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Covering health: healthworlds of first-generation Chinese immigrants in Boston Chinatown

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COVERING HEALTH: HEALTHWORLDS OF
FIRST-GENERATION CHINESE IMMIGRANTS IN BOSTON CHINATOWN

by

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“Suffering has been stronger than all other teaching, and has taught me to understand what your heart used to be. I have been bent and broken, but - I hope - into a better shape.”

—Charles Dickens, *Great Expectations* (1860)
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COVERING HEALTH: HEALTHWORLDS OF FIRST-GENERATION CHINESE IMMIGRANTS IN BOSTON CHINATOWN

TONG XIN

ABSTRACT

This study examines the healthworlds of first-generation Chinese immigrants in Boston’s Chinatown. Through participant observation and interviews conducted within a local church and a local park community, three key issues emerged: how the space of Chinatown influences people’s post-immigration healthworlds; the dynamics of community provides health supports and health challenges; and the daily health lives of these immigrant individuals operate within their respective families. Likewise, complex understandings of health coverage emerge that include not only health insurance, but also social forms of insurance. Community integration becomes not only a matter of cultural tradition, but also how health resources and health support are linked and provided. This social form of insurance makes it possible for community members to reach out to cultural and religious health resources and support in the context of everyday life.

Keywords: Chinese immigrants, Caregiving, Healthworld, Everyday Life, Moral Solidarity, Community Health
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LIST OF ABBREVIATIONS

BPHC ................................................................. Boston Public Health Commission
BDA ................................................................. Boston Development Authority
IRB .................................................. Institutional Review Board from Boston University Medical Campus
GT ........................................................................................................ Grounded Theory
TCM ............................................................................................ Traditional Chinese Medicine
CHAPTER ONE:

INTRODUCTION

I started to be curious about Boston Chinatown from the first time I visited it. Why does this space look like this? Why would people choose to live or come here after coming to the U.S? What is the experience of living as a Chinese immigrant? For me, what these answers represent is an exploration of diversity, which is “essential to happiness” as Bertrand Russell suggested: a chance to see how to “be Chinese” in a new social-cultural context. What do immigrants change and what do they hope to preserve? Most importantly, as a medical anthropologist, I want to know how these aspects influence their health life.

Every immigration study 101 course talks about barriers immigrants may face in a new environment, including language proficiency, family separation, culture and social values collision, economics struggle, education and job seeking challenge, immigration status and the accompanying sense of uncertainty, troubles in maintaining health, and adaptation to a new medical system. Besides wanting to know how community members’ health life intertwines with these challenges in their life, I was even more eager to learn how community members take care of themselves.

When I was in the community health center discussing my research topic with a staff, we came to the topic of language proficiency and providing education for second-generation immigrants. Edison, a gentleman with light hair and dark eyes, paused, adjusted his glasses and looked at me, and said: “You know, they really deserve enough
credits for their effort. And they are doing better and better.” Before this comment, he had told me about difficulties his colleagues had encountered when working with Chinese patients. He was genuinely worried because he couldn’t see why these seemingly easy problems didn’t improve: not following physicians’ suggestion to change white rice to brown rice to prevent diabetes; not telling the truth when asked about a smoking habit or herb intake; and language barriers to registering for an Electronic Health Record system. It was obvious to him that physicians only make suggestions to ensure that patients will be healthy. However, besides devoting resources to help patients register for the Electronic Health Record system, physicians can’t change much except for just telling patients to change.

His worry infected me. For the following days, I thought about why it was hard for immigrants to change the type of rice they eat. I even thought about whether I should eat white rice less frequently and how I could persuade my families in China to make the change. Until one day, I stood in the kitchen, watching my rice cook. When the cooker started steaming, the kitchen filled with the surprisingly sweet and savory smell of rice. I had never experienced such thing before, since it was the first month I had started to live alone and cook for myself. I told my mother about the smell during our weekly videochat. She smiled and said that she always experiences this: “It is a special treat for those who stay in the kitchen long enough.” “Well, Edison would also have great difficulty talking my mom into changing white rice to brown rice,” I thought to myself. For her, choosing the type of rice is more than a rational health decision because “emotions, not logic or facts alone, drive behaviors” (Pam McCarthy and Associates, Inc.
The smell of white rice had already become an emotional attachment and an inseparable part of everyday life.

The Touching Hearts, Touching Minds project that Pam McCarthy and her associates launched for The Massachusetts Women, Infants and Children (WIC) Nutrition Program was meant to address nutrition education through emotion-based messages. Instead of giving fact sheets and figures, the program provided personal stories and questions, like “When is the baby ready for cereal?” to provide nutrition information. At the WIC program in Dorchester House—a neighborhood health center—I saw a picture with different types of fruits. The sign next to it read: “It is fun to try different colors!”

