

Medicine, Healing, and Mourning
Cultural Negotiations of Immigrants Under the Western Bio-Medical Gaze

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Abstract

The human body is deeply rooted as being a complex entity. “A soul must always find its way back into the rightful body,” (Lama, personal communication, December 17th, 2018). For many western doctors, this may mean nothing; however, for those who believe in the natural world, this is their entire existence. This study outlines concepts of the way our bodies, especially an immigrant’s body, is negotiated as they enter into the western bio-medical gaze. It analyses how bodies are conceptualized through modernity when dealing with medicine, healing, and dying. The research explores the ramification of health by changes in location as people leave their homeland and are forced to a new lifestyle. There is a clash between allopathic and homeopathic medicine, leaving a gap for those who do not see the efficacy of the other. By highlighting their perceptions on allopathic versus homeopathic medical practices among the Himalayan immigrants in NYC, in addition to analyzing interviews and participant ethnography, we will uncover the cultural apparatus of life, death, and liminality in a time of healing found in cultural rituals.

Autoethnography

I was raised in a traditional Nepalese Buddhist family as a second-generation immigrant in East Elmhurst, Queens. In our family, I was the only person getting sick frequently as a child because of my gastritis. I remember frequent visits to the emergency room, Tibetan healers, and *ongs* (teachings by Rinpoche) for blessings. As a child, I despised a local mum (Tamang shaman), who wrapped sheep wool around my stomach. The sheep wool relieved the pain but left a strong odor of animal fur for weeks. My peers in elementary school in Queens would distance themselves whereas, in Nepal, this practice is common. I wanted space from these health practices as a child. It was not until I attended high school that I found myself searching for more answers to the cultural and spiritual ways of homeopathic remedies. I witnessed the beneficial results on my grandparents which they had taken since they were born. I want to explore this practice and analyze how Himalayan immigrants engage with Eastern and Western medical practices.

For some reason, I had never brought this conversation up to my Nepalese friends or family because I almost forgot about it. This was something that affected my childhood and the way I viewed my culture, but with age, I found an urge to learn more. Looking back at it now, I believe my greatest disinterest in Tibetan health practices was through the fear of people not wanting to

engage with me in school. It was embarrassing to smell like sheep and have everyone single out a nine-year-old Nepalese-American. I do not know what it must be like for other Nepalese second-generation or first-generation teens in New York City who have families either embedding or distancing themselves from this lifestyle, but it is something I wish to understand. I do believe this matter has a lot to do with who we are surrounded around because I did not attend school with any Nepali students. It was a culture shock for non-Nepalese students, and during that time, there were not many people of my descent in NYC.

The demographics of Jackson Heights has completely changed since I was nine. There has been an influx of people of Nepalese descent immigrating into New York City since then. I remember walking past Indian, Chinese and Korean, and maybe one Nepalese restaurant, but now there are at least two Nepalese restaurants on every other block. This includes restaurants, grocery stores, travel agents, money transfers, momo (dumpling) carts and their own form of a post office. We have a community of over 10,000 people in NYC alone, and most reside in Jackson Heights. On March 9th, 2019, the intersection at 75th Street and 31st Avenue was co-named, “Mount Everest Way” to recognize the community’s influence. I have also been seeing a Tibetan medical practitioner for the past two years on and off because of my stomach problems. I use Ayurvedic medicine, but when I share this information to some of my Nepali aunties who have lived in the States for years, this conversation becomes taboo. It is interesting to see how people have had a shift in their faith in holistic medication since immigrating here and the younger generation are finding more interest in this practice and vice versa.

I am the first female in my family to attend college. Coming to Purchase College as a freshman and living away from home was challenging. I missed everything about home: the food, smell, my sister, and the comfort of my friends and family. I came to Purchase undeclared so I

took a few intro courses to see what sparked my attention. I took Professor Matthew Immergut's Introduction to Sociology my first semester here. His green crocs may have been what sold me, but it was the freedom of what I could do with this discipline that really spoke to me. I finally started understanding why I put up barriers between myself and my culture. In class, we spoke of gender roles, social norms, values, structure, and some basic Marxian theory which made me question my own role as an Asian American. I wanted to learn more. When it came time to register for classes, I saw Professor Silver's "Border Wars and Human Rights", and I knew I had to take it. Through that course, Intro to Anthropology, and Education Across Cultures, I explored the vigorous and personal effect these two disciplines leave on the individual.

During my sophomore year, I declared my second major as anthropology. A factor in this choice was not knowing what anthropology was, and then finding a deep appreciation for the style of writing, how individualized cultures are, and the social contexts behind it that I felt sociology lacked because it is very broad. I studied abroad the following semester in India for Public Health through School for International Training. The classes I took at Purchase and the professors I encountered emphasized the importance of being on the field and gaining the international experience which I also always aspired to partake in. In academia, we are taught how people live or behave through theories; however, being on the field displays the realities of the environment people live in and genuine human interactions with each other.

During my time abroad, I was able to work with nonprofit organizations throughout India that dealt with health interventions. I found a richer understanding of the sociocultural, ecological, economic and political circumstances that people globally endure that influence their access to and utilization of health and education services. I met Dr. Anjali Capila, my mentor and a professor from Lady Irwin College in New Delhi, during her presentation on the traditional health practices

of Kumaoni women and their expression of womanhood through folk songs. She began her presentation with a song she recorded in the mountains of Kumaon and tears just started streaming down my face. All of a sudden, I remembered my mother singing the same song to me and all the stories she'd tell me about her single mother who raised three children on her own. At some point when I was getting older, I blocked out those stories, but Anjali ji's song reconnected me to my indigenous roots through my mother's side. I decided to conduct my independent study on women with pelvic inflammatory diseases in the Kumaoni mountains. She, along with my academic director Dr. Azim Khan, got me in contact with a nonprofit Aarohi whose mission is to empower mountain families by creating self-sustaining communities.

My training in anthropology and sociology taught me how to navigate through intimate spaces, formulate questions, and taught me how to engage professionally with health professionals and members of different villages I visited. Studying abroad was the first time I realized what it meant to be an independent woman and how vital it is to challenge yourself for inner confidence and growth. My time at Aarohi has taught me to step out of my boundaries and to find peace in working with others as a collective. I learned it was okay to be confused and overwhelmed, especially being away from home. The most useful takeaway from my experience was to never be afraid of asking questions.

