Podcast (Final Project Assignment) Transcript and References

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ACAM 320B

Reference system *portions of the podcast that make use of external sources will be highlighted and numbered in* ***bold*** *in chronological order throughout the transcript. Following the transcript, you will be able to find a list of references formatted in rough APA-adjacent style (chronological, not alphabetical) which will correspond to the references cited.*

00:06 - (Dr. Nazia Niazi) There's a lot of wisdom behind the way people are and the way they live. And to be able to respect that, even if we don't understand it, is a very important step.

00:21- (Nami Azizi) I think the western system can go and suck on an egg.

00:28 - (Charmain Laride) We don't have enough BIPOC midwives, we're not offering enough opportunities for our cultural awareness, cultural safety, to provide that kind of / type of care. I think that…. *loud sigh*.

00:44 - (Sameen) "Racism, for many people, seems to occupy space in very much the same way as dark matter: it forms the skeleton of our world yet remains ultimately invisible, undetectable. This is convenient. If nothing is racism, then nothing needs to be done to address it. We can continue on as usual. Answer emails. Teach classes. Go to dinner with our families. Go to space centres. Continue our vacations, untroubled. We can keep our eyes shut inside this dark room we've created and pretend that, as long as we can't see what's around us, there's nothing around us at all. After all, there's no proof of it." (Sameen)

01:25 - (Sameen) These words are from Alicia Elliot **(#1)**, a Haudenosaunee (**ho DEE no Sho nee)** writer, from her essay Dark Matters, published in her 2019 anthology titled "A Mind Spread Out On The Ground". She likens the experience of racism to an invisible force, responsible for so much of the world as we know it, but hidden and unable to be clearly seen. Thus, through its very illusion of inexistence, the oppressive status quo is maintained.

01:51 - (Sameen) Alicia's thoughts on racism remind me of something I learned about way back when in philosophy class, Plato's allegory of the cave **(#2)**. It is a metaphor that shares Plato's views on what he thinks the path to enlightenment looks like.

02:08 - (Sameen) Imagine people chained up in a cave, deep beneath the earth's surface. Behind them, a fire burns, and all they are able to see are the shadows the fire casts on the wall of the cave ahead of them. They have been imprisoned in this cave their entire lives, this wall of dancing shadows is all they know, to them, it is reality.

02:28 - (Sameen) When a prisoner is freed, they finally see this fire burning behind them and come to realize that the shadows are just phantom offshoots of a greater reality. Escaping the cave, they discover an entire world that was previously non-existent to them. This world feels much more real than the cave but getting there is painful, the sun dazzles their unaccustomed eyes, and their limbs, weak from disuse, ache with exertion.

02:56 - (Sameen) Ultimately, they adjust to the light and understand that what they thought previously thought was real was really just absence, the shadow. With the wisdom of this realization, they return back to the cave, in an attempt to free the other prisoners. But with their eyes now acclimated to the light, they are no longer able to see inside the dark cave, unable to perceive the shadows that the other prisoners consider reality. Thus, the other prisoners do not trust the liberated one, thinking of them as having been blinded by the world outside, and refuse to leave the cave.

03:30 - (Sameen) Plato presents this as an analogy for the experience of a philosopher attempting to educate the public, but I feel it also draws a powerful parallel to the experience of liberation through the recognition of and resistance against the oppressive structures which shape so much of our everyday experience. Listening and learning are rungs of the ladder that take us into our ascent and towards our escape. The veil is lifted and the illusion is broken. But those who are still confined to the cave are unable to see what we see, and we are met with scepticism and dismissal.

04:08 - (Sameen) As the final project for a class I'm attending at the University of British Columbia, called Health Among the Asian Diaspora taught by Dr. Benjamin Cheung, this podcast is intended to be a torch to help lead me and others through the journey out of the shadows, illuminating and sharing some voices of those that have traditionally been suppressed or considered an afterthought. Join me, Sameen Niazi, as I walk us through a collection of excerpts from interviews with various Asian-Canadian health professionals, discussing topics such as racism in the provision of care, systemic limitations which disproportionately affect s Asian and marginalized folks, internalized oppression, and more. So , hi, Asalamoalaikum, welcome, and thank you for tuning in to listen.

