural competency and structural violence

One goal of this discussion is to recognize and respect differences rather than to devalue them. This means identifying causes of harm without stigmatizing or romanticizing perceived cultural differences. Focusing on structural violence and structural competency can shift the discussion away from an essentializing use of

“culture,” which is something that “others” possess and that causes difficulties and creates barriers. For example, language barriers are a structural issue, caused by a lack of interpreters, rather than a cultural problem caused by immigrants. Help students to recognize the physical and psychological harm the Yangs experience in Minnesota due to poverty and that Bee’s workplace inflicts on him. Violence and harm are not only what immigrants experience in their home countries and communities but also produced by US economic and social structures.

Structural competency moves beyond the scope of *cultural* competency, from a focus on individual patients—individual beliefs and behaviors—and the confines of the clinic/clinical encounter to systemic causes of health inequalities. Metzl and Roberts (2014) tell us that structural competency is a way of addressing: “health care and food delivery systems, zoning laws, local politics, urban and rural infrastructures, structural racisms, or even the very definitions of illness and health” (674). They emphasize that it is simply not enough to restrict the focus to the individual patient: “Locating medical approaches to racial diversity solely in the bodies, backgrounds, or attitudes of patients and doctors...leaves practitioners unprepared to address the biological, socioeconomic, and racial impacts of upstream decisions on structural factors such as expanding health and wealth disparities” (674).

Structural violence and embodiment

Structural violence is the “avoidable impairment of fundamental human needs or...the impairment of human life,” which undermines people’s ability to meet their own needs (Farmer et al. 2006). Structural inequalities take their toll on bodies and minds and thus impact embodiment.

Introduction:

This should guide the instructor’s introduction to the session.

Interactions with migrants—whether they have UN refugee status, are claiming political asylum, or are migrating to another country for a better life—can involve identifying difference as *culture* or *cultural*, where culture signifies *other* and/or difficulty. Seeing difficulties in clinical encounters involving migrants as a “culture clash” will not help to resolve the difficulties, which may be due to systems problems, such as a lack of interpreters or a lack of educators who can work with migrants to orient them to clinical systems, and insufficient time. Identifying these structural problems as *cultural* can locate the problem in the person seeking healthcare, rather than the healthcare system.

This session is designed to develop skills in identifying structural issues and other relevant social information that will help healthcare providers to work more equitably and effectively with migrants. This approach includes the study of social, political, and historical forces that contribute to migration, as well as the social and cultural practices that impact identity and embodiment (mental and physical health and ability) and belonging. It is one possible pathway to deep understanding and even empathy. It is also a way to think more deeply about relationships among migrants—the different social and familial bonds that are

formed through displacement—through a focus on the way they tell stories as well as the stories they tell.

- **Let's begin by discussing some examples of these structural forces and social practices that have a powerful impact on identity and embodiment.**

FAMILY

- **Let's begin by exploring how understandings of family shape immigrants' experiences and identities and how migration shapes the experience of family (and thus identity).**
- **What is family like in Yang's and Nguyen's writing?**

Family is fundamental to identity. Family is extended and socially constructed in Yang's account of Laos. Family is fragmented and estranged by displacement.

Bee Yang's identity is bound up with family: "on his gravestone he wants it known that his wife and children are his life's work." (1) Bee's extended family live in one house. (34) Bee's cousin Shong's father dies. His mother remarries and takes her daughter to live with her new husband's clan but leaves her son Shong with the Yang clan. (62) This chapter (Brothers and Sisters) also reveals the way that deaths lead people to remarry and adopt orphaned children and how orphaned children will raise their siblings. (63) Shong plays a balancing role between older and younger brothers and is empathic with Bee and Hue, helping to mend the fence they accidentally destroyed. (70-71)

Nguyen's family is separated from his sister for decades. (12)

In the poem that introduces "Cry of Machines," which takes place in the Ban Vinai Refugee Camp in Thailand, the narrator (Bee) says "the refugee is an orphan." (111)

- **How does immigration impact family (and thus identity)?**

In *The Song Poet*, how does Bee characterize his role as a father changing through the process of displacement—in the camp and then in the United States?