At first, coming back to Purchase for junior year, after being away for seven months from a regular classroom setting, was a challenge. Relationships had changed, I was alone, and I just wanted to go back to India. I had forgotten what it was like being in a traditional classroom, but through Theory, Public Health, and Fieldwork Methods I was able to explore ethnographic studies on my own time. Professor David Kim's fieldwork class allowed me to navigate a form of research through ethnography with texts from Paul Stoller and Kathleen Stewart. He instructed his students

to regularly visit field sites and to work on creative writing pieces. I did my research study on how traditional Nepali wedding ceremonies differ within ethnic groups in New York City and how they are perceived. I use theories from Professor Karlberg's class, which are important because they provide the framework to understand real life, as I found them to be beneficial to my academic performance and daily life. Public Health with Professor Moore enhanced my interest in wanting to pursue a career in Public Health. My journey to this research began in her class when I began formulating questions on Nepalese immigrants and their access to health. It transcended into the cultural negotiations that immigrants in NYC face, specifically within the Himalayan community, under the western bio-medical gaze.

This project shifted towards a deeper understanding of the motions of healing and feeling hopeful by alternative medicine setting up for mourning relating to death. My grandfather passed away over winter break followed by my great-aunt the next month. My family had to prepare for his death. Some were waiting for a miracle, as he was hooked onto life support, but it became a cultural ritual for mourning which is incorporated by alternative modes of healing. The skills I have acquired have been a pillar of my success at Purchase College. Navigating my way into adulthood was more difficult than I anticipated but, the friends and professors I met here encouraged me to dig deeper. They encouraged me to explore the cultural apparatus of life, death, and liminality in a time of healing found in cultural rituals. Throughout my academic career here at Purchase, I have seen the greatest growth within myself, the relationships I have made, and in my academics.

In this paper, I aim to explore how cultural practices of Himalayan immigrants are being negotiated under the western bio-medical gaze. The literature review is based on chief findings found during research needed to support the argument that immigrants are forced to negotiate their

own principles in a foreign country. This review launches into three subtopics to explore the various factors of the topic. First, I discuss the agency people have over their bodies as transnational beings migrating between spaces using Michel Foucault's theory of biopower. The second topic articulates an immigrant's journey in a foreign place and their difficulty finding a sense of belonging. The third topic analyzes the compliance immigrants are forced to play under the western bio-medical gaze. I then display methods I use to conduct this research and its finding and analysis. Lastly, the conclusion encompasses the core impressions of this research and provides what was accomplished with a sense of closure of the topic.

Literature Review

Agency over our bodies

White coat, scrubs, name tag, stethoscope, and a prescription pad. They, who have agency over our bodies. We thank them for the influx of poison they infuse in our bodies. Our bodies! We have been put under a microscope since before our consummation by biopharmaceutical/medical companies who influence consumers to precautionary measures to secure their offspring's health. Bodies are frequently understood to reflect and capture feelings and even betray them (Sointu 2006: 207). Our body is always evolving, and outside forces from birth to the present time influence our physical, mental, and emotional behavior. If our body is a compilation of outside forces, how can one ever become fully healthy? Have you met someone who has never been sick in their life? Someone who has never felt pain? I have not. Sociologists call this the *social construction* of the body (Conrad & Barker 2010: 68). The cultures we live in do not produce bodies. Insofar, they do shape how we view them. The social structure places homeopathic practices at the bottom of the health sector because it goes against the norms of how a person

should take care of their body or worse without becoming a biomedical patient. Modernity has created a scale of validity on how we view different kinds of treatment over time.

In 1910, Abraham Flexner changed the health scheme by declaring homeopathy immoral, only allowing allopathy. This research took away the validity of naturopathy and traditional homeopathic practices and became the gateway to modern medicine. Allopathic medicine treats the disease using drugs by conventional means causing opposite effects to suppress symptoms. Homeopathic medicine embraces a holistic approach treating diseases with preventative medicine with small amounts of remedies. Since then, medicalization began with the growth of allopathic practices in the United States, creating new social forms of spaces for people to go for assistance. Medicalization can occur at three distinct levels: conceptual—the medical vocabulary used to explain, institutional—the organizations adopting a medical approach to treating a problem where organization specializes, and interactional—doctor and patient interaction. However, with modernity, capitalistic ideals grew after people began practicing social control gaining authority over others (Conrad 1992: 210).

Foucault's theory of biopower reveals that the control of bodies is one-way humans are controlled by social institutions. One of the highest being in medicine. He writes, "power in this instance was essentially a right of seizure: of things, time, bodies, and ultimately life itself; it culminated in the privilege to seize hold of life in order to suppress it," (1978: 136). The development of capitalism has made it nearly impossible for people to resist with what authoritative figures. These institutions control our livelihood by putting restrictions to our actions through rules and regulations. Foucault sees a problem in this because he believes we must look at our institutions and be critical of them. In terms of the right to death over life in relation to modernity, Hirschkind in 'Cultures of Death' engages with Foucault on how culture-bound ideas

of death and life are reconfigured through modern biomedical practice, and not necessarily erased by them, etc (2008: 4). Foucault believes we need to pick up lessons from the past to improve how we live now.

Freund and McGuire in *The Social Determinants of Health and Health, Illness, and the Social Body* introduce how sociologists merge the conversation of health with social and cultural factors in their daily lives as the prime indicator of health. This includes their perceptions of health and healing. A woman's worth is different in every culture, but gender and poverty are the key social determinants of health worldwide. Our life constructs through these moments in which social factors have made a significant impact on our experience. The pain we suffered is not only a part of the moment but lived throughout our life course which can transform our mind and bodies. Our body is very complex carrying all these dimensions that make up a person, and it is continuously changing (Moore & Casper 2015). When I hear human anatomy, the first thing I think of is how body parts change as we age. Health is entwined with the social because it cannot be scientifically measured. Sointu writes health does not fit the biomedical discourse; hence it is in danger of being forgotten and ignored as an overwhelming possibility. 'Healthy body' is a term that the medical industrial complex creates for all ages by measuring weight, height, blood pressure, etc. scaring people in believing there is something wrong with them. Many immigrants and people without health insurance are forgotten. I had never thought about the social factors that cause health disparities through the environment we live in, the water we drink, the education we receive, our race, gender, or immigration status previous to attending high school.

My family was feeding into the system of inequality. There was much discrimination coming from my paternal side towards my maternal. There were cultural differences, and their ideologies clashed when discussing marital, health, or life matters. My maternal grandmother was

the same age as my paternal grandma, but her class status aged her about 20 years. These two women led such different lives in which one was forced to work since the age of seven to provide for her family, raise three children on her own, was an alcoholic, and relied on Tibetan medicine. She died a decade ago. The paternal grandmother was born into a prominent family who had workers tending to her since birth and married a soldier turned businessman. She is still alive and well. Her entire adult life consisted of western medicine which is currently harming her because of the toxicity of drugs she has infused in her body, making her reliant on the treatment. Though the same age, these women lived differently because of the social factors surrounding their lives. While reading *The Body* by Lisa-Jean Moore, I began to understand that human anatomy is not solely based on identifying body parts but observing these parts in a social and cultural context.

