

Voices of Resilience: Exploring Caribbean Immigrant Health Perspectives through Oral Histories

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Abstract

Immigrant health outcomes in the United States is a complex topic. Over 16% of the total US population is immigrants and about 11% of the total immigrant population is Caribbean. Health disparities exist across the board due to differences in socioeconomic factors and variation in experiences within the wide range of US immigrant populations. Caribbean immigrants experience distinct health disparities that remain poorly understood in the literature. This paper aims to explore their perspectives of healthcare and investigate the socio-economic, cultural, and systemic factors influencing Caribbean immigrant health outcomes as well as the resilience and coping strategies employed by this population in navigating healthcare barriers, through the use of collected oral histories and anecdotes from Caribbean immigrants within my community. It aims to provide insight into the reality of the Caribbean immigrant experience and provide a nuanced understanding on the potential cause and effects for their health disparities. These oral histories will be used as a foundation to begin improving health outcomes for the individual and the community overall.

Keywords: Caribbean Immigrants, oral history, health outcomes, health disparities, community

Introduction

Oral narratives play a crucial role in understanding health by providing deep insights into an individual's experiences, perceptions, and practices related to health and illness and providing them an opportunity to share their beliefs and attitudes regarding their health and the US healthcare system. They offer a holistic overview of the various factors that shape their health decisions and outcomes. Collecting oral narratives from individuals allows for the exploration of perspectives that are not as adequately represented in health literature and healthcare research. This research originally began aimed at understanding a specific issue that affected the health outcomes of members within my community which encompass Afro-Caribbean immigrants living in the US. There is a noticeable trend of a lack of scientific literature that focuses on the health of Caribbean and more specifically Afro-Caribbean immigrants in the US. Thus, I focused my background research on issues that affected minorities in the US and decided to explore medical mistrust. Though I had something going, I noticed that a disease had plagued itself amongst a significant number of members of my community. It had always been there, quiet, but noticeable, affecting people by physically leaving individuals bedridden, lethargic, and without fingers or toes. This affects them mentally by leaving them afraid of how people would perceive them, but also how they perceive themselves. Type 2 diabetes is prevalent in my community. It is a popular disease, everyone has it. Thus, I wanted to understand why it was rampant, and why it seemed it was easier to get than the common cold.

However, as I continued to take interviews with community members I realized there were bigger factors at play. I had bound myself to only focusing on one disease when in fact there were a variety of factors and issues that were influencing the health of my community

including fatphobia, food stigma, and medical mistrust. So once again, I shifted gears and decided to focus on the socioeconomic factors that affect my community and in turn affect their health outcomes. This research will hopefully provide insight into the life experiences of Caribbean immigrants and how the intersections of identity, culture, and health influence one another. This research will create a foundation that can be used to improve health outcomes for people in my community and help other communities listen to the voices of their members and explore the various perspectives that exist there.

As an aspiring healthcare professional, I recognize the importance of taking a holistic approach to patient care. Understanding that health encompasses not only physical well-being, but also mental, emotional, and social aspects is crucial in providing effective treatment. Each facet of health holds its own significance to individuals, shaping their overall well-being. I am committed to fostering an environment where patients feel valued, heard, and understood. Active listening, thoughtful questioning, and creating a safe space for open dialogue are paramount in gaining insight into my patients' experiences and needs. By building trust and rapport, I aim to establish a collaborative relationship with my patients, empowering them to actively participate in their healthcare journey. In my community, where medical mistrust is prevalent, historical biases and systemic injustices from both patients and providers have contributed to a sense of skepticism towards Western medicine. By fostering trust and providing culturally competent guidance, I strive to empower individuals to make informed health decisions and navigate the complexities of the healthcare system with confidence. Ultimately, my goal is to serve as a trusted person in my community who can help in promoting the well-being of those, I have the privilege to care for.

There is a lack of scientific literature that provides a nuanced understanding of the health issues affecting Caribbean immigrant populations. This lack leads to a lack of data that should be used to create proper health interventions. It is difficult to provide a solution when the problem is not clear. This highlights a need for more awareness on the issues that influence health outcomes and lead to health inequity in the community.

The purpose of these oral histories is to explore Caribbean immigrant perspectives of healthcare and investigate the socio-economic, cultural, and systemic factors influencing Caribbean immigrant health outcomes and equity. This project aims to generate knowledge, promote awareness, and advocate for positive change to improve the health and well-being of Caribbean immigrants, both within their communities and within the broader healthcare system. The insight provided will be beneficial in creating foundational information that can be utilized by healthcare professionals to inform targeted interventions and create policies aimed at addressing root causes of health disparities in Caribbean immigrant populations, as well as promoting health equity within Caribbean immigrant communities which can be used to address health disparities in other immigrant populations.

Oral histories from participants will be collected from participants in the form of an interview. Interviews are made over the phone, on Zoom, or in person. The interviewees are members of the researcher's community. A default set of questions is used for the interview, but questions are subject to change depending on the responses of the interviewee. Interviewees are not asked about specific patient information and are allowed to have any words censored or removed from the oral history collection. The interviews are recorded and transcribed by researchers to be used in the project. Oral history was chosen as a research method for this project as a means to understand the individual, their history, and life experiences holistically.