These examples illustrate why Edison faced his difficulties with patients: rational health guidelines are not the only reason people make health-related decisions in their everyday life. After leaving the hospital and putting aside the identity of patient, they are individuals, family members, and community members. When I visited an elder center in Chinatown, an older lady commented on the center’s new policy of serving brown rice instead of white for lunch. Pouting, she said: “They are not the same! White rice makes me feel full and satisfied. It says I am living a good life. Brown rice is not as tasty as white rice.” As someone with two grandmothers about her age, I understand what she meant: there had been times when white rice and white flour were a luxury, and she felt good about herself when she finally could have plenty of this luxury. Yes, she might fear
diabetes. At the same time, her past experience in which white rice represented luxury also strongly influenced her.

A medical system is the kingdom of the sick, where treatments are designed to guarantee efficacy and patients are supposed to obey their obligations. Illness gives one the passport, marking one with the kingdom’s citizenship. In *Illness as Metaphor*, Susan Sontag (2001) characterizes health and illness as everyone’s dual citizenship. It is actually not easy to enter the kingdom of illness and the care of physicians, who are the customs and border officers. Their diagnosis of sickness gives patients the right to enter their care. Living in the kingdom of health, people don’t want to become citizens of the other kingdom. Yet even though they try to protect themselves, people are not governed by fear of the sickness kingdom. They live with emotion, tradition, value and experience. These are all factors driving their behaviors. This is why I am so drawn to explore everyday health life, where health is a complex associating with every aspect of one’s life.

The work of Paul Germond and James Cochrane introduces the significant concept “Healthworld” (Germond, 2010: 308). During their field work in Lesotho, they found that separate expressions and ideas for “Health” and “Religion” didn’t exist. Instead, they learned the local expression *Bophelo*, which signifies “not only the health of an individual, but that of a family, village, nation, the earth and the ancestors” (ibid, 309). Their research team chose the term “Healthworld” to parallel the native concept of *Bophelo*. “Healthworld” indicates that the standard of being healthy in Lesotho is embedded in its religious, social and historical contexts. It is also used as “a tool to explain the empirical complexity of health beliefs and behaviors” (ibid, 309). In this
research, I used the framework of healthworld to explore how community members’ immigration experiences influence their health life. I view my research participants as community members with commonalities underlying their social and cultural backgrounds, rather than as patients:

“The reality of one self and the reality of individual self-experience---or to put it another way, a consciousness of being in the world-in formed within an experiential reality composed of consociates and contemporaries with whom individuals assume both a degree of commonality in experience and a shared framework of understandings through which they become aware of their own and other’s experience” (Kapferer, 1986: 189).

“Healthworld” is the mirror of the life world, and a way of knowing and acting in the world oriented towards comprehensive well-being. (Germond, 2010: 310) In Alfred Shutz’s phenomenology, the lifeworld is the world of meaning. It refers to the daily life world that is experienced and reinterpreted within a community intersubjectively:

“All interpretation of this would is based upon a stock of previous experiences of it, our own experiences and those handed down to us by our parents and teachers, which in the form of ‘knowledge at hand’ function as a scheme of reference” (Schutz, 1970: 72).

In this study, I hope to explore the everyday health life of Chinese immigrants in Boston Chinatown. Through intensive participation observation in a church and a community park community, and eleven in-depth interviews with community members, the following themes stand out: first, how the physical and social existence of an
immigrant enclave constructs immigrant health life; second, how community members form a web of caring as a form of social insurance, to fulfill everyday health needs as well as those health needs unrecognized by biomedicine system; and third, the family as a caretaking unit, including some of the reasons why social insurance doesn’t cover everyone in need.

The chapters following the Background and Methods chapters (Chapter Two and Three), will addressed each of these themes. In Chapter Four, based on Bourdieu’s analysis of social space formation, I will discuss how social life, community members’ needs, and immigration life barriers are reflected in the physical space of Chinatown. I will examine where “Chinatown” is, and who Chinatown community members actually are, in a social sense. I will also discuss the functions, advantages, and limitations that Chinatown brings to community members’ health life.

In Chapter Five, I will explore how Arthur Kleinman’s caregiving model can be applied, but also differs from what is happening in this community. Built on ethnic solidarity, a sense of social belonging and shared religion beliefs, and social connections and experience, the moral solidarity of “being there” for every day health life becomes a way of forming the web of care. It covers community members’ daily health needs and, potentially, their illness needs. Since I primarily use a church community as an example in this chapter, I will also discuss how research conducted in a Chinese immigrant church community could influence the discussion of social insurance.

In Chapter Six, I analyze family health life as an example of why social insurance can be unsecure, subjective, and uneven. I will address the following questions: Who are
caretaker? Why are them? Why caretaking is something community members shouldn’t take for granted? How to push the web of caring further to cover the health needs of the community?

Through approaching this topic in multiple dimensions, I hope to provide some insights for those who work with immigrant population with acknowledging both their suffering and effort while searching promising ways to provide them with culturally-appropriate care.
In this chapter, I will explore how Chinatown as an ethnic enclave formed and changed, including its demography, history, space setting, social services and health resources, and religion dynamic. Likewise, I will talk about previous anthropological and interdisciplinary works laying the ground for my research on the healthworlds of Boston Chinatown.