I would incorporate that by saying in many cases homeopathy is culture-bound. Homeopathy is the imitation of the symptoms of the illness by ingesting a substance, but because the substance does this, it is also seen as having curative properties—it is sympathetic and mimetic (Frazer 1996: 18). Its actual efficacy is another question—it does have a reasoning behind it. It is representative of a particular world view and cosmology are health and environment. Tibetan medicine *Sowa Rigpa*, in particular, is one of the world's oldest known traditional medicines refined with natural herbal remedies (Sarsina et. al., 2011: 386). Patients are treated as a whole person to support balance and health instead of being seen as diseased. There is a spiritual connection Tibetan doctors *emjayla*'s have with their patients. Allopathy is the opposite. Western institutionalized doctors consult with their patients for five to fifteen minutes and diagnose them along with prescribing the patient to multiple drugs, if not covered by insurance, that are paid out of pocket. Allopathic medicine produces effects opposite to the symptoms; it is effective but short term.

A magician, for example, acts as the conscious agent imitating magic by repeating the practice of their art as a routine. Throughout history, they have entertained their audience by performing staged tricks or illusions. They possess the power to trick people; they make them believe what they are doing is magic by projecting their thoughts and solidifying their practice as real magic which seems impossible by natural means. Frazer writes “homeopathic magic is to heal or prevent sickness,” (18). Mimesis allows for something mimicking a disease to be taken out of the body and cure a person. Colors, in association to magic, have curative properties for a diseased body. The sole purpose for someone with jaundice is to exile the color yellow into yellow creatures or things or by looking at a bird. This form of sympathetic magic allows for cultures around the globe to participate in healing methods. When I went trekking in Nepal one summer, there was an infant who was not growing and fell ill so the healers in the village put the infant inside the womb of a female yak to help her grow. I have only heard of its success and understand it is a common practice in the northern region but to many the yak is sacred, and the practice is seen as taboo.

Frazer then speaks of the dangers of magic and how “sympathetic magic is not merely composed of positive precepts... it tells you not merely what to do, but also what to leave undone,” (23). He argues sympathetic magics are associations made in error, but yet he is fascinated by it! There has to be taboos and limitations to magic because there must be a balance. These dangers derived from ritualized magic are very common. To the northern Himalayan community, inserting an infant inside a yak brings prosperity into the child; however, the yak is sacrificed and harmed for the sake of another being. Another example of contagious magic is through the use of Voodoo dolls to perform magical acts on the person it represents by taking teeth, saliva, sweat, nails, and hair. The separation of a piece from a person does not disrupt the contiguity which is why magic

acts over distance and time. These dolls are a great way to take evil energy out of someone by bringing healing, love, and joy, but at the same time it can be taken away.

People have been able to conceptualize magic through modernity which has made superstitions prominent in our everyday routines by knocking on wood, praying before a test, carrying a lucky charm, crystal, or fasting. There are many phenomena that take place that we cannot control, but these taboos of superstitions and our routines are very powerful. Elements of homeopathy/homeopathic medicine should be looked at with more seriousness in terms of their logic and application. This form of homeopathic magic is a way to understand our world and to hope for the unimaginable which carries truth and gives people a reason to believe in something.

Ethnic Enclaves: A Sense of Belonging

Most immigrants find themselves living amongst their own people. This is an ethnic enclave. Researchers Lim, Yi, De la Cruz and Trinh-Shevrin studied the ethnic enclaves and the health outcomes of those Asian American adults in these communities. This study found, “Nearly 31% of Asian American adults lived in ethnic enclaves... they were more likely to be of low socioeconomic status,” (2017: 5). In addition to low household income and education attainment, if one-third of the population is at risk of falling to low status, there is a correlation between status and health. Since this population is already working alongside their own ethnic group, there is little mobility to finding anything outside of it.

Previous research has shown that ethnic enclaves are good for the protection of undocumented immigrants (Lim et al., 2017) though this can sometimes restrict their community from ever receiving mobility in education and socioeconomic status. The difference is in medical practices which poses cultural sensitivity while seeking new doctors insofar as they will only seek their ethnic doctors. Without insurance or lack of knowledge about free clinics, this population is

left vulnerable to being neglected in the healthcare system which prompts them to homeopathic care. Anthony Giddens' theory of structuration explores the relationship between individuals and social forces that shape our social reality (Oversveen et al., 2017: 105). It is impossible to ignore the social structure that our community implements on us. Incoming immigrants cannot follow the American structure on their own because their immigration status hinders them from being exposed. As a result, they hold onto their traditions and customs while trying to assimilate into a new environment. Ethnic enclaves give immigrants a space for inclusion, but social forces keep them at the lowest level of civilization for protection.

The structure Giddens speaks of consists of rules and resources involving human action (2017: 107). This is crucial to understanding how these rules inhibit action and it is ultimately the resources that make it possible causing immigrants to negotiate their health rights. These rules that threaten undocumented immigrants in hope in their communities can protect them as it locks them that social reality. Social theory attempts to connect the human social behavior by rules creating a structure of people. This theory is important to this study because it acknowledges the meaning of interactions between different facets of society, which is crucial to understanding how it works. Oversveen et. al. discovered that health inequalities are passed down through a static and unidirectional view between socioeconomic and health (2017: 110). The social determinants of health are caused through gender and poverty. The use of sociological theory creates models linking social structures to health to understand the complexities in the system we affiliate with.

There has been little research done to distinguish South Asians regarding ethnicity according to the study done by Patel, Rajpanthak and Karasz on Bangladeshi immigrants in NYC (2012: 2). The purpose of this study was to address the gap by finding out how to guide health interventions in the community. There is a rise in Bangladeshis immigrating to New York yet,

there is very limited data on their health needs in the US. Though their research conducted on women with 90% participation rate, over half reported for poor or fair health (2012: 5). 36.5% were positive for depression and 60% never received a pap smear. 74% were also overweight (2012: 7). They compared their findings to the New York City Community Health Survey to find Bangladeshis had the highest rates of hypertension, hyperlipidemia, and diabetes (2012: 4). There is absolutely no physical health among them causing them to become overweight and *unhealthy*. We are seeing a clear problem that needs to be brought up and studied because when the numbers are presented, we have no other choice but to fix it. What is striking from this research was, “Nearly half of those responding reported incomes at or below the federal poverty level. More than 90% of the women reported limited English proficiency,” (2012: 6). Not only were these immigrants from one ethnic enclave but there was also a high percentage of women reporting to have a language barrier. The majority of the undocumented women did not seek medical care because of cultural and language barriers increasing the chances of being caught.