This insight will provide information on how their history has affected their health and also allow for the possibility of finding similarities between oral histories and health outcomes for other individuals to discover significant trends in the data which can be used to provide an understanding on the potential causes of certain diseases.

These oral narratives focus on the life experiences and health outcomes of Caribbean Immigrants in the US and thus exclude individuals based on culture and ethnicity (non-Caribbean) and the basis of immigrant status (non-immigrant), but not on any other identities. Each interviewee is given the same default interview questions, however depending on responses, some interviewees are given questions for further explanation of their given responses.

Due to the low availability of people to interview within my community, I am unable to collect data from a substantial sample size. The oral histories collected are meant to portray individualistic healthcare perspectives and resulting health outcomes for US Caribbean immigrants. The sample size is convenient and small, therefore concluding trends observed is not “reasonable” and instead will create a potential foundation to be studied in the future.

Building trust for open communication, especially within communities where vulnerability is often shunned, poses significant challenges. In many Caribbean cultures, the pressure to maintain a stoic facade is deeply ingrained, particularly for men, making it difficult to foster authentic dialogue about emotions and struggles. While stoicism has its merits, an excessive adherence to it can hinder mental well-being rather than enhance it. To address this, it's essential to create environments that prioritize empathy, understanding, and acceptance of diverse experiences. Instead of framing conversations as recordings of vulnerabilities, emphasize the value of sharing

personal stories as a means of fostering connection and resilience. Highlighting the strength in vulnerability can help dispel the stigma associated with expressing emotions.

It is understood that health can be influenced by a variety of factors that are specific to the individual. Exploring holistic narratives of health issues is important to provide a cohesive and comprehensive understanding of how health affects the individual, their life, as well as their overall community. This allows not only the researcher but also the interviewee a chance to dive deep and discuss their health out loud. This can help promote interviewees to have more control and understanding over their health. Health narratives will provide a deeper understanding of the complexity of health and empower communities to advocate for them and the individuals within them. It will help health practitioners understand certain aspects of health for their patients and improve patient and practitioner relationships. Details presented in narratives can be researched further and provide insight into why certain health trends occur for populations.

Oral histories will serve as the primary method of data collection for this project, focusing specifically on gathering narratives related to health experiences, beliefs, and practices. This approach allows for the exploration of diverse perspectives and lived experiences surrounding health and well-being. The researcher will conduct semi-structured interviews with five interviewees who are all a part of Caribbean communities. The selection of these participants was solely based on their association to these communities and all of them were above the age of 18. Initially, the questions revolved around the topic of type 2 diabetes and its impact on the interviewee's life, but the questions are now geared towards understanding the holistic health narratives and perceptions of healthcare for each interviewee. Interviews will be conducted using various methods including phone calls, Zoom video conferencing, or in-person meetings. The data will be collected by recording the interviews and transcribing them verbatim,

including accents or phrases used by interviewees in their home dialect. These transcriptions will serve as the primary source of data for subsequent analysis and interpretation. The data will then be analyzed alongside the social determinants of the health framework to provide greater context toward the details of the interviews and provide a deeper understanding of the broader social, economic, and environmental factors that influence health outcomes.

These oral histories serve to provide a voice for the individuals a part of Caribbean communities in the US. There is not much data centered on this community within the health literature, so collecting this data will hopefully direct research toward any issues or details that are continually emphasized throughout the oral histories. It is understood that culture plays a huge role in an individual's identity and health. Thus, it is imperative to look at this when understanding health trends and issues in cultural communities. This data will serve to ultimately improve the health outcomes for those within the Caribbean communities and improve relationships and trust between them and their health practitioners.

There is a need for greater inclusion of various cultures within the health literature, not only Caribbean cultures. Oral histories are a start toward understanding the complexity that exists within health and healthcare for the individual and their communities. Health is not a reserved right for those who can afford it. It is for every individual that exists, and it should be regarded with importance. Health is an essential human right that transcends socioeconomic status. It is not a privilege reserved only for those who can afford it; rather, it is a fundamental aspect of every individual's well-being and should be treated with utmost importance and equity. Through this exploration, I aim not only to deepen my understanding of Caribbean health realities but also to foster dialogue, awareness, and ultimately, more equitable and effective

health interventions tailored to the unique needs of Caribbean populations. This project will help to embrace the power of storytelling to illuminate the path toward healthier futures for all.

Oral Histories

I interviewed five people for my oral history project. After the interviews were completed, two interviewees expressed their discomfort with having their interviews included in the paper. They understood the main objective of my project and they knew that their names would have been redacted. However, it seems that they were hesitant to share their vulnerability and potentially be perceived as weak, which reflects a stagnant generational taboo in Caribbean communities. The following are three oral histories from members of my community focused on addressing their health narratives.