04:56 - (Sameen) I spoke first with my good friend, Charmaine Laride, a filipina-latinx Canadian and trained doula, whose work has unfortunately been largely suspended due to the current pandemic, she currently works at Strathcona Midwifery as a medical office assistant and is currently in the running to be part of UBC's Midwifery program starting next fall. We started off by chatting about her impending interview with the program. Some context, several months ago, when Charmaine began her application for midwifery, she happened to take a look at the class photos for the program's previous years and shot an angry text to our group chat. Three guesses, what did the people in the photos have in common? Let's just say…...the vast majority of them all looked like they could get sunburnt very easily. So apparently, this year somebody finally did something.

05:49 - (Charmain Laride) So this is the first year ever, in the UBC midwifery committee that they've offered thirteen spots out of forty spots to BIPOC students. It's the highest number. And it's like everyone's like "Oh my gosh, almost half" and it's like how sad is that? That in Vancouver we only have like spots for thirteen of us and I just think of all the people I know who are seeking out cultural awareness, cultural safety, among the community, and we're only offering spots to other white providers, because why? Like because we think they give better

care? Because, in reality, their experience of that is of privilege and so we believe that they are better care providers because they have an educated background? Like let's talk about how privileged it is to be able to afford education

UBC midwifery.

06:38 - (Sameen) Thirteen out of forty spots, how generous! Let's look at that number a bit more carefully. At the time of the 2016 Census for Metro Vancouver **(#3)**, visible minorities comprised 48.9% of the area's population, while 48.6% of residents are of European background. 13 out of 40 spots is 33%. So after years of underrepresentation, a diaspora that makes up almost half of the population, are allotted ⅓ of the available spots? Charmain describes how the lack of culturally safe care propelled her towards a birthing career.

07:17 - (Charmain Laride) In the birth world, personally what I've experienced is, the people who need doulas are the ones who can't afford them, you know. Doulas should be free, like they should provide funding for doulas which is a whole other tangent I'm not gonna get started on. But, you know, birthers need to have those supports in place and the fact that people who need those supports like new immigrants especially, single parents, the LGBTQ community, like we don't have the supports in place for them and they can't afford that care. It's a privilege to be able to pay someone for that care. And so I ended up finding myself drawn to doing these births for free because I thought if I don't do this and they can't afford this, who is going to be there for them? Who is going to inform them of all these supports if not me or someone else and I just, I got into birthwork for free because I was just like, let me help whoever I can so that I can learn, because I wanted to learn which is what it came down to too.

08:17 - (Sameen) Charmaine and I also discussed challenges she and her family faced in accessing healthcare as immigrants, and she was willing to be brave and vulnerable enough to share with us some truly arduous experiences. from having to take on a pseudo-adult role as a child by helping her mother navigate the medical system with limited english ability,

08:38 - (Charmaine)I was constantly the person to, I won't say translate, because she speaks english, but there's a difference in just being able to have like the medical literacy and conversing in the language that they have right, the lingo.

08:52 - (Sameen) There was also the questions of whether, due to language barriers, true informed consent was obtained in a emergency surgery situation her mother was in which could have been preventable if she had been given adequate social supports

09:05 - (Charmaine) Um, and a lot of that was her experience, from what I recall her telling me, was a lot of doctors like shaming her into not receiving care earlier. And "why didn't you see us earlier? There were signs" and not providing support on here's how we can help you through this life-changing experience. And let's talk about consent, I don't even know that they obtained her consent to do this procedure on her.

09:28 - (Sameen) She also recalls the stigmatization she received throughout her own prenatal experience.