Language barriers tend to be one of the biggest factors into why people hesitate to seek medical attention. In a study done by the American Sociological Association, it was found that although Korean Americans are praised to be a “model minority,” their healthcare behaviors have found barriers to access the healthcare system in the U.S. (2016: 94). This study was done to find the bridge in research on Korean immigrants’ healthcare utilization and coping strategies using qualitative and quantitative studies to better understand how Koreans immigrants tend to their health. The interviews conducted revealed, “three types of language barriers in healthcare: (1) difficulty in understanding medical terminology in English, (2) difficulty in describing symptoms in English, and (3) difficulty in communicating with non-Korean doctors,” (2016: 95). They felt powerless with non-Korean doctors and suffered from racial discrimination. Only 10% speak

English very well (2016: 96). If one ethnic group is facing these problems, others must be facing the same. It is important to note even these Korean groups live in their ethnic enclave causing them to assimilate into the country they're residing in differently than those who go off of their own. They choose whether to learn English or not because they don't have outsiders in their communities (2016: 95) so they do not prioritize learning a new language.

There is a tension between culture bound forms of healing that people believe is more effective than others. María Lugones writes of failures of love, one being for her mother and the other being white/Anglo women's failure to love women across racial and cultural boundaries in the US. She was raised to perceive people arrogantly in Argentina and has also been a victim of it. However, after coming to the States, she saw racism and how women, mainly women of color, everywhere abused other women. Lugones's cross-cultural study introduces world travelling as a way to discover, "what is to be them and what it is to be ourselves in their eyes, (1987: 17)." People are separate from each other but by exchanging knowledge by willful loving, it allows others to see the realities of what they actually experience. Lugones's urges people to look into how we see with each other to understand and to use this to build relationships by travelling into someone else's world. In her case, she uses this to build a bond with her mother.

This way of travelling into worlds have been compulsory to women of color, but mainly for everyone. World loving is a crucial way of understanding an immigrant's journey. The arrogant perceptions people have about immigrants, but especially undocumented immigrants, disrupt the economy and bring crime into communities. It hinders them from achieving what they set out to pursue when emigrating here or practice their cultural traditions. The experience of outsiders in the mainstream white/Anglo organization of life in the US has made it difficult for undocumented immigrants to have mobility; they live in fear every single day of their life, especially during our

political state. We are separated from each other in communities and the nuclear families are the constant that are comfortable with making others afraid of them. Immigrants have to seek their own people for comfort because they better understand the process of assimilation of their culture, especially when sick. The culture bound forms of caring for the self can obstruct other kinds of treatment that are more effective presented by doctors. However, if the patient has lived their entire life following one practice, it is difficult to introduce a new belief.

Compliance to Western Bio Gaze

Sienna Radha Craig is a cultural anthropologist whose research focuses on contemporary Tibetan medicine, especially patient-healer relationships and the cultural meanings of the practice. She has spent her entire career contributing to anthropology by introducing the knowledge transmitted by Tibetan medicine practitioners. Her greatest concern was through “people’s movements across social and geographic spaces in search of wage labor... socioeconomic opportunities... and impacts on subjectivities and sense of well-being—not only of those who migrate but also of those who remain at home,” (2011: 193). There are heavy demands placed on our physical bodies through migration which are often hidden because of stigma sickness carries. Being ill as Craig discusses is believed to be placed by *karma* because those who are healthy have no reason to think about it but for those who aren’t, it is the only plausible reason.

This ethnography focused on the ethnic Mustangi community of NYC followed by traveling to the district of Mustang in Nepal to carry out her research. There she meets a paralyzed young girl, Dekyi, maybe 18 years old who is skeptical of the potency of Tibetan medicine (2011: 206). This came as a surprise to Craig because she had numerous records of the skepticism of biomedicine and sometimes Tibetan therapeutics but not from someone within the culture. Dekyi’s doubt derives from the failure from all those bitter medicine, protective amulets, rituals, and money

spent on the lamas who in her words, “get drunk”. To her, this is *karma* for her past life, how many people perceive as in Nepal. As per migration, her sister lives in Brooklyn and sends money regularly. She herself is married and has a child, yet, has to be set aside \$150 monthly for Dekyi’s physical therapy. Craig asks how can one be healthy if they are forced to all these responsibilities?

As migrants there are acts of health changes especially through sense of self, how people are forced out of their lifestyle, and the notions of autonomy are taken from them. In Dekyi’s defense, she wishes to live in America as she feels she would receive the best western treatment compared to the phonies in Nepal, but the cost is just too great. Both of their autonomies are taken from them as one is disabled and the other has to finance it. With the rising pressures of commodification, Craig brings up an important discussion of how the value of Tibetan medicine is threatened by nationally mediated global “best practices” regulations from marginalized rural clinics in highlands Nepal to shining high-tech urban institutes in western China. She believes generational shifts, climate change, land appropriation and commodification takes away healing resources for the non-elite patients of this region. Instead of thinking of a clinically testing measure of medicine’s “bioavailability,” as she calls it, we should consider a biophysical, political economic, and sociocultural process. She argues, there should be resourced spaces for Tibetan medical practitioners to succeed in their own terms (2011: 194).

There is a shift in the world as Western ideals leave their mark on communities and the younger generation feel compelled to take part in it because it is the popular culture. Abu-Lughod addresses the effects of generational gaps through the Bedouin women who use a form of resistance to defy their elders produced by social injustice. She best says it, “Women use secrets and silences to their advantage,” (1990: 43). There are forms of resistance especially for young women who wish to reject marriage, styles of clothing, and hidden lifestyle. These young women

choose to spend their money on luxurious commodities to show a sense of sexuality like wearing a sheer veil and buying lingerie to go against their elders.

Abu-Lughod states, “these new forms are part of a world in which kinship ties are attenuated while compassionate marriage, martial love based on choice, and romantic love are idealized, making central women’s attractiveness and individuality as enhanced,” (1990: 50). I think it’s really important to understand that even as we remain where we are, the spread of the new modern ideas will only continue with the click of a button. For these Bedouin women and others like Dekyi, I believe they act out because they feel constrained in a system where they aren’t allowed to have their own sense of self or agency, which is why they feel the need to fit into what’s *in* at the moment. Their autonomy continues to be challenged because the elders in both regions feel they know what’s best. She is getting us to escape social injustice by making sure people are getting their needs which is why they are clinging to them because it resists western ideas, what they mainly represent. The form and representational features of culturally articulated medicinal practices are loaded with meanings and contextualized in relation to globalization and imperialism, which in turn affects their usage and even efficacy

However, there are practices like the Bengali folk healing that remains untouched. Fabrizio Ferrari’s addresses health belief systems, illness, post-colonialism, healing, and folk medicine in Bangladesh. He ties in the past and present to the concepts of illness and health in the practice of Bengali healers. This practice is used to express individualism and the social imbalance as illnesses are perceived as an uneven development. This is a very important practice because it allows for people of all social backgrounds to participate in and western ideals haven’t touched this ancient custom. Or is that people embrace this because it has become resistant to colonial ideas and a particular insistence by the West to modernize in a particular way? When people have suffered so

much from colonialism, they fight back to regain the freedom to practice life larger than social forces.