**Formation of Boston Chinatown**

Boston Chinatown wasn’t always the way it is nowadays and it isn’t only about great food. For Chinese in Boston, Chinatown is a place to go when you are homesick. I remember hearing a lady telling her husband about her excitement in discovering a new
land in Mandarin: “This is just like being in China!” She was looking at a scene common in parks in China: a group of Chinese elders sitting together, playing chess or cards, and chatting. Different from many other ethnic enclaves, Chinatown has strong markers saying: “This is Chinatown”. Besides the well-known China Gate, which becomes a recognized symbol of Chinatown across the world, tiles in the pavement have Chinese characters meaning luck (Fuk, 福) and wealth (Choi, 財). Even an old phone booth looks like a Chinese traditional arbor.

Serving as a focal point, Chinatown links Chinese spreading out across the Greater Boston Area, and provides new immigrants with a landing point. Over the years, people have moved out of Chinatown—especially immigrants who have lived in Boston for a longer time—forming satellite ethnic enclaves like Quincy and Malden, or settling in more mixed ethnic neighborhood and relatively wealthier areas like Brookline and Newton. Nevertheless, people still travel back to Chinatown. Some return for daily goods necessary to maintaining the life style of their own culture; others seek social help including but not limited to language training, career development, and health care. Peter S. Li and Eva Xiaoling Li describe the North American Chinatowns as an “ideological construct and self-sustaining community” (Li, 2013: 19). It is also a significant place for local Chinese immigrants to build social relationships through parks, churches, community centers, family associations, and even supermarkets or benches beside a children’s pool. In a limited sense, one can call the relatively small number of actual residents Chinatown’s “community members.” However, many more of Chinatown’s community members don’t actually live there, but are “users” of its resources and remain
closely tied to the community. I call this second group the “returners” of Chinatown, a point I will develop in Chapter Four.

Kevin, a second-generation Chinese-American grew up in Chinatown, and is currently on the staff of a Chinatown community center. He describes the reasons behind Chinatown’s formation, saying, “Chinese needed a place of their own, but more importantly, there was no chance for them to be accepted anywhere else”.

Back in the mid-19th century, Chinese merchants, sailors and students had already started to travel to New England area for business and education. Barnes argues that direct and indirect evidence shows earlier and more extensive arrivals: “When President Jefferson declared an embargo in 1808 to prevent ships from being captured as war with England loomed, thousands of sailors, including Chinese, were stranded” (Barnes, 2005: 229). The Gold Rush and railway construction in California then brought large numbers of Chinese to work there as poorly paid labors. While many in California were actively anti-Chinese at that time, there were notable individuals in New England fighting against such racist sentiment, such as Anson Burlingame, who made the Burlingame Treaty possible. The treaty provided Chinese with the right to immigrate to the States. At the same time, a number of factors, including “racism, violence and state legislation” (Muse, 2005: 7) and education, became driving forces for Chinese to move from the west coast to the east.

The Chinese Educational Mission in the 1870s heading towards New England contributed to a significant historical presence. Guaranteed by the Burlingame Treaty, Yung Wing, the first Chinese student to graduate from a U.S university, persuaded the
Qing Dynasty to send 120 students, from ten to sixteen years old, to live with host families and go to high school and college. This pioneering attempt by this Christian Yale graduate ended with an early closing. Forty years later, funded by the Boxer Indemnity Scholarship Program, 180 students from 17 to 20 years old attended institutions of advanced education across the United States, becoming individuals crucial to the modernization of China.

The most widely-recognized group of workers were the 75 immigrants that Calvin T. Sampson hired to break the labor strike and work in his Sampson Shoe Factory, in North Adams, Massachusetts. On the day of their arrival from California, after making their way through a hostile mob, he asked them to line up along the south wall of his factory for the photograph below. Their arrival in the 1870s was crucial to the early establishment of Boston Chinatown.

Chinese Immigrants Arriving at Sampson Shoe Factory in the 1870s
South Cove, part of a landfill initiative and also home to Irish, Italian, Jewish, and Syrian immigrant workers, became the first settlement for these Chinese workers after they moved out of North Adams. This area endured, becoming part of the current location of the Chinatown. Adjacent to downtown Boston and South Station, this area developed rapidly and pushed into Chinese a relatively undesirable area. Several hundred Chinese resided along alleys linked to Harrison Avenue and Beach Street at the beginning of the twentieth century (To, 2008: 7). 1882, the Chinese Exclusion Act prohibited all immigration of Chinese laborers and a 1903 immigration raid in Chinatown largely reduced the number of Chinese residents of the area. This was a struggling period for Chinese immigrants, compounded by the widening of Harrison Avenue that destroyed many local businesses, and the railway brought a polluted living environment.