Bev

The first interviewee was Bev, a vibrant black Jamaican woman in her mid-50s, who has been an integral part of her community for over a quarter-century. Arriving from Jamaica in her late twenties with her children, she brought the culture and tradition that she embodies into her daily life. When Bev isn't dressed in her work scrubs, she's dressed in her church attire, a testament to her faith. Beyond the confines of her workplace, Bev finds fulfillment in her involvement with her church and this same devotion can be matched by her unwavering love for her family. And when the demands of her busy schedule allow for a break, Bev finds herself in the kitchen, where she cooks and bakes Jamaican meals and desserts such as brown-stew chicken, gizzada cake, and Manish water. Despite her years living with diabetes, I was unaware of her condition until she casually mentioned an incident regarding her insulin prescription. Remarkably, Bev has been effectively managing her diabetes, a testament to her resilience and proactive approach to health. Given her firsthand experience navigating healthcare systems and managing a chronic condition, Bev was the natural choice as the first person to interview for this project.

Bev, a dedicated home health care worker, has been an integral part of her community for the past decade, having immigrated to the United States from Jamaica in her twenties. Despite her resilient demeanor, Bev has been quietly battling diabetes for approximately 30 years, initially diagnosed with gestational diabetes during her pregnancy. Her mother had diabetes as well. That was the first time she heard about the disease. Her mother didn't manage her diabetes well. "She took her insulin, but it was when she wanted to and not when she needed to." Bev says that she didn't hear about diabetes anywhere else. She didn't know how people got it and didn't know how people were supposed to deal with it. She mentions that when she got

diagnosed with gestational diabetes, the doctor only told her to lower her sugar intake,” no recommendations, no medications, just that...since I was pregnant, they said they didn't want to give me any medications to hurt the babies.” Bev said she ended up losing the babies at birth, but outside of that everything was fine for her health. She would eat the same way and bake cakes for the community every Sunday. She also notes that she didn't go to the doctor regularly and thus didn't receive any health updates. One year later, she was back in the same room with the same doctor, but this time she had type 2 diabetes. She was given insulin and medication to help manage the diabetes, instructions on when and how much to take, and told to eat less sugar and carbs. But that was it. When discussing current support and management care for her diabetes, Bev laments “I've never got help from anyone. Other than the insulin and medication, there were no services or programs given to me in Jamaica or here.”

Reflecting on her health journey, Bev acknowledges the challenges of managing her condition, exacerbated by persistently high blood sugar levels despite her efforts to adhere to prescribed medications and dietary adjustments. She notes that her diabetes had been manageable and was under control up until the time she got her COVID-19 vaccine. “After getting my COVID shots, my blood sugar did not go down and has stayed at the roof since then...my diabetes is through the roof right now. I've been taking Ozempic recently, my insulin, and eating smaller portions, but it's [blood sugar] still not going down. It's just so high. It's crazy”. When it comes to her culture, she says that her food isn't the best for her. She loves fried fish, starches such as flour and cornmeal dumplings and yam, and sweets but she has started eating smaller portions and limits how much she eats every week “I could eat a lot in a setting, but now I cut that back and eat less than 2 with my dinner meals”. She notes that symptoms are

getting more difficult to manage, especially after COVID. “I’m on 3 different insulins right now along with Ozempic, and I think I’m overmedicated and sluggish.”

Bev's experiences with healthcare providers have been mixed, with frustrations stemming from what she perceives as dismissive attitudes toward her concerns. When she initially didn't want to take a blood pressure medication, he told her it was the best option for her health. She took the medication, but her blood pressure never went down, and she began having headaches. When she stopped taking the medication and told her doctors about the effects, he told her she was being stubborn and noncompliant. She notes that though she isn't happy with being labeled as non-compliant, but she feels it is the only way she can have her voice heard and she is fine with that.

Feeling unsupported and misunderstood by some healthcare professionals, Bev has grown wary of relying solely on medical advice. Her interactions with an endocrinologist led her to not go back. “The whole time, she was just screaming at me to lose weight, lose weight, you need to lose weight if you want to treat your diabetes or you’re gonna die”. She mentions that she has given up on trying to fight with doctors and now takes the prescriptions home but doesn't actually take them. “They prescribe it, and I just don't take it anymore and I know they know that. ” Her skepticism towards medication compliance arises from past experiences of adverse side effects and perceived lack of responsiveness from healthcare providers.

When asked about stigma pertaining to her diabetes diagnosis, Bev notes that it isn't always present, but it's there. She says she would rather not tell people about her diagnosis because “All of a sudden everybody tun docta” and wants to help. She states that she's been going to her church for almost 20 years and she's only recently told people about her diagnosis. She laments that at church, people see her as greedy and lazy, and are always making comments

on her portion size when she eats in public. “They think I’m gonna eat all their food or that I Can't control myself and that they need to help me do that. I don't. It's disgusting and I dislike that behavior.”

