

Issues of Health Care Mistrust in East Harlem

LORNA G. CANLAS, R.N., B.S.N.

Abstract

Barriers to the delivery of health care services to the Latino community are described and analyzed. Fear of deportation, unfamiliarity with modern medicine, inability to speak English and reliance upon traditional curing practices all contribute to the harmful underutilization of medical services which we see in the Latino community. Health care providers who serve that community need to overcome these obstacles by expanding their cultural awareness and increasing the effectiveness of their communication. **Key Words:** Latino, Hispanic, health care, East Harlem, folk medicine.

I WILL BEGIN THIS PORTION of our conversation by speaking to today's multicultural reality which impacts on both the delivery and the reception of health care in the United States. My remarks are grounded in my experience as a community health nurse in East Harlem. They are intended to shed some light on certain conflicts that take place between health care providers and recipients of health care. These conflicts arise out of a climate of distrust and fear. I will begin my remarks by speaking about this general aura of fear and misunderstanding; I will then briefly discuss the role of folk medicine in the community I serve. It is my belief, born out of practice, that respect for the traditions of people from a culture other than the dominant one does a great deal to eliminate mutual distrust and fear, and to foster respect and trust.

As a community health nurse working in East Harlem, I have found that much of the Latino community we serve regards American health care with a great deal of suspicion. Chief among the reasons for this distrust is the fear of deportation among the undocumented. Language barriers and cultural differences can also lead to misunderstandings of the American health care system.

The Hispanic community, which is the fastest growing ethnic group in the United States, consists of people from diverse cultures and ethnic groups. The Latino/Hispanic population in this

country is comprised of hard-working individuals who have come here to improve their quality of life. Whether they emigrated, migrated or were born in this country, Hispanics in the United States have retained much of their own culture while trying to understand and adopt many aspects of the American way of life.

The Latino population in East Harlem continues to grow and is currently the largest population that the Little Sisters of the Assumption Family Health Services (LSAFHS) serves. In 1995, 60% of our patients were Latinos; in 1996, that group increased to 65%; and during the last six months of 1997, Latinos comprised 70% of our active caseload (data gathered by LSAFHS). In addition to the number of Hispanics estimated by the U.S. census, there are also significant numbers of undocumented people who have need of health care services but do not seek them. The Latino community is often reluctant to utilize the American health care system. This reluctance is due to lack of income, insurance and legal status, and to cultural beliefs. It is also due to the manner in which the health care system presents itself to this community.

Fear and Misunderstanding

Undocumented Latinos face the constant fear of being investigated by authorities. Although this threat may be unfounded, the fear is certainly a reality. Health care workers are often viewed as extensions of government agencies; thus the fear of deportation and perceived threats to personal security and well-being are very real. There is a great reluctance on the part of undocumented persons

From Little Sisters of the Assumption Family Health Service, Inc., 417 East 119th Street, New York, NY 10035.

Address correspondence to Lorna G. Canlas, R.N., B.S.N., Little Sisters of the Assumption Family Health Services, 417 East 119th Street, New York, NY 10035.

within the Latino community to seek health care because they fear investigation and exposure of their illegal status. Since the role of the health care provider is to look after a person's well-being, this level of fear and distrust is often misunderstood by providers. We know that this fear and distrust, in relation to health care, is a misguided fear. It is our responsibility to convey truth to clients, in an effort to enhance the trusting relationship.

An example of this is the case of a young woman who received third degree burns on her right forearm while attempting to dispose of hot oil from a pan. Friends instructed her not to go to the hospital, warning that she would be discovered by authorities and deported. Instead this woman sought the care of a curandera, a folk healer, in the neighborhood. She allowed the curandera to perform the painful task of scraping the charred layers of skin and applying a salve to the area. I saw this same woman two weeks after the incident. She had continued to refuse medical care to her forearm in spite of numerous attempts to alleviate her fear of deportation.

The feeling of being misunderstood and disconnected starts, but does not end, with the language barrier. With the influx of newly arrived Latinos to the various parts of the United States, the number of Latino people who have difficulty speaking and understanding English has increased. Some who have lived in the country for a long time are not highly proficient in the English language (1).

I have discussed their missed medical appointments with numerous clients. When I asked them why they missed their appointments, their response was typically—the language barrier. “I don't understand the doctor and he/she does not understand me.” Although many of the hospitals and clinics in this community have Spanish-speaking personnel on staff, they are often reluctant to speak their native language in a clinical setting, and these hospitals and clinics often do not think to make use of the special skills of their bilingual staff members. Since it is virtually impossible for a health care provider to establish an adequate therapeutic relationship with a client who speaks little or no English, trust cannot be established. The frustrating noncompliance we frequently encounter is our own doing.

Folk Medicine vs. American Medicine

In most villages and rural areas of Mexico and Latin American countries, the primary sources of medical care are practitioners of folk medicine and midwives. Since this has been the norm in their countries of origin, newly arrived Hispanics usu-

ally favor this type of health care over American medicine. Due to the experience and knowledge that the Latino community has brought with it from various countries, I find that there is a greater sense of trust and faith in the folk healers than in the doctors. American medicine, to the outsider, may seem very foreign and at times unnecessary, especially when it is not explained. Most clients I encounter need to be persuaded of the validity and utility of modern medical practices.

Herbal medicine is one of the biggest aspects of folk medicine practiced in various Hispanic cultures. The curanderos(as) have an advantage over American health care providers in that they share the same or a similar culture, tradition and language. There are Hispanics who prefer herbal remedies over prescribed medication because they are all natural. They believe that medicine prescribed by an American health care provider is made of harmful chemicals and therefore toxic to the body. An example of this is an eight-year-old girl with AIDS who is prescribed several medications. Although the purpose and side effects of each medication have been explained to her grandmother, she continues to use herbal remedies for her granddaughter's afflictions instead.

American health care providers tend either to ignore the folk beliefs and practices or try to “educate” their clients by deprecating the folk practitioners. Since available information suggests that the folk methods are often effective, it might well be that a creative cooperation between the two would improve the delivery of health care services (2).

Role of the Health Care Provider

The health care provider must be an empathic listener who is able to understand the client's traditions and values. As health care providers in a Latino dominated community, we have a responsibility to expand our cultural awareness in order to create a client/provider relationship anchored in trust. In turn, this will leave us better equipped to educate future professionals. Our efforts cannot be limited to simply accommodating linguistic differences, although this is an important and necessary task. We need to embrace the client's whole person—their beliefs, traditions and value systems. We must understand and acknowledge their different perceptions of health care.

References

1. Henderson G, Primeaux M. Transcultural health care. Menlo Park (CA): Addison-Wesley Publishing Co., Inc., 1981. p. 234.
2. Bullough V, Bullough B. Health care for the other Americans. New York: Appleton-Century-Crofts; 1982. p. 88.