Laundries and restaurants became the dominant businesses for Chinese in this area and enabled Chinatown to expand its boundaries to Tyler Street, Hudson Street, Harrison Avenue, and Beach Street from 1990 to 1930 (ibid, 7). The territory of Chinatown became similar to the current one (see map on the next page). At this time, most residents in Chinatown were from Toisan, a county of Canton Province, immigrating from the 1870s to the 1960s. It is still common for some Bostonians to view Cantonese, the domain dialect of Canton Province, as Chinese. These early developers and their families left a strong sense of southeastern China city style: using traditional Chinese instead of simplified Chinese as the official written language, lines of Dim Sum places and herb stores and commonly using Cantonese in places like local Chinese supermarkets. In some way, the encounter of western culture and Cantonese culture made Boston Chinatown
more similar to Hong Kong and Macau, Cantonese-speaking areas previously colonized by western countries.

On the year 1943, the Chinese Exclusion Act was lifted. The War Brides Act, the GI Fiancées Act and the Immigration Act of 1946 (also known as Chinese War Brides Act, which allowed Chinese wives of American citizens to immigrate on a non-quota basis) made it possible for family reunions in Chinatown. This shifted Chinatown from a male
majority community to a family-based community. In addition, the 1950s saw the possibilities of “paper families” coming to the U.S by claiming to be relatives of U.S citizens, and naturalization of undocumented immigrants. Many refugees escaping from China during the Communist and Nationalist War also located in Boston during this decade. Even now, the community politically tends to support the Nationalist Party; they choose to celebrate Double Tenth as the national day rather than on October 1st when People’s Republic of China was founded.

An increase on the population from 1950s to 1990s tripled the number of Chinese, and it was at that time they started to branch out to surrounding neighborhoods with the need to cope with new changes happening in Chinatown neighborhood. Lo writes:

“Originally a six-block area bounded by Harrison Avenue and Essex, Hudson, and Kneeland Streets, Chinatown began to expand in the late 1940s and early 1950s (Chinatown Community Assessments Report 2). Chinatown’s land area was reduced significantly due to urban renewal projects and institutional expansion. More recently, the neighborhood, which borders the financial district, downtown shopping area, and historic sites, has attracted the attention of real estate developers. As large office, retail, and luxury or market-rate housing complexes have risen; community organizers for many years have struggled to protect the area from unchecked development. Gentrification, however, is fundamentally changing the nature of the neighborhood. Along with increased traffic and congestion, Chinatown is becoming less affordable for low-income individuals and less concentrated by Chinese residents” (Lo, 2006:5).
The 1980s saw the formation of Chinese communities in Quincy and Malden since these two locations “were still close enough to Chinatown for an easy commute, were accessible by the subway, and offered more affordable housing with opportunities to buy real estate” (ibid, 5-6). But Chinatown community members still “have taken strides to ensure the survival of their ethnic neighborhood” (Muse, 2005: 9). Resident representatives of Chinatown, including socially-active pastors, made an effort to engage the city government to protect their family-oriented community territory from being overrun and jeopardized by the nearby Combat Zone (Right Light District).

Starting on the 1940s and increasing during the mid-1980s, immigrants from rural Fujian became a new major flow of immigrants through pathway of undocumented immigration, or in pursuit of family reunification (Guest, 2003: 27). They built tightly-knit community with families and village compatriots. Many have chosen to locate in Quincy. Compared with earlier arrivals from Canton, they are still working to establish themselves and more are struggling as an underprivileged group: “In general, the socioeconomic standing of Chinese Americans in these two cities is higher than that of Chinese Americans in Chinatown and lower than that of Chinese Americans statewide” (Lo, 2006: 5).

There are also many immigrants from (but not limited to) coastal areas in Mainland China, Hong Kong and Taiwan. During my field work, I met many elderly immigrants from Shanghai. Some were a part of families emigrating from Shanghai to Hong Kong between the 1930s and 1950s, who then wound up living in Boston. A more recent group comprises immigrants who moved to Boston after their children became U.S citizens, a
form of immigration becoming common among families of professionals and students from Mainland China in general. This last group of immigrants usually has better economic circumstances and chooses neighborhoods with better residential environments.

**Social Dynamics in Boston Chinatown**

As a result of these different waves of immigration, the Chinatown community has become much more diverse, embracing new waves of immigrants from Fujian and many other parts of Mainland China, Hong Kong and Taiwan, including second and even third generations of immigrant families. It also transformed into a well-established tourism site.

**Demography**

Based on the 2010 Census, the Chinese American population numbered approximately 3.8 million in the U.S., with 25,921 (alone or in combination\(^1\)) living in the city of Boston (Lo, 2012: 11). Chinese living in Quincy, Malden and other towns are not included in this number. Boston Chinatown is the fourth largest Chinatown in the U.S.