Despite the setbacks, Bev remains resilient, and determined to navigate the intricate intersection of tradition, personal choice, and healthcare in her ongoing journey towards wellness. Through it all, Bev says that diabetes doesn’t define her, and she intends to lead a fulfilling life for herself and her family. “ My mom died at 77 and I'm about to turn 60 and I want to live longer. Life is too precious not to want to do that. I don’t want to waste away or waste my life not being healthy or at least trying to.” She maintains a balanced diet of foods, and despite the effects of her medications takes her insulin regularly. Though she finds no support from within the healthcare system, she says that community programs and online resources have been beneficial to her. She believes that education is important to both decreasing stigma and bringing more attention to diabetes.

Nise

The next person for my project focuses on Nise. Both of her parents had type 2 diabetes. Her mother had passed before I was born, and her father passed away about 3 years ago. Since she didn't have diabetes, I wanted to know whether the disease impacted her decision regarding her health. Nise is a very busy person, but she always makes time for her health. She never misses an appointment and makes it clear that her health is always a priority. In her home, Nise's fridge door serves as a colorful mosaic of her bustling life, adorned with a monthly calendar that resembles a vibrant patchwork quilt a testament to her unwavering dedication and to staying on top of her schedule and appointments. Each square is meticulously filled with commitments, denoted by an array of colors. Amidst this kaleidoscope of events, one word stands out in dark purple: "appt.". Her calendar was one of the first to showcase a capacity to navigate life's journey with discipline, grace, and prioritization to me and the importance of punctuality to a well-organized life. She tells me that she goes for annual checkups with her primary care physician and appointments for other areas of concern. She calls her doctor whenever she has a concern and sets up an appointment if she senses something is wrong. Knowing these details, I asked her for an interview. I wanted to understand her story from her perspective and know what made her adamant and proactive about health. I wanted to know her story from her and not my own assumptions. Despite her busy schedule, I was able to hold an interview with Nise on a Sunday night. The one day out of the week where she says "she can rest her feet, and think about the week ahead with a clear mind".

The following is Nise's health narrative.

Nise is a black Caribbean woman in her late 30s who immigrated from St. Kitts to the US with her family when she was a teenager. She has lived in her community for nearly over a decade where she has played an integral part. She is a wife and mother to a 3-year-old son who has autism, and a dedicated employee at Comcast, who carries a deep-seated commitment to maintaining her health amidst life's challenges. Though diabetes has touched her family, she does not suffer from the condition. However, her father's battle with diabetes left an indelible mark on her perceptions of health and wellness.

With an unwavering dedication to her well-being, Nise prioritizes regular check-ups, evident in her recent visit to the doctor's office last week. "I have access to the doctor whenever I need them," she affirms, highlighting her proactive approach to healthcare. She is very selective with her doctors and maintains that she doesn't want "a transactional relationship" with them but instead, one where she can tell they truly care about her health and are patient with her, especially as someone who doesn't know much about health and the body "I don't know much about my health so I trust my doctors to do what's best for me and then I pray about it to know that it's good decision. I have friends that are in the health professions and I talk to them as well to also get direction but I mostly put my trust in my doctors."

The journey towards optimal health hasn't been without its obstacles. Nise recalls her father's struggles with diabetes, a poignant reminder of the importance of lifestyle choices. "He didn't manage his diabetes well," she laments, reflecting on his reluctance to adhere to medical advice. "He would eat whenever, whatever, however, and wouldn't listen to the doctor." She explains that Caribbean people in her country don't go to the doctor due to medical mistrust. "My family would say that the doctor would kill me before they can cure me", but she believes that it's also a generational thing and younger people are more willing to get treatment.

Determined not to follow in her father's footsteps, Nise embraces a healthier lifestyle. "I was told I had prediabetes in my late 20s, and I refused to let it go further than that," she explains, "I didn't want diabetes for myself." She notes that the diet within her culture, though delicious, is not the best for her health. With a conscious effort to incorporate nutritious foods into her daily meals, Nise navigates the complexities of dietary choices with prudence and diligence. She still eats food from her culture, but eats smaller portions and only eats chicken and fish for proteins. As she grapples with the intricacies of healthcare, Nise emphasizes the importance of advocacy and self-empowerment. "It's important to always be upfront and honest with your doctor," she advises, urging others to prioritize their health and advocate for their well-being. "I refuse to fear someone who has control over my health" she states as he discusses only going to a doctor that she trusts, and getting referrals from these doctors when she is looking for another provider.

She laments that seeing the health outcomes for her father and others in her cultural community propelled her to want to have genuine relationships with her healthcare providers and to be proactive in health decisions. She also mentions the lack of health education related to diabetes and other lifestyle-related ailments, noting stigma to be a keen reason for its lack of discussion. "I only learned about it after my dad had diabetes. No one talked about it then and no one talks about it even now. You only hear about it once the person is very sick with it and is showing signs." She believes that more health education and awareness are important and would be beneficial to her community to lower the number of people who have diabetes.

Despite her vigilance, Nise acknowledges the mounting stressors in her life. Balancing a full-time job with familial responsibilities, including caring for her son, who has autism, presents daily challenges. "Parenting is a blessing," she reflects, "but it's emotionally, physically, and

mentally demanding." Her current relocation sets her farther out from her son's school and therapy and less time for lunch. "This job pays for my child's therapy and that's why I can't leave because it's too expensive to pay for it otherwise".

