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A PARADIGM SHIFT IN HEALING COMMUNITIES OF COLOR

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Now more than ever we have an opportunity and duty to propose and support strategies for a health care system that will offer optimal health to all individuals. Optimal health, best defined by the late Dr. John Chissell, is “the best possible emotional, intellectual, physical, spiritual and socio-economic aliveness that one can attain.” It is a continuous process or journey rather than a destination or an end-point.

The conversations continue as to how best use the multidisciplinary skill of allopathetic medicine (conventional/western medicine), traditional practices (indigenous peoples’ therapies) and complementary medicine (a blending of the two), now called Integral Medicine, to provide efficient, effective, and affordable health care for all. The dialogue on this new paradigm of health care is timely, laudable, and forthright. Meanwhile, certain communities within the United States, specifically communities of color, are plagued with increasing health disparities in the face of traditional therapies, complementary or integral medicine, and an evolving conventional health care system.

Communities of color are constantly exposed to a health care system that has not benefited its members. This same health care system fails to understand that multicultural health is the recognition, acceptance, and use of multiple cultures’ health and wellness practices, and not merely offering translation or interpretation of others’ illnesses for alleviation by the dominant society’s therapies. Multicultural health utilizes the knowledge and practices within the individual’s environment to promote healing and, most importantly, to ensure wellness. In the new paradigm of care, multicultural health is timely, morally correct, and a most pertinent answer to the health care dilemma.

Communities of color are often not recognized or acknowledged for their contributions of traditional and indigenous practices and therapies to the global health paradigm and, most recently, to the foundation of integral medicine. Clearly, these same communities have a profound knowledge of psycho-spiritual imbalances that manifest physically as disease or illness. Indigenous societies have known for years that the mind has an effect on the body’s physiological responses and the physical manifestation of illness originates from the mental and/or spiritual realm (the unseen). It is this unseen realm that impacts the physical realm. To maintain the social order within the spiritual realm, an individual should not disrupt his or her harmonic relationship with the divine, the

environment, or themselves—if so, illness will occur. This principle of “total connectedness” becomes the foundation of knowledge for the new paradigm of optimal health/wellness.

Therefore, I propose embracing a new paradigm of health care for communities of color. The concept of complementary/integral medicine offers a real solution—a change in direction and, thus, a focus toward optimal health. Along with positive life choices, integral medicine offers the opportunity and insight needed for healing and sustaining wellness among communities of color within the United States.

One very important or vital ingredient to this new paradigm’s success will be the health care provider—the individual who routinely engages in the practice of restoring or maintaining the health and wellness of individuals through therapies. The recent Institute of Medicine’s report on racial and ethnic health disparities highlighted that health care providers contribute to disparities in health care through bias, stereotyping, prejudice, and clinical uncertainty. The same report also highlighted that providers are a key element to eliminating health disparities. Therefore, these individuals pose a unique role in the problem but an equally pivotal role in the solution.

My father taught me that when you point a finger at someone, three fingers are always pointing back at you. As a health care provider, I, too, have contributed to the dialogue regarding what communities of color should or should not do to ensure wellness and reduce health disparities. Thanks to the wisdom of my elders, I am certain the question is: what will we, as providers, offer this new paradigm that will truly expand opportunities for optimal health and wellness in communities of color? The real question becomes: this time, what will we do differently? The answer is very simple: we become different in our knowledge, behaviors, and attitudes.

A new, insightful health care provider must evolve in order to ensure optimal health and wellness in communities of color. This new provider understands the power of self-reflection in healing and is not afraid to ask, “Who am I and what am I?” In order to effectively heal others, the provider knows he or she must have an understanding of his or her own body, mindset, judgments, biases, and prejudices. This new provider lives in the now and understands the gift of being present. Being fully present allows one’s energy level or vibration to heighten, which in turn enhances one’s ability to heal.

The new provider is a compassionate, empathetic listener who remains self-reflective and acts as a conduit for divine healing. Empathetic listening is healing in itself. These new health care providers

are not afraid to get personal and connected and to become trusted on an intimate level. Their actions and operating styles are deliberately slow-paced and gentle but they also advocate for health and wellness as a human right. They understand their advocacy and positive actions all assist in restoring trust to a fragile health care system.

These new paradigm healers constantly and consistently embrace traditional indigenous therapies that have not been subjected to randomized clinical trials. While conventional or allopathetic practitioners discount such therapies, new providers accept their discomfort with not knowing instead of dismissing or labeling certain therapies as non-scientific or non-evidence-based. These practitioners know how to utilize their intuitiveness and understand its vital role in combination with therapies in the healing process. Additionally, they negate quick fixes in most instances and allow the body to conduct the process of healing slowly and naturally. The new practitioners are reluctant to utilize therapies that only stimulate or suppress. They understand that many pharmaceuticals do not help the body with what it needs in order to heal itself. On the other hand, they acknowledge the use of antibiotics to alleviate critical, acute conditions. These healers of the new millennium do much less dispensing of drugs and far more teaching of prevention, health, and wellness.

These new providers are not afraid to engage in an open dialogue with science and spirituality and, subsequently, are better able to stay in balance and operate from a center of love and compassion while expressing that love freely and openly. These providers see life as a mystery and, rather than trying to explain it, they understand that the knowledge of life is limitless, continually unfolding and that there is always more to explore.

Within this new health care paradigm, this new provider acknowledges that the quality of life is more important than the quantity. This ideal provider recognizes that relationships are all-encompassing, and that through relationships one knows and knowing allows for solutions. The new provider also understands that each patient offers an opportunity for further growth both personally and professionally; thus, the provider engages totally in the overall healing and development and/or maintenance of wellness for every individual.

These providers know that healing is a continuous process of assisting the body with harmony and balance. They know that each disease is not independent, but interdependent. Their patients are not separate from the environments from which they dwell and emerge. Indeed, the most effective practitioners understand that psycho-spiritual

imbalance cannot be measured by any placebo effect and that wellness is actually psycho-spiritual balance within an individual.

This new provider relies on his or her ability to think beyond just “the symptom” and symptom relief. The provider does not evaluate by separating out disease symptoms by differentials, but instead understands that multi-layers of causality affect the various systems within the body. Hence, the provider thinks holistically versus individually and cyclically versus linearly.

In conclusion, these new healers understand the power of the spoken word and love what they do. They know that powerful positive words, thoughts, and actions contribute to the overall healing and wellness process of any community. Many of these aforementioned attributes are often missing within present day allopathetic medicine providers. With time, the philosophy and operating style of the new health care paradigm healer will become the eye on the prize—the opportunity and insight to healing and transforming communities of color.