The Boston Development Authority (BDA), a municipal planning and development agency for Boston working on both housing and commercial developments, presented a series of data on this population: 16,668 immigrants from China are among Boston’s foreign-born residents, based on a 2007-2011 American Community Survey (Boston Redevelopment Authority, Research Division, 2014: 7). According to the 2010 census (Boston Redevelopment Authority, Research Division, N.d: 4), the neighborhood of

\(^1\) Meaning those individuals who identified themselves as being of one or more subgroups or races.
Chinatown has 4,444 residents, with basically equal gender distribution. As compared with Boston's 9% overall Asian American population, Chinatown has 77% of its Asian residents, or 3,416 Asian residents (ibid, 7). Interestingly, the Health of Boston 2012-2013 Report directed the Boston Public Health Commission (BPHC) of city government suggested that Chinatown neighborhood has a population of 12,843 in the year 2010, with 45.6% of them Asian (Boston Public Health Commission, 2013: 30-31).

To triangulate these different data, I went back to research done by the Institute for Asian American Studies at the University of Massachusetts Boston. In the year 2000, Chinatowns has 9,196 residents with 5,250 of them are Asian American and 4,828 of them are Chinese American (Lo, 2006: 4). Lo’s number is closer to what individuals in Chinatown told me. However, the general opinion seemed to be that Chinatown is a physical declining space and that more Chinese residents are moving out of the area. Differences between these figures could be explain by the scope of measurement, insofar as the boundary of Chinatown is blurry due to urban-renewal plans, the expansion of the downtown area and new investments coming in. Moreover, the BDA used both zip code and zoning boundaries, instead of only the zip code, when measuring population; in contrast, the map used by the Public Health Commission shows a larger area.

The territory delineated by the BDA’s report on Boston neighborhoods, based on the 2010 census (Boston Redevelopment Authority, Research Division, N.d), more closely approximates how I perceived the Chinatown community during my research. Major features of Chinatown could be identified from figures related to “Asian-domain,” “Aging population” and “family-oriented.” Lo’s research also shows seniors as the major
residents of the area. She writes, “[That] Chinatown is home to a large number of seniors is reflected in the median age of Chinese Americans in Chinatown which is 45.4, considerably higher than the median age of 36.5 for the general population statewide. Almost one in four Chinese males and one in three Chinese females are at least 65 years old” (Lo, 2006: 4).

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<th>Race/Ethnicity Population (Percentage)</th>
<th>White</th>
<th>Hispanic</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Other</th>
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<td></td>
<td>700 (15.8%)</td>
<td>130 (2.9%)</td>
<td>132 (3.0%)</td>
<td>3,411 (76.8%)</td>
<td>71 (1.6%)</td>
</tr>
<tr>
<td>Age (Percentage)</td>
<td>Under 19</td>
<td>20-34</td>
<td>35-54</td>
<td>55-64</td>
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<td>685 (15.4%)</td>
<td>1,396 (31.4%)</td>
<td>1,143 (25.7%)</td>
<td>539 (12.1%)</td>
<td>681 (15.3%)</td>
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<td>Household Type (Percentage)</td>
<td>Family: Husband &amp; Wife</td>
<td>Family: Male Household er, No Wife</td>
<td>Family: Female Household er, No Husband</td>
<td>Non-Family: Household er Living Alone</td>
<td>Non-Family: Household er NOT Living Alone</td>
</tr>
<tr>
<td></td>
<td>749 (37.8%)</td>
<td>77 (3.9%)</td>
<td>150 (7.6%)</td>
<td>774 (39.1%)</td>
<td>232 (11.7%)</td>
</tr>
</tbody>
</table>

*Figure 1. Chinatown Demographic Information*

Where the BPHC and BDA do agree is on the high renter-occupied housing—79% in the BPHC report, and 93.3% in the BDA report. These numbers indicate the high mobility of residents, and the degree to which Chinatown serves as a transitional neighborhood. The BPHC also examines the levels of education attained, finding that 35% of the residents have less than a High School Diploma, while 36% have a Bachelor’s
degree or higher. It should be noted that this figure is likely to include some students from nearby colleges, like Emerson College. Lo’s research also covers this topic and specifies gender difference:

“One in four males has less than a ninth-grade education, and only 8.1% hold a college degree or above. More than 50% of females have less than a ninth-grade education, and only one in ten holds a college degree or above” (Lo, 2006: 4).

Lo also describes other significant issue of Chinatown. Because her research focusing on Boston Chinatown’s demography was based on the 2000 census, its detailed information is somewhat dated, but I still find it representative:

*Immigration Status and Nativity:* “Fifty-seven percent of Chinese Americans in Chinatown are citizens, a figure somewhat lower than that for the Chinese Americans statewide (64.7%). A somewhat larger percentage of Chinese Americans in Chinatown are foreign-born (79.7%) than in the state (69.9%)” (ibid, 4).

*Language:* “Chinese residents in Chinatown are much more limited in English language skills as compared with their statewide counterparts. Fifty-seven percent of working-age Chinese Americans (18–64) speak English “not well” or “not at all”, while over 84.6% aged 65 and older experience a similar English language barrier” (ibid, 4). This is particularly true for the park community members with whom I interacted, many of whom claimed to be illiterate in both English and Chinese.