She discusses starting a new degree program that leaves her unable to attend family events or anything outside of work. " I can only do my clinicals on Saturdays from 9-3 or 3-9 because I work a full-time job Monday through Friday from 8-6 and I can't go to church either". She laments that she is so busy that time slips away from her and that she is working on autopilot, sometimes forgetting to eat throughout the day. Amidst the stress, Nise finds solace in her faith, relying on prayer and therapy to navigate through life's uncertainties and to keep her feet steady on the ground.

She emphasizes, "Sometimes you can't be in control but God can be and that's what matters to me." providing a sense of peace amidst life's tumultuous moments. Among these, she also highlights the importance of therapy and mental health, especially in Caribbean communities. "In my culture, it is taboo to talk about mental health. No one wants to talk about it, and no one wants to be judged. I think more awareness. If more people who have mental health issues and got help and talked about it then it wouldn't be shameful and people would be more comfortable to talk about it." She continues that it is "good to seek help and you're not weak to want to get help". Her current degree program aims at becoming a therapist and life coach in order to help people talk about their life and help them "navigate the uncertainties the world may throw at them". She strongly advocates for therapy. "It has been very helpful for me".

In Nise's journey, resilience and determination intertwine, shaping her approach to health and healthcare. With each step forward, she embodies a steadfast commitment to her well-being, navigating life's challenges with grace and tenacity.

Mar

The next individual interviewed was Mar, a longstanding member of my community who has been a constant presence since before my own birth. A resilient Black Jamaican woman in her mid-40s, Mar embarked on a courageous journey when she immigrated to the US at the age of 20, all on her own. Despite the daunting adversities that lay ahead, she forged her path with unwavering determination. Stepping into Mar's home is like entering a bustling hub of warmth and vitality. The atmosphere is alive with the hum of conversations and the laughter of loved ones. From the moment you cross into her house, a sense of belonging and community envelops you strongly, and you instantly feel at ease, as if you've found a sanctuary where you can truly be yourself.

Born and raised in rural Jamaica and having served as a healthcare provider for over two decades, she brings with her a wealth of firsthand experiences and insights. Recognizing the depth of her knowledge and the breadth of her experiences, I anticipated that her perspectives on healthcare would be invaluable contributions to this project. Mar does not have diabetes but had a mother who had diabetes and cervical cancer.

Reflecting on her mother's journey with diabetes, she underscores the profound effect of lifestyle choices on health outcomes. "Food is paramount for a diabetic," she emphasizes, recalling her mother's struggle with disordered eating patterns that exacerbated her condition. In Jamaica, diabetes is known as "sugar", and all of her aunts and uncles had diabetes along with her mother. All of them are diagnosed later on in life. She discusses that her mother didn't go to the doctor regularly even after her diabetes diagnosis at the age of 50 after slipping into a hyperglycemic coma. "She would eat what she wanted and at any time of day...she would drink beer and eat a lot of carbs." She points out that her mother and many people in her community

were undiagnosed to diabetes and this coupled with a lack of guidance on how to maintain her blood glucose didn't bode well for her health and longevity. She also laments "She was diagnosed with diabetes in her 50s but I believe she had it for a longer time. People don't get tested in Jamaica most of the time until you pass out from it and your life and everyday abilities are really affected."

Focusing on health education, Mar notes that there was a lack of it and thus promoted a lack of discussion about diabetes or diseases in general. She mentions that people also didn't go to the doctor often, due to a plethora of factors including accessibility and costs. "Most people were farmers, had little to no education because it wasn't seen as useful, and did not have insurance, and they lived in rural areas in which the nearest clinic was miles and miles away so nobody wanted to go get checked out because it was a waste of time and money and there were no health programs at all at the time, no pamphlets at the clinic, sometimes an ad popped on the TV but that was mostly it, nobody went until they were sick" She grapples with the pervasive lack of education and awareness surrounding diabetes within the Caribbean community.

Noting a collective ignorance that perpetuates health disparities "Our culture does not discuss diseases; we see people with something like a sore and don't say anything until something happens to the person. We'll talk like it's gossip but we don't try to do anything about or prevent others from getting it. It's ignorance but not on purpose". She also mentions culture and medicine. "There is a difference between Caribbeans in their origin country and then in the US and how they feel. They don't trust doctors anywhere, but the culture is different in the US, and this can affect health outcomes overall...What I've seen, Caribbean people don't take medication. So, they have a tendency for noncompliance because they believe that medication doesn't help ever, and do not see the benefit of it. And they will not come back to appointments".

When it comes to medical mistrust, she mentions that there is a big reliance on alternative medicine and home remedies to treat illness or ailments affecting activity, including drinking lime and honey, and using eucalyptus oil on the body, rather than taking prescriptions or advice from doctors. She notes that her mother “never took her insulin, but she also didn’t understand the importance of taking it.” Mar also discusses the ideal body image in Jamaica and how it possibly influenced diabetes prevalence. “Back then in Jamaica to be fat was seen to be healthy, and fat was sexy, it was the body image if you were skinny, then you were sick. But now people are realizing that fat is not healthy, or a true indication for health overall.”