09:35 - (Charmaine) And then just in my own experience, when I had my daughter, in the Latin community you know, having children young is not a shameful thing and it's actually very much encouraged, like family's so integral and a lot of them, you know, we don't really have the stigma of having children to young as being a negative thing or this form of like, irresponsibility, being irresponsible. I'm very much like the kind of person who will submerse myself into books and literature to try to educate myself on the things I care about which has always been like birth-related. So I went in there with a list of questions, I was informed, I knew what I wanted, and the whole appointment was, you know, all "this was a big mistake" and just the whole atmosphere just felt very condescending and shameful. Like I walked out of there telling Alistair, my partner, I feel like a teen mom which there's nothing wrong with that but just how shameful I was made to feel that I was doing something wrong and I was devastated that I was being spoken to you that way. And also the approach that you know, in Western society, having children young is seen as some sort of irresponsible negligent thing to do, that we wouldn't be able to provide our child with a better life because what? We're not established enough in our careers? What if the careers we were already in at the time was what we wanted? Who are you to say that we are irresponsible parents?

11:00 - (Sameen) Charmaine attributes these experiences to the lack of resources, Canadian healthcare , and larger social system allots to racialized people. Helping translate for her mother, as a child, was a necessity because there were no providers available to either communicate with her in her preferred language nor translators that were available to mediate free of cost. A lack of social support, making it necessary for her mother having to work three jobs in order to support her family - thus being unable to access healthcare in a timely fashion to prevent what ultimately ended up being a life-changing surgery. And again, the lack of adequate language mediation between providers and her mother, became a major obstacle to obtaining informed consent for the surgery. And finally, the stigmatization Charmaine received due to having a pregnancy at 23, which while was encouraged by the cultural life script of her heritage latinx society, was treated as irresponsible and uneducated simply for making a choice contrary to current western norms.

12:03 - (Sameen)Here we see what constitutes as the shadows. The system doesn't have as many overt instances of racism, that are marked by the presence of something discriminatory but rather, marginalization comes through absence. The absence of BIPOC midwives, the absence of language mediation for immigrants, the absence of support, the absence of cultural awareness, it is the scarcity of these necessities which create the taxing reality of health disparity between BIPOC and European patient populations. To the people who are able to benefit from the healthcare system in its current capacity, their needs are fulfilled and they are not aware that anything is missing. To those who are not, the limitations are blatant and life-threatening.

012:49 - (Sameen) Following Charmaine, I interviewed another one of my pals, Nami Azizi. Nami identifies as a Afghani woman, she grew up in Russia, immigrating to Canada with her family at the age of 13. Last year, she completed her bachelors of Science in microbiology at the University of British Columbia Okanagan. She currently works at St. Paul's Hospital in Vancouver, processing tests in their COVID lab. As somebody who made the transition to Canada on the cusp of her adolescence, I asked her to share some of her early experiences of the transition, particularly as somebody who had no previous English speaking ability.

13:27 - (Nami Azizi) It was really hard to kinda communicate with my peers, like I was used to, growing up, like, really, you know, my parents instilled into me that getting good grades was like the epitome of achievement. And then when I came to Canada, like the only class that I would do well in, would be math because math is just so universal, and then in the rest of my classes I would get like C or C-. And I remember, because when I came to Canada they put me in grade 7, um, I remember, like, my social studies teacher asked me to write a paragraph! And I was like, "Girl!! I don't know anything! I can't write in English, I don't know any English words apart from hello and thanks. Like, you think I can write a paragraph with those two words?!". And they actually forgot about me, because when you usually arrive to Canada and you're put in school, they put you into ESL right away, like they assess your language abilities and I guess they forgot about me because I was stuck in my regular classes for about six months, until they realized like "oh, maybe we should put her in ESL", but by that time, I was okay with my grasp of the english language.

015:05 - (Sameen) As Nami recollects, despite her very limited language ability - she was placed in regular non ESL classes, barring her from the ability to communicate with her peers. She says, "I think they just forgot about me". Though evidently, Nami was able to pick up English relatively quickly and is fluent now, she was isolated and deprived of the resources to facilitate her English language adoption, for no apparent reason aside from simply being missed. Neither of us will ever understand how her *multiple* teachers either didn't notice or just disregarded that for six months that they had a student with no english ability that needed extra help. Again that theme of racialized people being *overlooked* (I'm doing hand quotes) rears its head.

