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Lessons in Cultural Humility: Walking in their Shoes

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I was out of breath when I finally caught up to Alma, the Guatemalan nurse. She had reached the top long before me, looking out at the rolling hills and bright sky. “Lista?(ready?)” she questioned. “Lista” I confirmed. I followed her to a tiny one-roomed house made from wooden planks and sheet metal. There were several children running around and one child, about ten years old, sitting in a chair. Alma greeted the mother in chuj (the local Mayan language) and we gathered by the boy in the chair. As they talked, I looked down at his shin, which was grossly angled with a bony lump protruding underneath the skin. Alma told me the story before we arrived- the boy had fallen at school a few months ago and likely broke his leg. Since he could not walk the miles of steep hills to school, he hadn’t been back since. The nearest hospital to the rural mountain town called Calhuitz was an 8-hour drive away on uneven muddy roads. The boy’s father was working on a farm in another province. When he heard of the

injury, his father did not have enough money to send home for transport or treatment, and both his father and mother feared he might die if he goes to the hospital. What they really wanted was for the boy to see their local bone healer, and they were saving up their money for this purpose. With Alma’s direction and my dismay, we left the mother and boy with 10 quetzals for the bone healer and went on our way for the next home visit.

At 15-years-old, on a high-school educational summer program, this was the first time I began to understand the meaning of barriers to health. I left the boy’s home feeling so frustrated that this 10-year-old boy would be crippled and unable to attend school. I thought of my brother, a white American child, who broke his arm and got it re-set and casted that very day- his life trajectory completely un-impeded by his injury. Why would they not accept our help to bring them to a hospital? But when I spoke with Alma about my confusion, she taught me the most important lesson from my time in Guatemala- “You have to try to understand their perspective, not think just from your own. Imagine you are walking in their shoes.”

She went on to explain to me the importance of natural healers in Mayan culture for both physical and spiritual healing of illness and injury, and the community trust of this local bone healer in Calhuitz. How we must accept natural medicine alongside Western medicine to treat our patients fully. She also explained to me the unfamiliarity of Westernized medical hospitals, which, while I was used to, most people here had never been to. In Calhuitz, people only made their way there if they were extremely sick or injured, and often never returned, creating a fear that that is where you go to die. In addition to all of this, it was up to them to make the choice based on their values, not us on ours.

My experiences in Guatemala as a young adult shaped my perspective on the world and inspired me to pursue medicine. I completed a degree in Anthropology in college alongside my pre-med studies, delving deeper into the terms like structural violence and bioethics, broadening my understanding of social determinants of health, racial injustice, sex and gender, and cultural practices around the world through fascinating ethnographies and impassioned course discussions. One of my favorite courses was on migrant dairy farm workers in the United States. In addition to learning of their commonly inhumane working

conditions and low wages, we were also connected to a dairy farm in our area with more humane working conditions.

Eager to practice my Spanish, I paired with workers who were interested in learning English and gave ESL lessons to several workers on the farm. Without driver's licenses, cars, the ability to communicate in English, and many with legitimate fears of deportation due to their undocumented status, the workers were very isolated working at the farms, despite the good intentions of these farm owners.

In medical school at Dartmouth, I was able to reconnect with this community through Project Salud, Geisel's student group that runs mobile clinics for migrant dairy farm workers. While in the midst of providing vaccinations, we learned that one of the workers was diagnosed with a sarcoma and had to undergo surgery right away. As members of the group, we took turns visiting him during his hospital stay. He was only 18, awkward and shy, and could only communicate to the nurse using a translator. He stared at the TV blankly, but couldn't understand any of the channels. He was barely eating his meals, despite his nurse's plea that it would help with his healing. "Que comes en casa?" I asked. On our next visit, I brought in a container of cooked yellow rice. He smiled and I asked him about his home, "Lista?" he asked, "Lista" I said.

And as he ate, he described the rolling hills, corn stalks, his small village and his family whom he loves so dearly.

In my experiences on my path to medicine, it has become very clear to me that cultural humility is essential to provide equitable care to diverse patient populations, and that culture goes hand in hand with health. I know now the importance of trying to understand how to walk in another's shoes, but I also know that I will never truly experience those shoes and I will never be fully "lista," but learning and growing along the way. It is my aim to make deep patient connections and provide care with respect and curiosity of what makes a patient who they are as a whole person, culture and all. Only then can we approach health equity in an inequitable world.

Biography



India Burdon Dasbach is a medical student at the Geisel School of Medicine at Dartmouth. She is originally from New York City and she attended Dartmouth college for undergrad. She is passionate about global health equity, improving health disparities, and caring for vulnerable populations. In her spare time, she enjoys hiking, skiing, traveling, and spending time with family and friends.