Despite a genetic predisposition to diabetes within her family, Mar remains steadfast in her commitment to making informed dietary decisions to safeguard her health. “She didn’t need to have diabetes just because her parents had it. It wasn’t genetic, but it might as well have been since her parents had it and all her siblings did too. You can control your diet, but if you don’t know how, if you are never taught how, then you’re trapped in the cycle.” She still consumes her cultural foods, but she has opted to try out different grains and eat smaller portions. She doesn’t believe that Jamaican food is unhealthy or to blame for diabetes, but she mentions that portion sizes and not eating in moderation while not maintaining exercise activity in older age could be. Mar says that alongside working with Western medicine she also uses alternative medicine and takes acupuncture and herb classes. She uses her knowledge to help deal with ailments for her and her family. “These classes have helped me have a different mindset and more clarity on nutrition” but she notes that it is important to always research what you’re putting into your body, or it could be bad.

After becoming a nurse and learning more about the human body, she began to change her outlook on health and how to help others do the same. “As a healthcare professional, it has

helped me to translate diabetes with others. It has helped me discuss diabetes with my patients and has provided me the confidence to present the disease and initiatives with others in the community to increase awareness and hopefully help people maintain their diabetes". She notes that she has seen more people getting diabetes and it's starting at younger ages. She believes that it is due to the American diet, lack of education, and access to unhealthier foods. "Now there are more choices, and the unhealthier choices are cheaper. The healthier options are expensive and harder to obtain. So it's all about convenience and people are suffering as a result." She believes that to decrease the prevalence of diabetes, education is important but that it should be specific to the audience "Most people do not finish school, and if you want them to understand what is expected of them so translating the literature is important to get people to understand it".

Through workshops and outreach initiatives, she endeavors to dispel myths surrounding diabetes and foster a culture of proactive health management. "Education is key," she insists, advocating for a holistic approach to wellness that encompasses dietary choices, lifestyle modifications, and regular screenings. Mar currently does weekly PowerPoint at the local Jamaican church to increase awareness of Diabetes and help people learn how to manage it effectively. "People should be conscious of their health, and know that what they do will be for a lifestyle change. You can't just change for one day. You have to stick to it and understand that this is for you and your longevity."

In regards to her views of the healthcare system, she notes that she doesn't believe people should trust their doctors completely. "I cannot put all my trust in physicians over my own health and my own body. I do my research as best I can and get their input on it. But I always make the final decision." She believes that doctors are meant to guide patients and help them make informed and educated decisions regarding their health, but they shouldn't make you do

something or make the final call and notes that's where problems arise. "I could say that I don't want to do something and now I'm non-compliant and that would carry on with me at every physician visit". When it comes to medications and prescriptions, Mar believes it is important to know what you're putting in your body and know what it is doing to you. She thinks Western medicine should be less stigmatized in the Caribbean but understands why the stigma exists because of fear.

Mar's journey serves as a testament to the transformative power of knowledge and awareness in combating diabetes and promoting overall health. By bridging the gap between cultural traditions and modern healthcare practices, she endeavors to create a healthier future for herself and her community.

Discussion

The oral narratives collected in this project provided rich insights into the health experiences and perspectives of Caribbean immigrants in the US. Several key themes emerged from the narratives which shed light on the cultural and systemic factors that influence health outcomes in my community.

One prevalent theme that surfaced across the narratives was the profound impact of family history on the interviewees' approach to managing their diabetes. Each interviewee shared a common experience of having parents who also suffered from diabetes and struggled to effectively manage the condition. This familial history served as a cautionary tale, highlighting the potential consequences of neglecting one's health. However, it also served as a powerful motivator, spurring the interviewees to prioritize their well-being and adopt more mindful and health-conscious eating habits.

Through witnessing their parents' challenges, the interviewees gained insight into the importance of proactive health management and took proactive steps to break the cycle of poor health practices within their families. Bev wants to outlive her mother and be there for her family, Nise wants to remain healthy and never enter the pre-diabetes threshold again, and Mar wants to continue practicing healthier living. It should also be noted that the interviewees and/or their parents were mostly diagnosed later in life, but that coupled with people not going to the doctor until something is actually wrong begs the question of whether they've had it for longer and were able to function without any form of medication. Mar speculated that she believed her mother had diabetes much longer than before her diagnosis as she was only diagnosed after falling into a hyperglycemic coma.