The Hmong in *The Spirit Catches You and You Fall Down*, live a patriarchal lifestyle. During the birth of a child, if the baby is a girl the placenta was buried underneath her parents' bed. But if it is a boy it was buried under the base of the house's central wooden pillar with greater honor (Fadiman 1997: 5). The placenta in Hmong means, "jacket," known as the first and finest garment. The placental jacket allows for a Hmong soul to retrace their life to continue their journey after death. Without finding this jacket the soul is lost, naked and alone. 12,000 Hmong found refuge in Merced during the time this book was written (1997: 24). Many lives were lost and feared the long journey of their loved ones because of the strenuous path they were forced to take. Several mothers were stripped of their right to bury her child's placenta because doctors were taken aback by this request leaving many hopeless and fearing her child's safety believing their soul will be lost. The doctors cared for the life of the patient while parents cared for soul. The soul is what keeps them alive to the family which is something people often disregard.

In the book, the Hmong patients had no other choice but comply with their doctors because otherwise they would be viewed as unfit parents. In the Hmong culture, the spirit takes blame for the patient who has not healed. However, when doctors fail, it becomes the patients' fault. Hospitals take the autonomy of parents away as their child suddenly becomes someone else's responsibility. In Lia's case, she was forced into the foster care system. Merced was unaware of the Hmong people before 1980. No one could translate for them and couldn't give proper answers to essential questions during routine checkups, but the children of the refugees were forced by this social order to mature as early as ten years old. Their ignorance of this group of people and unwillingness to understand them only deteriorated their relationships with them. Some examples

of their disapproval to their culture were the sacrificing of animals in hospitals, drums playing during funerals, their clothes, the food they ate and how they smelled, and the Hmong women fertility rate of 9.5 children while white American was 1.9 (Fadiman 1997: 72). Medicalization is a tool relieving of pain, need, stability, and anything we cannot explain constructing a social rule just as it did for the women in *The Bleeding Edge* who wanted justice for being forced contraceptives that barred them from ever finding comfort to their body. People are denied the right to comply to their body the way they desire even when subsumed by western medicine, which dismissed local knowledges as superstition.

Lia Lee was a child of Hmong refugees from Laos. She was told she would live up to the age of four, but she fought to live for many years. The knowledge and wisdom of the Hmong resided through Lia till the day her spirit was freed. She brought together a community who viewed her people as nuisances by building relationships with them, sharing stories, ideas, and time allowing them to cross the cultural gap. Her story is applicable to other cultures who confront the same complexities passing through western medicine. Her illness never defined who she was. Lia was able to transform the lives of those around her through various moments in her life. Medically, she is a miracle, but because of her family's intervention, she lived. *The Spirit Catches You and You Fall Down* is a captivating book on how necessary it is for healthcare professionals to provide effective care for patients of other cultures. The Hmong were categorized as indifferent, unknowledgeable, and lacking in morality. The ironic thing is, they did the same for Americans. Faith, tradition, and belief have so much dominance, and it can sometimes take over the judgment of anything foreign to them. The Hmong are no different as their bodies hold power for them but, fall vulnerable to religious immortality placed by the medical institutions. Cultural practices are in

a way strategically utilized and positioned in new ways and become more energized, and not necessarily diminished under western biomedical discourses.

Methods

Study Design

For this study, I conducted seven semi-structured interviews based on a qualitative study into practitioner and user experience of varying Himalayan immigrants in order to explore how their negotiations are mandated and followed under the western bio-medical gaze. This research is focused on analyzing this community's journey to healing after death in a foreign nation. The study sought to highlight as people migrate, how do their bodies become transnational beings who have to endure shitty food, weather conditions, cultural changes and do they resist the bio western gaze? How do I as a researcher pass in between these two worlds?

Study Area and Setting

This study involved seven interviews with Himalayan immigrants (1 male *emjayla*; 3 female and 1 male practitioners; 1 male monk; and 1 female nonbeliever). I mainly conducted the study through participatory ethnographies in Jackson Heights, Queens at the *emjayla*'s clinic and the ICU of Elmhurst Hospital where I noted the interactions *emjayla* had with his patients, sensory details, and personal connections between the two subjects. As for the ICU, I observed and analyzed how the dying body is mourned by his family. In addition, I analyze how the family interacts with the doctors. I incorporate methods used by Craig in *Healing Methods* through observing patient-healer relationships to understand the intimacy of this personal practice. Questions I asked pertain to the participants age, gender, socioeconomic status, immigration status, and their preferred health choice. Questions I aimed to research are: (1) How has their migration into this country shifted their cultural understanding of their primary practices? (2) What are the factors that influence their actions? (3) Have they ever left as if they are cheating in their acts of

individuals while they resist to one form of practice? Other questions I would like to explore through semi-structured interviews are: (4) How can we address people's perception of 'healing'? (5) How can we tackle on the biomedical system to comprehend the traditional form of medicine for patients who refrain from doctors' orders?

Data Collection

Our world has gone through a series of events in which we have gathered information about it, yet there are still many unanswered questions. For Tim Ingold, knowledge is essential. However, he believes there needs to be a balance between finding wisdom while looking for expertise through imagination and experience for anthropologists which I would like to incorporate in my writing. He discusses how our study involves everything and everyone and how our greatest freedom is being able to choose the field to study in and the people to observe. He also states that we often lose ourselves while conducting fieldwork in *Anthropology: Why It Matters*. The research we conduct would be impossible without the wisdom of our "informants." They may not be educated or literate, but they ultimately hold the most power because as anthropologists we study with them.

Ingold also sees a problem in ethnography because it is used as a tool for collecting data to depict others' lives. Hence, he proposes ethnographers to instead join in to find ways to live for these individuals. Ethnography is the story of the people and their voices, not of the ethnographers. The thing that resonated with me was when he stated how we should allow ourselves to be educated by the people we study. People in academia automatically have authority over those who don't, and you think you know a lot before going into the field but in actuality, don't. I wish to learn and emerge myself into the ethnography as a member of the community.

While collecting the data, I felt it was essential to establish rapport with my interviewees. I wanted to create a comfortable space for them. Thus, interviews were conducted in areas they were familiar in and in the language the participants found comfort speaking in. Four out of the six interviews were conducted in Nepali, which was later translated into English; two out of six were in English, and one was translated from Tibetan to English. All interviews were recorded onto my iPhone. Translation and transcribing were challenging because some words got lost in translation. There were some phrases I found difficulty explaining when I asked, “what is your perception of health,” during one interview which I did not add onto my data. I had to explain what I meant by health at least four times before the interviewee understood what I was asking. During moments like this, I was patient because I knew if I showed my frustration, the person would become uncomfortable. I mentioned Tim Ingold’s study in this section because it displays ways to react and work alongside the people we study. I knew it was not the interviewee's fault for misunderstanding the question but rather mine for not explaining it well. As a researcher, it is my responsibility to design and execute forms of truth-telling and use the voices of the participants observed and interviewed to establish rapport and to genuinely interpret from the data collected.