15:55 - (Sameen) I was also interested in Nami's account of the difference between how her experiences of racism was enacted in Russia versus Canada and asked her to describe if there were any contrasts between them.

16:08 - (Nami Azizi) Actually, in Russia, it was very obvious when they would other you. So in term of being othered here you get these microaggressions right, like you get these little like, I don't know how to describe them, they're just like little like side comments you know. Like "oh, your people are allowed to do this?" or "I heard your people do this, is this true", you know? But in Russia, it would be much more obvious, they would literally just throw a slur at you.

16:50 - (Sameen) From Nami's account, we can observe a contrast between the manner of discrimination that is being perpetuated. In Russia, it was overt, it was nameable, it was

observable, it was active. However in Canada, similar to Alicia Elliot's characterization of racism as dark matter, her experience was a lot more covert, passive, subjective and hidden in the subtext, one would have to read between the lines to try to find it. Though no form is preferable, the latter form presents itself as more insidious. While in overt instances like slurs, one can easily attribute a discriminatory act to the wrongdoer, subtle bigotry is harder to pin down. The receiver is unsure of whether a subtle remark is meant with ill-intent or is the product of naivete, and self-doubt colours one's attribution, with their mental health and wellbeing paying the price.

17:46 - (Sameen) Psychologist Derald Wing Sue, characterizes microaggressions as death by a thousand cuts **(#4)**. Having written two books on the topic, he describes them as a " 'metacommunication' or hidden messages to the target which reveal a biased belief or attitude". He also goes on to describe the negative implications of continually being on their receiving end, including increased stress, lower emotional well-being, increased rates of depression and negative feelings, effects on the recipients mental health and physical health, as well as impeding learning and problem-solving and impairing performance at work which all compound to create inequities in employment, education and health care.

18:30 - (Sameen) Similarly to Charmaine, Nami also shares her experience of having to facilitate healthcare and communication for her mother through translation.

18:39 - (Nami Azizi) We're always the translator, you know. We're on the phone call making the appointment, we pretend to be our parents when talking to customer service, you know, yeah definitely. Translating her documents or like, the requisitions that the doctors would give her, yeah.

19:05 - (Sameen) Next, I asked her about what she feels needs to be changed about the current healthcare system.

19:11 - (Nami Azizi) I think, proper training would be good, would be really really good. Just because I find a lot of the healthcare professionals, like even indirectly, there is...people make, oftentimes, very inappropriate offhanded comments and not even just racialized populations, but also like people who use drugs right, and like there's like a lot of stigma. So, I feel like, there needs to be a lot more stringent ethics course provided before you step into this workforce because the things you'll hear people say in a healthcare setting are not appropriate at all.

20:14 - (Sameen) In the past few years, St. Paul's, the hospital where Nami works, and other health institutions have come under fire after racist allegations have been made about the manner in which indigenous, marginalized, and racialized people receive care. One grotesque example, as CBC reports **(#5)** makes allegations ER staff would play racist games with the incoming indigenous patients, making bets with other staff about what their blood alcohol concentration might be. The Tyee also reports **(#6)** on how three of St. Paul's indigenous healthcare workers, - who are now fired after St. Paul's dropped the program this past December, experienced widespread and daily racism on the job from all levels of the institution. Rebecca, an Anishinaabe member of the wellness team observes "The systems weren't built

with racism, they were built for racism," she said. "So bumping and grinding up against that every day is exhausting. There's no amount of self-care that you can do to take care of yourself if you don't have support from the top down.". Thus, Nami's opinion is a valid one, evidenced by her own experience as well these examples. Staff in the current medical system pick and choose who to humanize and who is treated as lesser, naturally leading to even deeper inequities in care between vulnerable and marginalized populations and those that live with more privilege.

21:38 - (Sameen) In addition to majoring in microbiology, through school, Nami also has an interest in alternative and plant-based health, and has some pretty strong opinions about Western Medicine.

