In 1994, more than a generation ago, at the beginning of the internet, my colleagues and I started EthnoMed.org. This was a time when cultural differences were far more exaggerated between rural refugees arriving from camps in Thailand or Sudan and industrialized American medicine. This gap has narrowed over the years. The beauty of these differences was true cultural diversity, fascinating ways in which human beings who shared their lives together evolved markedly different ways of inhabiting the world. Vietnamese fisherman, Lao horticulturalists, Somali pastoralists, Congolese merchants, Cambodian monks each inhabited very different worlds. Their worlds were fascinating. Distinct ways of life evolved within ecological niches that demanded human ingenuity and out of it came a shared physical reality, physical culture, supporting values, emergent social organization, and metaphorical language that connected them to shared places and healing activities while separating them from each other and us. To be sure, there were also shared misuses of power and violence and marginalization of subgroups, hence the many wars that drove them out.
EthnoMed.org was developed to record and understand these cultural differences where they impact clinical practice. We saw how miscommunication is driven by culture assumptions, and so wanted clinicians from a technological culture to communicate meaningfully with unfamiliar cultures, and see where unshared values may unintentionally disrespect an unfamiliar way of life, and actually do harm.

As global culture emerges, as the physical environment heats up and erodes, alternative ways of healing also evaporate, digital reality connects people and at the same time, with other technologies, favors sight and undervalues other sense and shared bodily spaces and connections. Medicine is about the body, yet is also technical and potentially digital, and so sits at the cross-roads of curing, a technical bodily act, and healing, a community act.

Without doubt, the worlds’ cultures have evolved since we began this web site. It is now time for me to go and pass the torch to the next generation. I have practiced medicine among the refugees, immigrants, and asylum seekers arriving in Seattle over the past 32 year. It has been a remarkably rewarding experience. I have learned so much about the human spirit as I watched in awe as my patients from Asia, Latin America, the Middle East, and Africa bore with great dignity the immense losses that drove them here. This work has been my joy.

Duncan Reid, MD, MSc is next in line to assume the role of Medical Director of EthnoMed.org and work with the current team to evolve the website and sustain it as long as culture remains relevant in clinical relationships. My gratitude to those of you who used these pages, and found EthnoMed.org helpful in your clinical relationships.

Best,
Carey

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