*Socioeconomic Standing:* The Boston Chinatown website gives $14,289 per year as the median household income for residents (http://www.boston-chinatown.info/chinatown-history.html, accessed December 18, 2013) which is close to
Lo’s number, $13,046 (ibid, 4). Compared with $52,762 per year in the general U.S. population according to the 2010 Census, this number indicates that Chinatown’s residents still struggle with poverty, with family incomes about one-quarter of Chinese American households statewide. Lo points out:

“Chinatown residents are concentrated in low-level occupations. More than one in two Chinese males are employed in service occupations, most of which are in the food industry. One in four Chinese females are employed in service occupations, although only about half of those are related to the food industry. Chinese female residents of Chinatown are also highly concentrated in production occupations” (ibid, 4-5).

Social Services and Family associations

Instead of seeking outside help, the Chinatown community has been dedicated to building a series of community social services run by community members. As a result, “[s]ignificant ethnic and functional diversity exist among Asian American nonprofit organizations.” (Hung, 2008: 24) This dynamic could relate to the importance of social connections within families and community in establishing post-immigration life.

Early Cantonese-speaking immigrants were pioneers who started to collaborate with city government where possible, and to gather community forces to establish various social organizations. It should be noted that many board members of the current organizations are Cantonese-speaking immigrants and children of these immigrants, in

2 A list of well-known community organizations within this community can be found on Page 22.
line with the community’s dominant Cantonese culture. Given that more diverse immigrant populations are joining the community, the centers are working to meet these new challenges by taking such steps as hiring staff from different subculture groups.

Family association and community association are also important parts of community members’ social life. These associations provide a chance for immigrants to reunite with their roots or origins and build social supports with each other, as people with the same family name or coming from the same village are viewed as sharing ancestors. For example, the Wong Family Youth Club and Wang Young Man's Christian Association (YMCA) of Chinatown are supported by well-established family associations.

Besides formally established community social services, there are also informal community gathering places where community members go for recreation and social connection. A popular spot is the Chinatown Gateway Park (also known as Mary Soo Hoo Park). Even community members living in Quincy, as well as the South End, would return to the park to play cards, chess, and chat with their old friends and colleagues.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Founded Time</th>
<th>Current President/Chief Director</th>
<th>Mission</th>
<th>Example Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese Consolidated Benevolent Association of New England</td>
<td>Formally registered in 1923, could be dated back to 1884</td>
<td>Rick Wong</td>
<td>Unity, Chinese culture preservation, Freedom and democracy, Safety, Housing and welfare</td>
<td>Crime Watch Program, The Table Tennis Club and etc.</td>
</tr>
<tr>
<td>Boston Chinatown Neighborhood Center</td>
<td>1969</td>
<td>Giles Li</td>
<td>Ensure children, youth, and families to have the resources and support to achieve greater economic success and social well-being</td>
<td>After school program, Children and youth education and recreation, Adult education PTA Empowerment and etc.</td>
</tr>
<tr>
<td>Greater Boston Chinese Golden Age Center</td>
<td>1972</td>
<td>Ruth Moy</td>
<td>Serving the Asian elderly in a culturally sensitive and linguistically appropriate way</td>
<td>Adult day health programs, Boston neighbor walk, Citizenship assistance and Housing and Caretaking and etc.</td>
</tr>
<tr>
<td>Chinese Progressive Association</td>
<td>1977</td>
<td>Co-Chairs: Jian Hua Tang &amp; Ann Har-Yee Wong</td>
<td>Full equality and empowerment of the Chinese community</td>
<td>Adult Education Program, Campaign to Protect Chinatown, Chinese Youth Initiative and etc.</td>
</tr>
<tr>
<td>The Chinatown Coalition</td>
<td>1993</td>
<td>Rev. Enoch Liao</td>
<td>Information sharing and a forum for community issues</td>
<td>Monthly meeting Discussion on Chinatown issues</td>
</tr>
<tr>
<td>Chinatown Main Street Initiative</td>
<td>1997</td>
<td>Tony M. Yee</td>
<td>District beautification and local business enhancement</td>
<td>Monthly meeting discussion</td>
</tr>
<tr>
<td>Josiah Quincy School Association</td>
<td>2002</td>
<td>Co-Chairs: Glyn Polson &amp; Robin Reilly</td>
<td>Enrich the lives of our children by providing enrichment programs</td>
<td>Swimming program, Field trip and Culture enrichment</td>
</tr>
</tbody>
</table>

Table 1. Chinatown Community Social Services
Health Care Resources

In this section, I will introduce the major Biomedicine resources serving this community will be introduced. (I will introduce Chinatown’s Traditional Chinese Medicine (TCM) resources in Chapter Four.)

South Cove Community Health Center is not only the largest Asian community health center in Massachusetts. It is also the most important primary care health resource for community members in Chinatown, especially those with relatively low incomes and limited English skills. Now, South Cove is known as a primary care center that is linguistically competent to serve both Chinese and Vietnamese community members. Many of the staff can speak Cantonese, Mandarin or Vietnamese. All the signs are listed in English, traditional Chinese and Vietnamese. The Center has also devoted many resources to help patients with language barrier register in the Electric Medical Record system, given that the system is only available in English and Spanish. This is important, given the language barriers that community members have discussed in the section on demography.