Another theme that emerged was the topic of medical mistrust and non-compliance. Mar and Bev discuss the difficulties of navigating health and healthcare due to providers who do not listen to them. They state that trusting providers with your health isn't optimal, and people should research before they make a final decision. Nise on the other hand has had positive interactions with her providers and as a result, trusts them to make the final call. It should be noted that Mar and Bev are both healthcare providers themselves and thus have more experience and knowledge working in that setting and about their health. It begs the question of whether increased knowledge of your health leads to less trust in providers. A greater sample size would provide more information regarding this. All three interviewees noted that they have been seen as stubborn by their providers, but only Mar and Bev were written as non-compliant. Noncompliance among minorities in healthcare settings is a multifaceted issue but is a noticeable trend that creates uncomfortable atmospheres for patients and providers. It creates unnecessary biases that can lead to health inequity and unfavorable treatments for patients.

Cultural beliefs and practices also play a role in noncompliance and medical mistrust. Nise noted that people in her community frequently say "The doctor will kill you before he can cure you" and Mar pointed out that "there is no trust of doctors by Caribbeans but that this issue is perceived differently in Jamaica than in the US". Mar also mentions that people in her community prioritize alternative and traditional medicine over Western medical approaches to treatment which can lead to further resistance towards their healthcare providers. Mar also mentioned that many rural Jamaicans have only up to primary school education, hindering effective communication and leading to misunderstanding from the provider to the patient. Competing priorities such as childcare and work can also lead to not wanting to go to the doctor. Mar notes that people in her community feel that going to the doctor is a waste of time, energy,

and money that could be used in more productive activities. Nise mentioned that she sometimes forgets to eat because of her busy schedule, however, she still makes time to see the doctor.

Though this provides a counterargument to the initial statement, it also provides that having a trusted network of providers is integral to trusting and talking to your doctor. If Nise had doctors she didn't trust or doctors that didn't listen to her, and she wasn't able to switch providers due to insurance she would be reluctant to see them, such as in Bev's case. All interviews noted that their parents did not listen to their doctors and didn't take their perspectives. This suggests higher medical mistrust in older Caribbean generations. Through the interviewee's experiences with healthcare workers, it cites the importance of trusting relationships for collaborative decision-making in healthcare settings. No "transactional relationship".

Another theme that emerged included the importance of education for disease prevention and improvement in management. All interviewees noted that there was no knowledge of diabetes prior to learning about their families diagnosis or even their own in their country of origin. Bev remarked that when she was diagnosed with gestational diabetes the doctor only told her to "eat less sugar". There was a lack of healthcare access and education within their communities pertaining to diabetes and other diseases. People rarely discussed diseases either, so people were kept in the dark until it was too late. They all noted that increased awareness and education are key to alleviating health disparities for people in the community, however as Mar stated, translating the literature is important for people to understand it. Mar's weekly presentations at her local church are a crucial element in helping her community. She brings comfort to her audience through her relation to them as a community member and holding the presentations in a place that brings solace to many people. Nise mentioned that she believes

people should discuss mental health more and be more receptive to therapy for managing their mental health effectively. Nise also mentioned that her faith in doctors is also based on her lack of education on her own health, which further emphasizes the importance of understanding one's body and health and the need for more health education.

Another theme that emerged concerned cultural and dietary influences on health. All the interviewees noted that their cultural foods were unhealthy and they had to shift them in order to have a healthier diet. The food they mentioned in the interviews included scratches, fried and cooked fish, poultry, and stewed red meat. The food they eat now that they consider healthy includes more vegetables and less fried foods. They also mentioned using plant oils to cook and bake their meats instead of frying them. This trend raises the concept of cultural food perception in Western cultures. Replacing traditional cultural foods in order to fit mainstream American diet standards raises the question as to what is healthy and what is not and whether these ranks are culturally biased.

Focusing on culture, Nise and Mar noted that there is a preference towards alternative and traditional treatments for ailments as opposed to Western medicine, which Mar states people do not want to take. This could be attributed to beliefs in Jamaican culture, that you shouldn't take something from someone if you didn't see them make it, especially if you don't know what it is. It is also cheaper and more convenient to create your own treatment than going to the doctor. Alongside that, there are also deep-rooted causes of mistrust of Western medicine due to historical experiences of colonization and exploitation of the Caribbean by Western nations. Moreover, white supremacy has long been intertwined with healthcare, perpetuating systemic inequities that disproportionately affect marginalized communities. From unequal access to healthcare services to biased treatment within medical settings, the legacy of white supremacy

continues to shape health outcomes today. This deep-rooted mistrust could possibly stem from the abuse that the nations faced in the past and the systemic inequalities that perpetuate it in the present.

These oral histories have provided invaluable insights into the intricate interplay between culture and health. They have served as a platform for individuals like Nise, Bev, and Mar to share their personal journeys and experiences within the complex landscape of healthcare. Through their narratives, we gain a deeper understanding of their perspectives, challenges, and resilience as they navigate the healthcare system. By amplifying their voices, these narratives shed light on how culture influences health outcomes and vice versa.

Listening to these stories has allowed me to connect with Nise, Bev, and Mar on a deeper level, fostering empathy and understanding of their unique circumstances. It is evident that their cultural backgrounds play a significant role in shaping their health beliefs, behaviors, and healthcare experiences. As someone with a passion for medicine, I recognize the importance of collecting these holistic narratives to better comprehend my patients' needs and tailor treatments that are culturally sensitive and effective.