Finding & Analysis

Jackson Heights

Jackson Heights, home to South East Asians.

There isn't a train missing this stop during rush or quiet hours. We couldn't find a shortage of cars, yellow and green taxis, Q33, Q32, Q47, Q49, and Q53 honking their way through Roosevelt Avenue and the people just don't seem to care if cars are zooming their way. It's like I'm back in the New Delhi traffic that doesn't move for hours in the dry heat. Mothers are pushing their baby strollers as one or two children are tugging onto the handle and pulling their mama's dupatta from sarees or salwar kameez. Aunties and grandmas are carrying grocery from either New

York Mart or Patel Brothers as they pace back and forth talking at full volume on the phone of 74th Street Roosevelt Avenue. The men always seem to clump together in the bootleg Times Square they took five years to build. This is Jackson Heights.

Most immigrants who come to a new nation first find themselves prepared to live amongst their own people. This is our ethnic enclave. People rely on one another here whether it is for work, guidance, stability, social functions, or health. Everyone is heard and included here. They find security living amongst their own. However, it often hinders them from trusting and assimilating with outsiders. The Nepalese community has proliferated in the past few years allowing for more services provided by their own people. They only trust their own.

Emjayla

When I approached the *emjayla* my mom visits in Jackson Heights about this project, he seems a little skeptical about his appearance. He is a credible healer who has studied his craft under a Rinponche while he was a monk in Dharamsala. Nonetheless, I could be the reason he might stop practicing because he is doing a radical thing in America possibly without a medical license. So yes, he would be skeptical. However, he is not cutting into anyone but rather connecting with patients spiritually to understand their body. It creates a fear of surveillance for him because I would monitor his practices, patients and their interactions especially with the way he works around western people compared to Tibetans. I noticed he approached western practitioners more patiently and gave them the most attention from a visit a few weeks ago. He saw me writing notes and noticed he was uncomfortable. I have been visiting his clinic for two years on and off, but this was our first awkward interaction. I decided to put down my pen and journal and just watch. As a researcher, I found that I have a lot of power even if I think I don't. The people I chose to interview and involve in this research slowly became distant from me.

Jason Pine introduced *Alive in the Writing* by Kirin Narayan, in “Currents of Anthropological Literature”. It is a guide for writers to focus on all areas of what writing is. By using prompts, she allows writers to visit spaces and challenge our abilities especially as we might feel stagnant. These helped me tailor my senior project into how I wanted to develop and present it. One of the prompts is:

Choose a person you consider central to your work and take Auster’s swift sketch as a model to start describing her or him:

Sitting laid back on his chair with little movement but concentration on brown circular tablets he’s placing in clear baggies. He pulls the tablet closer to his face squinting his eyes and pressing his lips rolling the tablet in between the tips of his fingers of his right hand. Seconds later he grabs another with his left hand from a clear glass container and he continues this cycle. He joins his fingers making the tablets parallel and adjusting its size.

December 1st, 2019

The door opens with a ring of soft bells. Emjayla looks up within a second and smiles at the door. It is a middle-aged man named Mingmar with a little girl probably around 7. They both walked towards each other with their arms raising for a hug. Mingmar complained of a back pain he has had for 3 days. He had minimized lifting heavy items and going to the gym. His daughter even applied Moov onto his back, but nothing seemed to be working. Emjayla signaled him onto the flat examining bed in the next room. With Mingmar’s permission, I was allowed into his examination, and his daughter sat beside me. Emjayla lightly pressed his lower abdominal, Mingmar’s face tensed up and yelled out a low moan.

Emjayla: “How is your digestion? What have you been eating?”

Mingmar: “I haven’t pooped in two days, but I’ve been eating regularly. Rice, daal, beef, eggs, you know things we always eat.”

Emjayla: “How many times are you eating in a day and what time?”

Mingmar: “I go to work around 6 am at Dean and Deluca so I don’t really have time to eat but when I got there, I had a bagel around 8 am then I ate the leftovers from the night before around 1 pm. It got really busy yesterday, so I didn’t finish my lunch but ate again around 4 and left for home at 8. My niece made some food and I just ate that while watching tv and went to bed around midnight.”

This is his daily routine. However, this is the routine of immigrants who cannot find a 9-5 job. According to emjayla, his back pain came from indigestion and stress from not eating precisely on time. He did an acupuncture and Mingmar was given circular brown tablets in a Ziploc baggie to help with his indigestion. During the time of Mingmar’s consultation which took about 45 minutes, two more patients walked in and waited for emjayla’s assistance. As Mingmar was putting on his jacket to leave, I asked him why he did not just go to an emergency room or clinic. His response was:

I try going to the doctor, but the wait is always so long. I usually visit the Bengali doctor and I like him, but he just looks at me for 5 minutes, gets my \$20 co-pay and tells me what is wrong, and I go pick up my prescription. I don’t feel good after taking it. I waste my entire day and money just for 5 minutes with a doctor who got his commission on ‘treating’ me. I feel more secure here.

Priya

Meet Priya. A Nepalese immigrant pursuing higher education in pharmacy at St. Johns University. She works at the pharmacy on 74th and Broadway. Her family practices shamanism but no longer wishes to carry any ties to the practice.

It’s unethical! People should have faith but to waste your whole life on something that cannot be proven is pointless. We need to provide a healthier lifestyle for people because the continuation of this nonsense will only leave them penniless and dead.

Scams she calls it. Scams. For a person to be raised in a nation that connects our nature and spirits as one, what made her resist her heritage? “Change,” she said, “I needed change because it

couldn't save my mother." *Silence.* I looked down waiting for her to say another word. I could have switched the topic or even ended it there, but I just waited.

A 14-year-old girl put all her faith into natural magic hoping it would bring her mother back, yet nothing happened. She was told if she was a good girl and carried out all her duties, everything would be okay yet nothing. After six months of trying to get her back and continuously failing, she gave up. She needed change. So, I decided I want to bring change to this community, our people by bringing a new form of practice that actually works. It's not that I don't care, I lost faith.

She aspires to open her own pharmacy here on 74th Street Roosevelt Avenue, Jackson Heights.

Tshering

How does what we put in our bodies shape us? We are in our bodies 24/7 for the rest of our lives and its care is our responsibility, especially for women who carry another life in them. I went back into the emjayla. A patient with pure olive skin walked in alone with her hair slicked back in a low bun with no makeup and wore a beautiful misty green shawl with lotus embroidery. I assumed she was maybe 37 or 40 but she is 52 years young. I was stunned. I asked her how she kept up with looking this young and her response was balance.