Community members normally refer to this health center as “New England” (Nau Ying Leon, 紐英倫) or “Chinese” (Waa Ja, 華人). The latter indicates its major patient population and its current Chinese name. Founded in 1972, and originally called “Boston Chinese Community Health Services,” this community center had been running for over 40 years. In around 1973, the board members of it decided to change the name to “South Cove Community Health Center” to emphasize the location and and the Center’s dedication to work with other Asian population also living in this area.
South Cove has four locations in the area of Chinatown and Quincy. Its new location in Quincy now welcomes younger and newer immigrant families, while some immigrants who have been in the U.S longer would choose the Chinatown clinic they were used to visiting. Affiliated with Beth Israel Deaconess Medical Center and Boston Children’s Hospital, it also has a tight relationship with Tufts Medical Center. As a primary care center, this South Cove has a complete set of departments, including nutrition, Ob/GYN, mental health, radiograph, and so on. It also plays a significant part in community health promotion through an after-school program, organizing free health screening events, and sponsoring community activities like Mid-Autumn Festival Gathering.

As a government-funded health center, South Cove serves a large patient population that is relative low-income. Almost all the community members with whom I spoke who go to South Cove mentioned using “white card”, a form of medical insurance provided by the Massachusetts Commonwealth Program for low-income populations. Staff from South Cove mentioned that their funding resource was switching from a fee-per-patient visit to a set amount assigned to every registered patient per month. This change encourages them to pay more attention to prevention to illness since sever and chronic illness will lead to over budget.

Tufts Medical Center, located in the middle of Chinatown, is also very involved in community service and researching about this community, and serves as a major source of medical specialists. It was also where the community sought help to establish South Cove in the 1970s. The center provides medical interpretation service in four dialects of Chinese: Cantonese, Mandarin, Toisanese, and Taiwanese. Front desk staff explained that
the medical center is making efforts to hire bilingual or trilingual medical interpreters to ensure in-person interpretation can be guaranteed during clinical visit.

The Asian Health Initiative in Tufts Medical Center collaborates with five community organizations to tackle what this program identifies as the most critical health concerns of the community: diabetes, obesity, and smoking. The program funds the following community health intervention: 1) a health education advocacy through *Sampan*, published by the Asian American Civic Association; 2) the “Teens Going Healthy” program by Boston Asian Youth Essential Service advocating healthy lifestyle among teenagers; 3) a family services program focusing on educational workshops for parents to reduce and/or prevent childhood diabetes and obesity in Boston Chinatown Neighborhood Center; 4) Understanding Diabetes “for Chinese speaking seniors ages 55 years and older who have been diagnosed as having diabetes or who are at high-risk for developing diabetes” lead by Greater Boston Chinese Golden Age Center; and 5) Wang YMCA’s TEEN EBALANCE” (Early Beginning Active Lifestyle & Appropriate Nutritional Choices Education), helping area teens to learn about obesity and the health risks and consequences of an unhealthy lifestyle and helps teens develop the knowledge and skills to make healthy choices for a lifetime.

*Religion Dynamics*

Christianity played an important part in the history of Boston Chinese Americans, going back to the age when Chinatown was a male dominant society. The Young Men’s
Christian Association was established in the year of 1914 to serve this bachelor community.

The Boston Chinese Evangelical Church, founded in June 1961, was organized by 18 Chinese Christians under the leadership of Pastor James Tan. Their vision was “bringing the Gospel to the Cantonese-speaking Chinese immigrants in Boston area”. In 1979, the church established its own facility on Harrison Avenue. Over the years, this biggest Chinese Christian Church in Boston became one with “six congregations ministering in three different languages, over two locations”. The three languages include Cantonese, Mandarin and English while the two locations are the Chinatown Campus and the Newton Campus. The church has expanded such that 1,200 regular church members visit every week.

Besides this church, there are close to 20 Chinese Christian Church or Bible Study groups in the area of Boston. There are also religion-oriented community centers like the American Chinese Christian Educational and Social Services (ACCESS) that are active within the Chinatown community, helping community members become familiar with basic skills that include using computers, and building enrichment programs for kids.

Although Buddhism is the most popular religion within Mainland China its status is reversed among Chinese Americans in Boston. The two well-known temples—Thousand Buddha Temple (Massachusetts Buddha Siksa Society) and Kuan Yin Temple—are both located in Quincy.
Literature Review

On Chinatown

The spaces of Chinatowns worldwide are bursting out of only being where Chinese live, or where one can find Chinese food and stores. On the one hand, “[mo]vies have made Chinatown to be exotic, mysterious, gangsters filled, and sometimes, a gilded ghetto, an ethnopolis, a cultural diaspora as well as a modern society” (Wong, 2013:1). On the other, however, scholars have focused on Chinatown as a social-cultural phenomenon, and tried to debunk the stereotype of Chinatown through intensive research. Yet although the religious, political, and economic life of this space have been covered by research, its health life has received far less attention.

