

Panacea Lost and Found

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The lady across from the serving table hissed “It’s cauliflower,” and reluctantly scooped a few pale green vegetables onto my plate when I asked for “broccoli.” I froze. In Mandarin, they refer to the same thing. As an eighteen-year-old from Taiwan who first stepped foot at Emory, I was not expecting my first cultural lesson to be at the cafeteria, nor to be this harsh and unforgiving. However, as I navigated my way through academics and life in America, I realized the differences in food and language were just the tip of the iceberg.

When I caught a cold, I learned that I could not just walk into a primary care clinic and ask for medicines. Over-the-counter medications and sleep are the standard of care for such simple ailments. When I gave myself coin therapy to mitigate symptoms of heat exhaustion, there were always concerning gazes on the vertical red lines on my neck. When my American friends and I shared our experiences with severe menstrual cramps, I was jealous of the tasteless pills they took while I struggled to swallow pungent herbal concoctions. These differences between Taiwan and the United States, particularly in healing practices, wellness beliefs, and healthcare structures, drew me to further explore these topics in a different country.

During my time in Buenos Aires through the Emory Summer Study Abroad Program, I found stark differences and similarities between Argentina, Taiwan, and the United States. While psychoanalysis has fallen out of favor in the United States, and mental health remains a sensitive and private topic of discussion in Taiwanese culture, I was shocked by the deep troubles and struggles strangers share in a psychoanalysis session in Argentina. The same herbs used in Chinese medicine appeared in certain aspects of Argentine folk medicine, while influences from India such as Aryurveda are prevalent not only in Asia but also in the United States and Argentina. When I caught myself standing in a sea of green and blue flags and bandanas on the

eve of the referendum for Argentina's legalization of abortion, I began to see universal struggles under different political systems and beliefs.

My opportunity to explore the nuances of health beliefs and practices in different cultures continued after I graduated from Emory. I embarked on a journey to the United Kingdom to learn and apply epidemiology in a different English-speaking population and to debunk the myths of the UK National Health Service (NHS). Unexpectedly, the lesson I carried back with me was that when the world is posed with the same crisis, there are universal human responses but different coping strategies.

On March 7<sup>th</sup>, 2020, I was still the only person wearing a mask on the tube in London. People around me were ambivalent about this unknown disease spreading around the world. A week later, I received a text message from the NHS saying to stay away from the Emergency Department because it was at full capacity. When I went to the pharmacy to obtain rubbing alcohol and masks, I saw empty shelves just like those in photos my mother sent me a couple of months ago when COVID-19 first broke in Asia. When I snatched the last affordable ticket back to Taiwan, I eagerly prayed that my flight would not be cancelled due to increased border closures around the world. Sitting alongside my parents in Taiwan after a frantic exodus from Cambridge and the ten-day mandatory isolation, I could not be more grateful to return to a country that had relatively low COVID-19 case counts. When the world faced the same pandemic, countries implemented different combinations of public health measures on different timeline, with varied levels of compliance and efficacy.

Reflecting on my decade-long odyssey from Taiwan to the United States, Argentina, United Kingdom, and now back to Emory, I find that each system has its faults, but each culture has its treasures. Training as a clinician and researcher in the MD/PhD program at Emory now, I

realize that like exploring different cultures, therapeutic relationships require curiosity and involve an iterative and collaborative process to find common ground and connection. Thinking back to my eighteen-year-old self, I would have given myself and the server more grace over the cultural misunderstanding of cauliflower. I would have thanked her and taken the opportunity to tell her about my mother tongue and the country I came from.