21:49 - (Nami Azizi) I think the Wesyern system can go and suck on an egg, because the Western system continuously takes from this Traditional medicine and again, commodifies the findings, repackages them, and resells them to you as novel studies, as novel ideas you know. Like this whole phenomena with psychedelics, that has dated back to like,ever, where, you know, the elders of specific Indigenous communities would quote on quote prescribe this medicine right? It's shocking to me, that you know, Western society tends to take this information and then do studies on it and find out, yeah maybe these communities had some merit to their ideas but then instead of crediting those communities, they just like, you know, sell it back to you as like "Whoa! Look at what we just discovered".

23:08 - (Sameen) Basically, Western medicine "discovered" many pharmaceutical agents in the same way Christopher Columbus "discovered" North America. They didn't. What Nami is describing is also known as biopiracy, which Efferth, Alexie, Andersch and Banerjee **(#7)** describe in their 2020 paper to be when companies patent and sell Indigenous-based pharmaceutical or nutritional products without the participation and permission of THE Indigenous groups concerned. The groups knowledge is harvested and exploited for profit, and then the exploited group is alienated from the product of their knowledge and instead it is presented as a novel finding whose benefits can be solely attributed to the ingenuity of Western Science. The truth is obfuscated, and the traditional and folk origins are treated as dark matter, unknowable, undetectable, untraceable. Reality is reshaped and the truth is omitted.

24:08 - (Sameen) To round out my interviews, I had one final conversation with my nearest and dearest, my Mama. Formally known as Dr. Nazia Niazi - she is a badass Pakistani matriarch who immigrated to Canada back in the 90's. She works as a family physician in the Surrey-North Delta district, providing primary care to a predominantly South Asian immigrant population as well as at the ROOTS clinic, a community health centre established to facilitate care for the influx of arabic-speaking refugees in the region in the past years.
As she is a multilingual, I asked her to share which languages she speaks, and how it benefits her patient population

24:49 - (Dr. Niazi) I grew up with Urdu, I understood Punjabi quite well before coming to Canada, and I understood Hindi quite well. Coming here, living in Surrey, it helped me polish m

Punjabi off so I can say I'm very fluent in Punjabi as well. So apart from English, I speak Urdu, Hindi, and Punjabi. And I find that the population I cater for, there are many people who are not bilingual, or in different stages of life and did not have the opportunity to learn to speak fluent English, and I can provide service to them in a language they're more comfortable in.

25:34 - (Sameen) She also shares with us, from a provider perspective, the challenges that arise for patients with limited english ability, in receiving more specialized care as well as the quality of care.

25:46 - (Dr. Niazi) There are many times, you know, all the time I have to refer, for example, patients to specialists and then I'll have to explain to the patient they'll either have to take somebody who speaks English with them or I'll have to seek out a specialist that speaks that language and as, you know, things are changing, it's not as hard to find in a bigger city, but I can understand in a smaller town or something not as suburban, no not suburban, in a bigger city like Surrey for example, even if you move to Langley, you can't have that and there is not much distance between the two towns. I see, over my career I've seen changes and inclusivity happening but it is slow, it is very much needed, and there's so many services that I believe with language handicap, or even cultural handicaps, because their norms are so different from the Western norms, that things are not understood and I feel that people do not get as affective or wholesome a care as people who grew up in Canada or did not have the language handicap.

27:15 - (Sameen) As you may have noticed, the obstacles posed by language barriers have been mentioned in all my conversations so far. It is a critical issue, that as Dr. Niazi mentioned, can drastically affect quality of care. Despite being a multilingual, at ROOTS clinic, where she works with forced migrants, she also utilizes a translator, in order to communicate with her arabic-speaking clientele.

27:41 - (Dr. Niazi) I'm one of the physicians, one of the two physicians who works at ROOTS clinic. It's a community health centre, it was a project by Surrey-North Delta Division of Family Practice because over the past 5-6 years Canada has had a large influx of refugees, specifically from the Middle East who have escaped horrible experiences in their lives and eventually found a safe haven in Canada. So ROOTS clinic was set up to provide care to people who are refugees, who may not have medical coverage, whose needs are a lot more than medical coverage. And, it doesn't only take the refugees, it takes all newcomers, but over time it has become a major source of our clientele. So the patients come in, they have not yet learned to speak English, these are people who have lived in refugee camps for most of their lives and moved from one camp to another, travelled through countries, lost alot of family, you know, have faced a lot of physical and emotional trauma and have not had, or have had minimal healthcare and have no concept of healthcare and they come to use and we need to assess their medical needs, assess a baseline, work out a long-term care plan, and there's a big gap in emotional needs too. Connecting them with services, where to go, you know, simple tasks like how to go to a doctor or how to buy your groceries, or how to apply for a card or things. So we connect them to those services that already exist in the community.