In Bin Vinai, the powerful Thai drug dealers who threaten him with knives and guns force him to act in ways in direct conflict with the moral framework he has held himself to and taught to his daughters. It causes him profound fear and shame.

In the United States, his menial physical labor in factories so demeans him that he feels similarly reduced: "As I was in Thailand before the men with guns, I am in America before the men in suits." (119)

Displacement undermines Bee's ability to act as the kind of father he believes that he should be. It is a critical undermining of his identity.

- **Talk about the family structure when the Yangs resettle in the United States.**

In the US, Bee's daughters take on a kind of parenting role and responsibilities due to the skills they acquire in language and cultural literacy.

While Bee's forced participation in crime in the camp in Thailand diminishes his self-respect and distances him from his family, his role in the family changes dramatically in the United States. His daughters are fluent in English and thus take on the important role of advocate for the family. When Bee becomes sick from inhaling carbide particles at work and is not able to persuade the supervisor to improve the conditions, his physician tells him that his daughters should write a letter to the company asking them to make the change. Kalia does the research and writes the letter. The company responds immediately by making the requested change. (126-127)

Kalia and Dawb help to raise their siblings. As she puts it in the title of another essay, "In a Family, We Raise Each Other."

- **How do displacement and family influence migrant identity? You might discuss how people who are not displaced might experience something similar due to poverty, segregation, racism, etc.**

WAR, CRIME AND DISPLACEMENT

- **What role does military presence and conflict play in immigrant identity represented in Yang's writing?**

Account of work in fields includes Americans and Hmong soldiers demanding food. (35)
They come to conscript village boys to join their ranks. (35)

Bombing displaced their farming from hillside to lowland (36-37)

French soldiers collect taxes from Hmong villages. (66)

Communist soldiers come to round up men in Bee's village so he fled with his family when he was 16. (204)

- **What is life like in the refugee camp in Thailand?**
- **What are conditions like in the camp?**

"Endless waiting" and "turmoil," the struggle to survive: "carrying water from the well, scavenging for dry twigs to supplement small fires, taking care of your children and your wife as best you knew how on the crowded bit of dried earth" assigned to refugees. (112)

- **How does violence and crime figure in Yang’s narrative?**

“Thai men with guns” selling illegal drugs. (114) They force Bee to participate by threatening him with violence; “They could cut me up in front of my children.” (115) They killed Hmong men and boys for “indiscriminate transgressions.” (116)

- **What are Bee’s choices? Do you agree with his decision? How does that impact his identity? Give examples.**

His only alternative to participating in crime is to be seriously hurt or killed. He is ashamed. “I have tried hard to forget.” (114)

“I knew that what I did was the work of staying alive but I could not control its power to take from me my ease in the world, my belief in a man and his choices—the place in my heart where innocence hid.” (117)

- **Describe the impact this situation had on Chue and the girls.**

Chue is terrified and withdrawn. The girls “felt the cloud of loneliness around their mother’s form but they did not dare reach for her.” (116) They are stiff with fear and withdrawn from him. These are symptoms of trauma.

- **Discuss crime and violence in Nguyen’s essay.**

Nguyen describes several incidents involving violence and crime when his family has resettled in the US—his parents being shot, being held at gunpoint in their home, two police being shot in front of his parents’ store.

- **How does crime factor into the refugee or immigrant experience? What role does immigration have in this crime and violence, if any?**

Hate and bias contribute to violence, whether literal or structural. Nguyen also describes a sign that says “ANOTHER AMERICAN DRIVEN OUT OF BUSINESS BY THE VIETNAMESE.” (14)

Moving from close reading to broader questions about violence, immigration, and identity.

- **Discuss the trauma of displacement itself. Is it a kind of violence? Do you remember what Nguyen says about displaced persons being unwanted?**

Nguyen says that “These displaced persons are mostly unwanted where they fled from; unwanted where they are, in refugee camps; and unwanted where they want to go. They have fled under arduous conditions; they have lost friends, family members, homes, and countries; they are detained in refugee camps in often subhuman conditions, with no clear end to the stay and no definitive exit; they are often threatened with deportation to the countries of origin; and they will likely be unremembered.” (17)

- **To be resettled in the US, Nguyen and his family members were split up and sent to different sponsors. Was that an example of structural violence? If so, what was the cause?**

This is an example of the ways in which policies can disable, can literally cause harm, physical and mental as well as emotional harm, in this case through trauma.