She has never smoked, drinks on occasion but only wine, starts her day with lukewarm water adding either cucumbers or lemon and eats every few hours. She is a mother of 2 working as a yoga instructor married to a chiropractor and has practiced homeopathy since she was 18. Since then, she spent a lot of her 20's travelling and finding ways to enrich her body without the usage of biomedicine unless necessary. What does that mean?

The choice I made decades ago was something I never regret but it took years for this change to occur and even now I sometimes have to seek the attention of western doctors because of a fracture, broken arm or something that needs immediate attention. There is no right or wrong way, but we have to think clearly of what we choose to put in our bodies because it changes everything.

She's right. Whatever we put into our body becomes our responsibilities because of the side effects it carries. Nothing is risk free and once we carry a routine of it, we let ourselves rely on it.

She chose to create a lifestyle avoiding a majority of biomedicine exclusively by deriving of a healthy balance of fish, meat, proteins, herbs, plants and anything natural. Her body is rich because of the delicate care she puts into it. As women, we have to work 10 times harder for a healthy body. A woman's body is constantly moving at a fast pace leaving no other option to care for their own body and another life growing inside of them. There was this feeling of urgency to getting to know her that I felt while we talked that I still can't rub off. She is a 52-year-old Nepalese immigrant who has found her path into a natural lifestyle and continues following it. She is daily reminded of how much her body means to her and how it can change within a second. Her reasoning for this isn't because she wants to look good but to feel able.

Bajai Grandfather

One of the most controversial practices in life is when it comes to death. Death is a universal experience, and different cultures and religions explore it in various ways (Godd & Klass, 1997: 377). There is this common western misconception that Tibetans do not fear death because they believe in reincarnation. Yes, Tibetan Buddhists believe in suffering and everyone is impermanent and destined to die but they seek the protection of the Buddha from Yama—ferocious God of death by praying and providing offerings.

December 13th, 2018

My grandfather had a stroke after his pacemaker failed and was then hospitalized two days before his grandson's wedding. His pacemaker was supposed to be changed around October, but the doctors said it was okay for him to keep it in for a few months longer. Under the advisement of his doctor they waited but his body could not handle the 25-hour flight from Nepal to NYC. His

body began to give up on him. After undergoing surgery, he was placed on a ventilator because he was unable to breathe on his own. We prayed a lot. We hoped for a miracle to occur and we knew he was gone but saying it out loud was too painful especially for his wife. He was at the state of existing on two planes. He was not medically dead, but his soul needed preparation to leave this life behind and move onto the next.

December 17th, 2018

I held his hand as he laid unconsciously hooked onto every possible machine there was. His hands were warm and felt a slight pulse. His face looked all pale and sad, and it hurt to see him like that. My aunt walked into his room and began massaging his legs and talked to him about her day. I backed up wanting to give her space to be with him, but I could see her denying reality. I did feel a little uncomfortable because I did not know how to console her. Moments later, my uncle comes in with a venerable Tibetan monk *lama* residing in NYC to perform a ritual to guide his soul back into his body. For this ritual to work, there needed to be complete quiet and those who are in the room need to open their minds not disrupting the soul.

The Lama took out his rectangular book of Tibetan practices wrapped in red cloth out of his bag and a card which is a *totem*—talisman to guide him back into his body. The lama placed the totem on his forehead, whispered in his ears and sat down. I had an awful urge to take a picture of it, so I did. Right after I clicked it, I felt as if I jeopardized the ritual. I hated myself for that because I knew if any adult in my family were to hear of it, I would be blamed. The ritual itself can take up to hours depending on how far the soul has wandered off and cannot be disturbed. He began reading from his book.

There were five visitors in the room, the lama, and Bajai. I sat watching the lama read for the first fifteen minutes and could not bear to be in there any longer. As I got up, Bajai's monitor

began beeping. The Lama remained un-flinched and continued reading because he could not stop. A nurse walked in calmly towards his monitor; she punched in I believe two bottoms then the red blinking turned to a stable green color disabling the beeping. She noticed that there were too many people in the room and asked three people to leave the room. She disturbed the ritual. We both did. She had no idea what she had done, and my aunt was furious. As we walked out, my aunt yelled at her continuously asking, “do you know what you did?” The nurse was speechless. She was never notified of the event taking place. My uncle had mentioned it to another nurse on call from that room who went to the bathroom but not this one. When he brought up the lama from the lobby, he was first denied because there were too many visitors with the patient. However, the hospital he was admitted in, Elmhurst Hospital is in a predominantly Southeast Asian neighborhood; hence he was allowed upstairs with another guest pass. The receptionist was willing to negotiate with the patient’s family because she understood the cultural needs of the patient and complied with them.

December 23rd, 2018

At noon on that beautiful Sunday afternoon, Bajai was pronounced dead. What constitutes life and death or a healthy or dead body? His body felt dead to me even though it was warm and alive but then again, I have never touched a dead body. He was a foreigner in this country without health insurance. Thankfully, his children were about to find a solution to adding him onto their insurance. Still, the more cultural dead becomes, the more expensive it is. He has seven children all living in NYC and the amount of days they had to leave work was expensive. They held prayers at Sherpa Kyidug, a monastery on 75th and 41st Avenue until his funeral. At the entrance of the monastery, someone usually a female has to offer butter or sweet tea to everyone who enters. The prayers lasted all day insofar; food was catered daily for the well-wishers and monks. People who

come in to pray for his soul brought offerings such as fruits, snacks, incense and candles to help the diseased leave the body (Goss & Klass, 1997: 381).

Preparing for Actual Death

Culture takes you to many places, and we have to be respectful of it. However, we see the intersection of medicine and the diaspora it creates for minorities. Western medicine has to expand in terms of treating people and bodies which can be culturally specific. It is something more complex. People understand that there are tensions but negotiate it. We are already moving into spaces of medical death tuning people for preparation of death after being trapped in a western mindset. How do the motions of healing become hopeful for alternative medicine setting up for mourning?

In Tibetan culture, the journey of the deceased begins with *bardo thodol*. It is the stage of being in between worlds. It begins with (a) between birth and death, (b) the meditational state, (c) the dream stage, (d) the moment of dying, (e) the interim between death and rebirth, and (f) the process of rebirth (Goss & Klass, 1997: 380). When the lama placed the totem onto Bajai's forehead, it was continuing the *bardo thodol* to prepare him for the moment of dying. The 49 days of mourning after the final moment of death is crucial of their journey for rebirth. This is also the time for the family to let go of the deceased properly. A lama guides the soul to pass between the stages of death and rebirth in many liminal conditions (Lama, interview). According to Thurman (1994) and S. Rinpoche (1992), an untrained person had greater difficulty overcoming egocentric tendencies and perceiving the true nature of the mind even when given the *bardo* instructions after death (1997: 381).