29:57 - (Sameen) Given the nature of the histories of these forced migrants, which can include trauma, malnutrition, displacement, and lack of a recorded medical history, they are typically complex cases that require a lot more time and work than the average patient, on top of all that ROOTs clinic is given extremely limited resources to work with

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30:19 - (Dr. Niazi) It is labour intensive and a lot of it is not medical. So to be offering these services in a medical clinic where you want to be working as a physician and not as a social worker and the lack of those resources does play a part. Plus, there are costs associated with those services, we don't have any external funding for ROOTS, a portion of the earnings of the physicians who work there goes towards the funding of ROOTS and that limits what we can do.

31:05 - (Sameen) From what she describes, the system is simply not set up in a way to incentivise and motivate care for complex patients.

31: 14 - (Dr. Niazi) Well, right now, it is a fee for service, the way most of the medical care works in BC. So, when you run a clinic, there is a lot of overhead with the staff, the rent, the supplies, electronics and a lot of things, so all that has to be provided for through the earning of the clinic which is basically the billings that the physicians get. The more patients you see, the more billings you get and more of that can go towards running of the clinic. In patients who are,have extensive needs, you cannot see them in short appointments, because that's not practical and that is not beneficial to your patients. So with the number of patients and the ability to see less patients in a day, you do not get remunerated for the extra time that you're spending and you're not making a lot of money, hence the less financial resources for the clinic's running

32:34 - (Sameen) Challenges such as what Dr. Niazi described calls for a restructuring in how we provide care, a right that should be reasonably accessible to all individuals in Canada, which is unfortunately not a reality for many of the asian diaspora, particularly forced migrants with complicated histories and limited, if any, english ability. In order for this issue to be mediated, the healthcare system needs to be structured in a manner that motivates people to provide care to these vulnerable populations, rather than the system currently in place which treats them as an additional cost which leads to it being undesirable to be involved in their provision of care.

33:16 - (Sameen) Through the course of these conversations, we can observe many limitations of the health system laid bare with respect to diasporic populations. Language barriers, lack of representation, a lack of compassion, an absence of motivation to create culturally safe systems of care for marginalized people, among many other factors all covertly compound to create an institution which overlooks Canadian individuals in the non-White minority. What is internationally renowned to be an equitable system of care that allows its citizens to access healthcare as a right is an illusion that breaks under further scrutiny. While many community organizations do exist that are doing the work to help topple these disparities, a lot of these challenges remain unacknowledged by the larger institution, and instead of being considered an interest outright, the onus remains on those that are marginalized to self-advocate in an attempt to create action rectifying these issues.

34:21 - (Sameen) By 2031, Statistics Canada **(#8)** projects that Canada's foreign born population is expected to rise up to ⅓ of the greater population, their growth being 14 times faster than any other group - bringing in even more people into a healthcare system that doesn't currently meet their needs. Reform is critical and pressing.

34:53 - (Sameen)**.** So that's it for today, I hope you enjoyed this episode and that it was an illuminating experience. I'll close this podcast with one final quote from chicana feminist writer, Gloria Anzaldua **(#9)**, from her book titled Borderlands/La Frontera: The New Mestiza to contemplate."The struggle is inner: Chicano, indio, American Indian, mojado, mexicano, immigrant Latino, Anglo in power, working class Anglo, Black, Asian--our psyches resemble the bordertowns and are populated by the same people. The struggle has always been inner, and is played out in outer terrains. Awareness of our situation must come before inner changes, which in turn come before changes in society. Nothing happens in the "real" world unless it first happens in the images in our heads."

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