- **Nguyen describes how his parents and other Vietnamese refugees were forced to sell their property to make way for gentrification. (14) Is this structural violence? Is this part of the refugee experience?**

While many may see these financial inequalities as rungs on the ladder that all immigrants have equal opportunity to climb up toward the middle class, we must make sure that they understand that not all groups are given equal opportunities. The ability and willingness to assimilate into whiteness is fundamental to upward mobility. Examples can be the way that historical redlining/housing discrimination practices marked neighborhoods where Italian and Jewish immigrants lived as either yellow or red, while African-American neighborhood were redlined and barred from home investment subsidies and opportunities. However Italians and Jews, once categorized as non-white, have since come to be recognized as white, through their ability to assimilate.

Summary questions

- **How do war, crime, and displacement impact migrant identity?**
- **Are these cultural or social/structural forces? How can better understanding war and crime in terms of other structural forces (geopolitical and economic forces) help us to avoid stereotyping and stigmatizing migrants and migrant identity?**

The goal of this open discussion is to encourage participants to reflect on biases and judgments that adhere to different forms of violence. Discussions of internal conflict within Laos or in the camp in Thailand can be othered through discussions of “culture.” Focusing on structural forces (e.g., geopolitical forces involved in colonization and war in Southeast Asia) and gaining skills in structural competency can help participants to be more conscious of how values are assigned and biases can play out.

HEALTH, ILLNESS, HEALING

- **Talk about illness, medicine, and healing in Yang’s writing.**

Bee Yang’s mother has “coughing fits.” (32-33)

Bee Yang’s mother gathers herbal remedies from the “wilds” outside the village. (32-33)

Bee becomes dangerously ill with malaria and his mother cries for his ancestors and spirits to return him to her, promises a “spirit-calling ceremony.” (38) His mother treats him with medicinal herbs, roots, and bark. (39)

Bee’s mother uses herbs and shamans to become pregnant. (63)

Bee’s father is a shaman. His tools include a steel gong, ring of copper coins, a bull’s horn, and other “trinkets.” (64)

After Bee’s father dies, his mother supports her family as a “medicine woman.” (66)

Summary question

- **What can we learn from this data that is relevant to understanding migrant identity? How can we recognize and respect these social, cultural, and familial practices of healing without romanticizing or stigmatizing them as some distinct, objectified, foreign “culture.”**

WORK, INJURY, AND DISABILITY

- **How are work, injury, and disability entwined in *The Song Poet*?**

The women embroidering in the refugee camp whose “backs have been bent permanently for the beauty and the bounty of a story told in cloth.” When they get up after a long day of sewing, “we heard the cracking of weary backs.” The mothers must lean on their children so they can “blink away the blur in their gazes, gain stability with their help.” (113)

Chue’s hands and shoulders are severely injured from her work in a bank. She can no longer prepare the complex cuisine of her family and community. (123)

Bee develops an illness caused by breathing in carbide particles. The supervisor refuses to make the environment safe for Bee and other workers. The physician is passive and says that it is “beyond the reach of medicine.” Even covering his cough with his hands embarrasses Bee because his hands are marked and cracked by labor. (124-125)

- **In the same way that we examined crime and violence, let’s examine injury and illness related to work: What role does immigration play in work-related illness and disability?**

Structural and social factors shape bodies. Migrants (and other marginalized groups) are more susceptible to work-related illness and injury because they have less power in their social situations and are more vulnerable to abuse. Because of a lack of policies and practices that will protect workers, particularly those who are more vulnerable because they are not as familiar with and fluent in the language and laws, Bee and Chue are disabled and made sick by their work conditions.

NARRATIVE, VOICE, AND IDENTITY

- **Let's pull back and discuss the role of narrative structure and "voice" to unpack how stories factor into migrant identity. In *The Song Poet*, who tells the stories and for whom?**
- **How do you respond to Kao Kalia Yang's choice to tell her father Bee Yang's story in the first person? Is it appropriation or enabling his voice? How would it be different if she told it through the third person?**
- **If Yang is telling her father's, her grandmother's, and her clan's story, is she telling a true story? Is this memoir or fiction or something else?**

This is fundamental to immigration and identity, the question of collective experiences, collective traumas, intergenerational and historical traumas and the truth of one's own experience, independent of corroboration.