Moreover, these oral histories underscore the importance of creating a safe and inclusive space for patients to express their concerns and experiences without fear of judgment or stigma. By acknowledging the intersectionality of culture and health, healthcare providers can foster trust and rapport with their patients, ultimately leading to more patient-centered care and better health outcomes.

Continued exploration of oral narratives within diverse communities will remain a focal point, serving to understand the nuanced experiences and perspectives of individuals from varied backgrounds. These narratives will be integrated into healthcare policies and interventions,

ensuring that the insights inform, and shape strategies aimed at addressing the unique needs and challenges faced by marginalized groups. A concerted effort will be made to foster and promote health dialogue within these communities, nurturing spaces where individuals feel empowered to openly discuss their health concerns, share their stories, and actively participate in shaping the trajectory of their own healthcare journeys.

Conclusion

The oral narratives collected in this project offer profound insights into the experiences and perspectives of Caribbean immigrants in the United States, particularly concerning health and healthcare. Key themes that emerged from these narratives include the significant impact of family history on individuals' approaches to managing diabetes, issues of medical mistrust and noncompliance within minority communities, the importance of education for disease prevention and management, and the influence of cultural and dietary factors on health outcomes. Through the stories of individuals like Nise, Bev, and Mar, we gain a deeper understanding of how cultural backgrounds shape health beliefs and behaviors, as well as the systemic challenges faced within healthcare systems. These narratives highlight the necessity of culturally sensitive care and the importance of creating inclusive spaces where patients feel heard and respected.

By amplifying the voices of individuals like Nise, Bev, and Mar, healthcare providers can gain valuable insights into the lived experiences of their patients and tailor treatments that are more effective and culturally relevant. Moreover, these narratives emphasize the need for increased education and awareness surrounding health issues within minority communities, as well as the importance of building trust and rapport between patients and healthcare providers. Ultimately, by acknowledging the intersectionality of culture and health, healthcare professionals can work towards fostering more patient-centered care and improving health outcomes for all individuals, regardless of their cultural backgrounds.

Epilogue

I am profoundly grateful for the opportunity to offer a platform for sharing these oral narratives and giving individuals a voice. It's been a privilege to facilitate these conversations and witness the power of storytelling in amplifying diverse perspectives and experiences. When I first realized that this was the direction, I wanted my project to go in, I was scared that people would be unwilling to share their experiences with me or even allow me to share them for my thesis. But after my second interview, I realized that each person needed their voice to be heard. They needed to express themselves in any way they deemed fit, and I would be there to write it all down to the best of my ability and share it, with their permission, to the world.

Getting people to trust you with their words is difficult. It is one thing to have a conversation with someone face to face, but when that individual knows that their responses are going to be recorded, it can either cause them to be discouraged and refrain from expressing their true thoughts, or not communicate at all. For my community, this is exasperated. It is still taboo in Caribbean cultures to discuss vulnerabilities and be perceived as weak, especially for men. Stoicism is held on a high horse, and though stoicism is socially valuable, an excess can be detrimental to a person's mental health, so much so that it could be argued that an increase in stoicism leads to a decrease in well-being. Creating a space where individuals feel comfortable expressing themselves has been incredibly meaningful to me. Hearing their perspectives and stories about their health has been enlightening and deeply appreciated. Through these conversations, I've had the opportunity to connect with each person on a deeper level, learning more about their unique experiences and challenges. It reinforces the fundamental importance of human connection and the value of taking the time to truly understand one another.

For the individuals that I was given the opportunity to interview but were unable to have them included in this project, I thank you and appreciate you for giving me the chance to listen to you and for you to share your health narratives with me.

To Bev, I want to express my heartfelt gratitude for being my first interviewee and for providing invaluable guidance on structuring future interviews. Your journey through healthcare is truly remarkable, and your resilience shines through in every aspect.

To Nise, I extend my sincere thanks to you for emphasizing the crucial importance of mental health in Caribbean communities and for advocating for autonomy in health and healthcare decisions. Your insights have been immensely valuable.

To Mar, I am deeply appreciative of your dedication to educating fellow community members and supporting them in managing their health conditions. Your commitment to empowering others is truly inspiring.

Every one of you has exemplified resilience and grace as you navigate the challenges of being Black Caribbean women immigrants in the US. Your stories are not just powerful individually, but collectively they contribute to a broader narrative of strength and resilience in the face of adversity. Thank you for sharing your experiences and wisdom with me and with our community.

This project marks just the beginning of a series aimed at amplifying the voices of those often overlooked and unheard. Through these narratives, I strive to challenge and reshape the prevailing narratives surrounding my community, ultimately driving change within the healthcare sphere for minorities. Each story shared adds depth and richness to my understanding, empowering me to advocate for equitable access to healthcare and to dismantle systemic barriers that disproportionately affect marginalized communities. This project is not just about sharing

stories; it's about igniting meaningful change and fostering a more inclusive and compassionate healthcare landscape for all.

Thank you.