



UPDATE: March 2015

EIGHTH EDITION

*This is the eighth edition of the EthnoMed newsletter. [Click here](#) to view previous editions.*

**A message from Medical Director, J. Carey Jackson, MD,  
MA, MPH:**

## **Profiling Populations and Health Disparities**

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"So," I asked, "is this kind of stuff still going on now, with Gordon?"

"Hell yes! Except they know who is and who is not willing to take care of a patient like Gordon. I am willing. Mary is willing. And quite a few others. But I don't think they should take advantage of us for that reason. It's convenient for them.

Because if they bitch and moan and if they don't take care of the patient right, then I feel like I have to step in. I can't let that happen."

Vergheese, Abraham. *My Own Country: A Doctor's Story*. Vintage, 1995.

Through this exchange with a nurse, Abraham Vergheese recalls attitudes in the 1980s among medical staff engaged in the care of the first HIV patients in rural Tennessee. His remarkable memoir of his years as an Infectious Disease specialist during the early days of HIV recaptures the palpable possibility that contamination with HIV was a death sentence faced by many in operating rooms and on medical wards, a belief held by some among medical professionals and civic leaders. In repeated vignettes Vergesse describes how these attitudes affected the resources and care gay men received.

In those days the U.S. was even more homophobic, especially rural America, and the fear of HIV and judgments about homosexuality were conflated in places like Mountain Home, Tennessee. I was a medical student and resident in those days and I remember conversations overheard in surgeons' lounges and between specialists in hallways. The fear of the disease spilled over into profiling a community. The victims were vilified as vectors of contagion. Instead of being mobilized to fight the disease, some physicians castigated the gay community and avoided HIV patients, contributing instead to a great harm done to men already ravaged by illness and suffering. It is hard to believe sick men and women were treated this way, especially now that lesbian, gay, bisexual, and transgendered individuals are championing their right to be a respected part of the American fabric, and now that HIV is a treatable chronic disease.

In hindsight this human tendency to shun the sick who scare us is not a trait we extol as a people. We like to think the cowardice of those days is far behind us. Certainly, those among us who have taken oaths to care for the sick and to "do no harm" do not proudly identify with those "**who wouldn't**," indeed we distance ourselves. We like to think we are more sophisticated now, more enlightened, and the 80's were relatively dark ages given all we have learned since. Yet the recent Ebola epidemic in West Africa, and the relocation of thousands of migrant children fleeing violence in Central America and Mexico have rekindled this temptation to vilify victims and to smear entire communities with a fear of contagion. Instead of employing what we have learned

about infection control, screening, and prevention there are still those that would step away from evidence and compassion, away from targeted testing, treatment, and informed quarantine and step toward blanket sanctions and sweeping judgments about groups of people unfamiliar to them. Sadly, there are political leaders and health care professionals among us who conflate fear of a virus with an ethnic group or nation and then employ scare tactics to mobilize others through fear and prejudice to isolate and abhor.

Should we see these days captured in novels or on film in the years to come, those leaders may shift uncomfortably as they recognize how fear mongering, prejudice and profiling eclipsed - as Lincoln would say - "our better angels" of public health science and compassion, how fear overran the head and the heart.

Recently a group of medical professionals coalesced to take a firm stand against profiling and fear mongering and to write policy that would make it a violation of professional ethics to whip up unfounded fear, especially of homeless migrant children. Several efforts have moved forward to introduce into professional associations referenda that would affirm our professional ethics to marry science and compassion in service to the most vulnerable and injured. Because immigrant groups are historically those vilified and feared as sources of disease there are [links to this effort highlighted in EthnoMed](#). I invite you to review these efforts, follow the links, and join the effort to hold leadership, both medical and civic accountable for engendering fear instead of employing science and compassion.



Carey

## OF INTEREST ON ETHNOMED

### Caring for Survivors of Torture - Selected Resources

[Obtaining Survivor Histories - New Video Clips and Clinical Pearls](#)

- Witnessing the Torture of Others: An Example of Mass Torture in Cambodia under Pol Pot
- Catastrophic Illness Triggers
- The Experience of Reactivation

These videos are part of a series of short clips giving examples of issues to be aware of when obtaining a patient history. The clips are from interviews with patients of Dr. Carey Jackson (used with permission) demonstrating aspects of torture histories commonly encountered among torture survivors.



[Sequelae of Torture: Traumatic Brain Injury - Video](#)

40 minute video presentation by Dr. Carey Jackson about working with torture survivors. Topics include mechanisms of traumatic brain injury, symptoms of TBI, and how to assess and treat.

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### Female Genital Cutting

[Ritual Female Genital Cutting: Promoting Cultural Versatility and Safety in Medical Practice](#)

New materials have been added to EthnoMed originally presented or referenced at an event organized by Seattle University Students for Sexual and Reproductive Justice on December 5, 2014. Materials include a video of the presentation given by speakers Drs. Elinor Graham, Anisa Ibrahim and Anab Abdullahi, presentation slides, intake form used to document patient history and exam, and links to related journal articles.

[READ MORE>>](#)

## How Foods Affect Blood Sugar: A Guide for Vietnamese Patients with Diabetes

This bilingual presentation is intended to be used by clinicians during discussion with patients about carbohydrates and blood glucose. It is culturally tailored to reflect foods commonly consumed by Vietnamese Americans and includes photos of foods, meal comparisons, and portion sizes. Authored by Elizabeth Aong, MPH, RD. PDF presentation with Table of Contents (108 slides). A narrated video slideshow version of this presentation is coming soon.



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### CALENDAR ITEM OF INTEREST

## Abiy Tsom (Lent) 2015 (Ethiopian Orthodox) Feb 16, 2015 - April 12, 2015

The Ethiopian Orthodox Great Holy Lent Fast lasts 55 days, culminating on Easter day, April 12th. Consider Medical Implications of Fasting for Some Patients

## Somali Maternity Services Childbirth Education Workshop - English/Somali

Childbirth education workshop classes for Somali women, located in Seatac, WA. 2015 Dates: February 17, March 18, April 21.

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### ABOUT ETHNOMED

EthnoMed was founded in 1994 and is a joint program of the University of Washington Health Sciences Library and Harborview Medical Center in Seattle, Washington. EthnoMed grew out of another hospital program, [Community House Calls](#), which was successfully bridging cultural and language barriers during medical visits, through interpretation, cultural mediation and advocacy with immigrant patients, families and communities. The website was created to reflect and support that experience. In recent years, our content has expanded to reflect many new communities that have settled in the Seattle area.

EthnoMed aims to address disparities in care through enhancing understanding between the medical culture and the culture of the patient. The program is grounded in relationships established with local ethnic communities and the providers who care for them. Our contributors come from a wide range of disciplines and experiences and include nurses, physicians, nutritionists, psychologists, academic faculty, medical interpreters, librarians, community members, and students. Health care providers and community members review content for clinical accuracy and cultural relevance.

We invite you to share your knowledge and educational materials with the EthnoMed audience. Consider being a content contributor, collaborator or reviewer. [Contact Us](#).

*We hope that every newsletter edition will lead you to something helpful to your work. Please help us spread the word by forwarding this newsletter to a colleague or two, using the button below. Thank you!*



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