Kalia tells her father's stories, which include his telling the stories of others in his family and community. That's his role as a "song poet." Yang's story is collective: It is her family's story, and it is the story of refugees. It's not only *her* voice. It is told in an oral tradition, stories that are passed down and shared and collectively told and retold.

- **How does Nguyen describe his role representing his family's and other refugees' stories?**

Nguyen says that, "as a writer and a father of a son who is...the same age I was when I became a refugee, I have to remember, or sometimes imagine, not just what happened, but what was felt. I have to imagine what it was that I experienced." (13)

- **If Nguyen is imagining what happened to him, is he telling a true story?**
- **Who is the audience for Yang's and Nguyen's writing? What role do these texts play in defining or redefining refugees and immigrants? Are these assimilation narratives? Why or why not?**

Both refugee/immigrant and non-refugee/immigrant readers are the audience. There is a clear rejection of the demand for assimilation and other forced enactments of a "melting pot" narrative. However there is also clearly a need to provide counterstories to the master narrative that determines refugees as "less than human." (Nguyen 11)

- **Can we really gain empathy from reading or writing? Do you remember what Nguyen says about this?**

Nguyen: "A writer needs to know what it feels like to be an other...[to] conjure up the lives of others, and only through such acts of memory, imagination, and empathy can we grow our capacity to feel for others." (17)

- **Can someone who is not a refugee feel empathy for someone who is?**

Nguyen argues that most writers are out of place in some way—“emotionally or psychically or socially displaced to one degree or another” (17) and may be a “lonely social misfit.” (18) People have experiences of being an other that can build into empathy—with great caution and accountability and humility.

IMMIGRATION AND IDENTITY

- **Nguyen begins his essay by saying “I was once a refugee, although no one would mistake me for being a refugee now. Because of this, I insist on being called a refugee, since the temptation to pretend that I am not a refugee is strong” (11). What makes a person a refugee?**

Nguyen is demonstrating how refugee identity is socially constructed, associated with the degree to which someone has assimilated to the new culture. Through assimilation, a person may no longer appear to be a refugee, and since that identity is stigmatized, has to make an ethical choice regarding identification. Assimilation means that migrants must always actively engage with a stigmatized identity.

- **What does Nguyen think about “former refugees” who assimilate? Does he blame them? Do you agree with his judgment?**

“There are some former refugees who are comfortable in their invisibility, in the safety of their new citizenship, who look at today’s hypervisible refugees and say, ‘No more.’ These former refugees think they were the good refugees, the special refugees, when in all likelihood they were simply the lucky ones, the refugees whose fates aligned with the politics of the host country.” (16)

- **Nguyen says that when those who are not refugees ignore or forget refugees cause them to “turn into a menace” (15). He says that when we “deliberately ignore or forget others....we are surely aware that we are inflicting violence” (15). How is this violence?**

Discuss the way that those who wish to avoid being targeted or excluded can do so by targeting and excluding others. Discuss how refusing to know or recognize harms can be an active form of injury and violence.

4) Wrap up Comments

5 min.

- **How have your thoughts about immigration and identity evolved and changed through this discussion?**
- **How might this impact healthcare practice and education?**

10-15 min break

B. Pedagogical Discussion: Medical Student Classroom **Second part of workshop**

75-80 min.

Faculty given 10-15 min to review the teaching guide

1. Pedagogical setting(s)

Q: There is very little time allotted for non-clinical instruction in the healthcare curriculum. If you had only an hour or two to discuss immigration with students and were told that the assigned narrative was too long, what would you leave out?

2. Learning Objectives for medical students

Q: Would they be the same? How would we revise?/any needed revisions for med school teaching?