For all those lives lost during the Tibetan genocide and various stages throughout history, their souls were never correctly freed. They remain lost and wandering because their death was not properly mourned. Families of the deceased have a huge role in encouraging the deceased to

leave their body. When loved ones hold onto their past lives or have unfinished business with the deceased, it generates discomfort with negative emotions leading them to a less favorable rebirth, (1997: 383).

December 31st, 2018

Before Bajai's cremation, the lama performed the *powa* which is the transference of consciousness ritual. Offerings of barley and butter are placed on the head of the corpse. This is done to break the attachment of the body from the deceased. It is said that the consciousness of a dead person is seven times clearer than one of a living person. They can then only be liberated into the next life (1997: 383). The deceased is offered with fire offering with butter, oil, grains, and sugar during his cremation. His body was cremated in Fresh Meadows, Queens. It is not cheap either; it cost \$3,400. I, unfortunately, was not allowed to go to the funeral or ever see his body after his passing because people born under my zodiac sign would cause pain to both the deceased and themselves. It is said that each person carries their karma and depending on the zodiac sign, seeing the body of a dead person can bring misfortune in the years to come for the individual (T. Sonam, personal communication, February 2nd, 2019). Tibetans recognize death all around us. I have been to too many funerals in one lifetime, and we are taught that tears disrupt the dead in their migration towards rebirth. Letting go of the deceased can only be done by working together and channeling that grief into energy to assist the dead in the *bardo* experience (1997: 387). To know that the deceased will be reborn, does not remove the pain of the loss.

Discussion

Through speaking with people who have lost loved ones and learning through my own experience of understanding how the Himalayan community mourn death starts by accepting the reality of grief (1997: 387). If you know a loved one is dying, cry together, express your love and say your goodbyes and resolve issues you may have had before the actual moment of death. Death

is inevitable but the way people react can defer under the means of how much closure they have received before the passing. That is important. My Bajai passed away surrounded by everyone he loves, however, he died in a foreign country where he has no memories. He died on a hospital bed instead of the comfort of his home in Nepal, a place he has lived and built a foundation in for 77 years of his life.

Throughout analyzing my data, patients who seek Tibetan medical practices feel as if they are involved with the process of being treated and practicing with instead of being practiced on. There are more complex and intertwined network of relationships between kin, objects, culture/material culture, and medicinal knowledges that create healing affects. How do we take ideas and cultural modes of conceptualization when it is about the connection to self? Biopower plays into the experience of a person who seeks to secure and improve their way of living after being denied this right for so long. In western medicine, one person is interacting with the institution by being passed down from one medical professional to another and given tests and being treated in a sterile building. Patients have to explain why they have come in to see the doctor at least twice before finally seeing one, which on average last 13-24 minutes (Ahmad et. al, 2017: 14). Two participants mentioned how in Nepal and India, some doctors only see patients for about two minutes and diagnose them with someone uncommon to what they came in to see. Doctors also have an influx of patients seeing them in a day hindering them from the time and efficacy of their consultation. Many issues people come in to discuss are also seasonal making it easier to diagnose the patient; however, too many, this is seen as negligence. Healing affects are not merely a relationship between doctor and patient, but the discovery of symptoms and direct application of medicine to combat that symptom. Homeopathic natural medicine is an exchange of affects that connects you to others in the community because you are practicing medicine together instead of

it being practiced on. It is a more complex set of associations and connections that produce powerful and healing affects. These specific modes of healing cannot simply be dismissed as superstition, or what not, etc.

When I first started this project, I knew I wanted to focus on a topic relating to some form of Public Health because I wanted to use it for graduate school. As I moved towards the middle of finishing it, it shifted gear, and I did not know how to approach it since I was unaware if I was even allowed to do so. However, the ethnography and data collection helped me heal in many ways. There were a few times that I felt utterly defeated because of how painful and personal the topic became. As someone who identifies with both worlds of medicine and faced tremendous loss in such a short time frame, this was very overwhelming. The main themes I notice are based on values, traditions, and practices, which preface the way we celebrate life and death. All of these set up for precisely that. Goss and Klass's piece on Tibetan Buddhism became a bible for me to process who I am as an individual. I was able to revisit the faith I had once lost. For a very long time, I feared the end, and I still do. However, I now understand that any form of loss is used to gain strength and that is when we find our enlightenment. I grew alongside the project, insofar it helped transform me to recognize both practices are equally important. We can use both pieces of knowledge to improve our communities by working together to create spaces for people to practice and succeed in their own terms freely.

Conclusion

Our culture allows us to seek different forms of healing and understand how the world works. It took me a very long time to understand this and, in many ways, I still am. As a member of an indigenous family born in the United States, it is essential for me to study this because I experience clashing cultures and find myself frequently passing between two worlds. The medical

industrial complex neglects many immigrants because they do not know of their health rights or how to take back their autonomy over their bodies. Social institutions have manipulated people by setting up rules and commodifying their practices making it nearly impossible for immigrants to seek help.

Immigrants are forced to comply with the social forces already in place to fit into a foreign place. They negotiate their own culture by assimilating into a lifestyle they are unfamiliar with. The western biomedical gaze questions a person's contact, culture, and colonial logic confronting indigeneity which hurts their sense of belonging. My generation is moving forward to fighting the foundation these social institutions have created. People recognize that we are surrounded by social injustice; hence we are fighting back to resist the effects of western ideas in our communities. We have to understand the complex negotiations between simplistic barbarisms. As our current generation is pushing to regain what is rightfully theirs, I believe in the next five years we will see a growth of the wisdom indigenous people carry regarding health. Local knowledge never become fully erased. This does not take away from vaccines or essential drugs needed to build their immune system but instead find a way to incorporate both practices into their daily lives without having to negotiate their faith. There will be immigration strains from Trump's administration; however, I believe the people will preserve the wisdom that comes with their culture.

We have many movements today about human and health rights, but somehow people's ability to access healthcare is still taken away by the force of social institutions. At least people have a choice of going wherever they need to even when they cannot because they have the choice to not participate in forms of autonomy, or even resistance. Emjayla understands all people have different experiences and forms of healing, but the most critical thing he urges people to see is that we need to accept whatever decision we make and learn from it to share to others. To him, there

is no right or wrong answer when it comes to faith but rather a clear opening to understand one another, which Maria Lugonius defines as a way to discard arrogance and find love for others by travelling into their world.

Further Research

I plan on using this research as a springboard to studying cultural heterogeneity during my time at the Peace Corps this September. I will be entering a nation as a westerner and apply my multicultural competency knowledge and skills I gained from this research involving people from diverse backgrounds to conduct a more extensive study with this demographic. It would be interesting to uncover the effects the western world has on this geographic region but also, the negotiations I may face as an outsider.

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