- Learn to identify important data/information related to social practices, sources of trauma, and other structural factors that impact identity and embodiment through narrative skills, such as close reading.
- Recognize the impact of war, violence, and trauma on refugees' identities and embodiment.
- Identify structural forms of oppression (structural violence), such as the impact of a lack of language access, poverty, and dangerous and oppressive working conditions on immigrants' identities and embodiment.
- Recognize, value, and immigrants' social practices and better understand their roles; avoid reducing difference to an essentialized notion of culture.
- Explore the identity of immigrants through their narratives; consider the role of voice and representation when one immigrant speaks on behalf of others (due to language access, oral traditions and collective identity, or other motives).

3. Refining the HHP, Revising Choices: pedagogical considerations

Q: How do we refine the HHP for medical school teaching? What are the major issues/concerns we should consider? What ideas does the faculty have?

Q: What can a memoir—or an excerpt of one—teach us that a medical anthropological article cannot?

Q: Is it necessary to have a narrative or critical article that represents difference and diversity within a region/culture/nation in order to better unpack stereotypes?

Q: Are there any other readings that faculty can think of that could improve the HHP for exploring immigration, illness and identity?

Q: Are there other issues within this larger social theme that were left out or need to be explored for medical students?

4. HHP Social Issues, Discussions Questions: would these change from faculty questions above to different ones for med students?

5. Suggested Class Activities

- a. Assign individual questions to breakout pairs or groups of three's to enable peer interactions. Encourage them to base their claims and observations in evidence from the readings. Have them report their findings and analyses to the large group.
- b. Have students consider stereotypes of “good immigrants” and “bad immigrants” and what contributes to them. (Nguyen discusses this on pp. 15-16.) Compare to ideas of “good patients” and bad or “difficult patients.
- c. Engage students in close readings of the text.

Example:

From the paragraph that begins “The Thai men stood with their booted feet planed wide apart” to the paragraph that begins “I felt as if a bomb had just exploded and I was at its center.” (115)

- **How does the description of the girls playing contrast with the men with guns? What is the effect of the**

detailed descriptions of sensory experience, such as the sunset, the girls' feet on the dust, the pebbles under his feet?

- d. Assign students to each contribute a relevant research article to build into a deeper analysis of the social and historical forces at work in the Portrait using the Sub-themes or topics of analysis.
- Family
 - War and Crime
 - Place and Displacement
 - Health, Illness, and Healing
 - Work, Injury, and Disability
 - Narrative, Voice, and Identity

6. Wrap up Comments about pedagogy:

The HHP works as a framework for to reveal the social and historical practices that create inequalities, so that they can be understood at the broader societal level and addressed within healthcare. It helps participants to see and analyze the health issues of immigrants as shaped by social structures at the scale of policy and system levels. Through close reading of a narrative, informed by critical and theoretical texts, participants can immerse themselves in the sensations and textures of everyday life and in the process of collecting important data/information. Thus the learn to avoid stereotypes and also ways to unpack the ways that social forces can work through what seems like a “behavioral” or personal realm. This critical close reading help us to learn about and advocate for those who are identified as immigrants, without stigmatizing and stereotyping them and without increasing our own authority at their expense through false advocacy or empathy. Those who have power and privilege must leverage it to follow the lead of those most affected.

C. Recommended Readings/Additional Resources:

Farmer Paul E, Nizeye B, Stulac S, Keshavjee S. 2006. “Structural Violence and Clinical Medicine.” *PLoS Med* 3(10): e449.

Metzl, J. M. and D. E. Roberts. 2014. “Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge.” *Virtual Mentor* 16(9): 674-690.

Wear, D, and J Aultman. 2005. “The Limits of Narrative: Medical Student Resistance to Confronting Inequality and Oppression in Literature and Beyond.” *Medical Education* 39(10): 1056–1065.

Kumagai, AK and ML Lyson. 2009. “Beyond Cultural Competence: Critical

Consciousness, Social Justice, and Multicultural Education." *Academic Medicine* 84(6): 782-87.

Garden, Rebecca. 2015. "Who Speaks for Whom? Health Humanities and Ethics of Representation." *Medical Humanities* 77-80.

Charon, R, JT Banks, JE Connelly, AH Hawkins, KM Hunter, AH Jones, Montello M, and S Poirier. 1995. "Literature and Medicine: Contributions to Clinical Practice." *Annals of Internal Medicine* 122 (8): 599-606.