In Chinatowns Around the World: Gilded Ghetto, Ethnopolis, and Cultural Diaspora, edited by Wong and Tan, anthropological, sociological and geographical researchers scrutinize this cultural phenomenon, using specific Chinatowns worldwide as examples. They examine its social reality—its functions, symbolic meanings, development and transformation, political discourses, problems and conflicts. For example, the suburbanization of Sydney Chinatown and revitalization of Inner-Sydney Chinatown (Inglis, 2013) provides a fable-like example that resonates with many other Chinatowns. It illustrates immigrants’ need to live like other Sydney citizens, and to have a space where their homeland culture is presented and preserved. At the same time, it shows the struggling survival of inner-city Chinatown under urbanization; and the transnational connections between Sydney Chinatown and Guangzhou Government.
Laguerre’s work focuses on three different Asian ethnic enclaves in San Francisco: “commoditized Chinatown, gentrified Japantown, and defunct Manilatown” (Laguerre, 2000). Like Wong and Tan’s work, Laguerre’s work analyzes these three different ethnopoles locating in the same city, identifying them as “global because it comprises a multiplicity of global niches in its midst that interface with and sustain each other at the local level” (ibid). He argues that globalization instead of transnationalism is the most significant characteristic of these enclaves. Taking his analysis of Chinatown as an example, he proposes three questions when it comes to its racial identity construction:

(1) How the globalization process has been an important factor in the reproduction of Chinatown as an informal capital city; (2) how the selling of Chinatown on a global scale as a tourist site has reinforced its status as a radicalized ethnopolis; and (3) how global events—President Nixon’s 1972 visit to China, the 1975 fall of Saigon, and the 1997 annexation or return of Hong Kong to China—have further transformed it into a symbolic site of US global racist practices (ibid, 29).

Research on New York Chinatown, the largest in the U.S., has informed my research in Boston Chinatown. Jan Lin (1998) examined change in Chinatown in regional and global contexts, focusing on geographical, political, and economic transformations. He conducted his research at the end of the last century, when sweatshops were still major workplaces for Chinatown community members. However, the themes it presents remain crucial for current Chinatown—transnational capital, community solidarity, tourism, and voyeurism.
Kenneth Guest’s research among Fuzhounese Christians in New York Chinatown has had a strong influence on my research. He examines the religious landscape both in New York Chinatown and in Fuzhou, where these immigrants came from and diaspora traditions remains. He describes the ethnic churches where he did his research as “nodes of access to an intertwined web of social economic relations that spreads from New York entry point throughout the city, across the country, and eventually back to China” (Guest, 2003: 170). These nodes are where he explored the religious journeys and immigration experiences of Fuzhounese immigrants. Coming from a hometown with a strong Christianity tradition, Fuzhounese religious communities built their new home with strong desire to rebuild and preserve the religion space they used to visit frequently where both Christianity and Fuzhou local culture are presented. The churches also became a site where old connections are reconnected, new connections are built, information is exchanged, identity and support are shared, and transnational connections between those who live in New York Chinatown and those who live in Fuzhou maintained.

*On Boston Chinatown and Boston Chinese immigrants*

Muse’s research focuses on the Boston Chinese Evangelical Church to learn “ways to be ‘Chinese’ through counter-cultural living” (Muse, 2005: 177). Through analysis of language and culture in the church, she explores ethnic identity, gender roles, and the religious life of church members. She also presents diverse ways of constructing ethnic-Christian identity. For example, through comparisons between evangelism and parallel Chinese culture tradition, she suggests that, “through the Christian-Confucian dialogue, it
becomes clear that the doctrinal and conservative language of evangelical Christianity provides a linguistic medium for capturing the essence of Confucian ideas” (ibid, 176). In this context, women’s roles are also diverse, including the godly family member in a patriarchal order, the highly-spiritual, and the believer with closeness to the God, each of whom is empowered in the church.

The history of Boston Chinatown has been documented and researched primarily by the Institute for Asian American Studies at the University of Massachusetts Boston and Chinese Historical Society of New England. The first organization covers diverse topics pertaining to Asian Americans in Massachusetts. Those that focus on Boston Chinatown includes Chinese senior life and health needs in Boston along with related service options, and a project collecting narratives about laundries, the earliest businesses owned by Chinese immigrants. The Chinese Historical Society of New England has partnered in this project too, and is currently collecting oral histories of the lives and activities of Chinese-American women living in New England.

The historical development of Chinatown has also been examined by scholars from various fields. American Studies PhD candidate Thomas Chan’s dissertation “Remaking Boston's Chinatown: Race, Place, and Community in the Postwar Metropolis” examines the ways in which diverse Bostonians produced and contested the space and place of Boston’s Chinatown from the 1950s through the 1990s. This work discusses the community’s coping strategies when facing constant challenges, uncertainty, and racial adversity. Under the direction of MIT professor Tunny Lee, researches have examined particular buildings and sites in Boston Chinatown. Students of the urban planning
department have carried out research on the Chinatown Branch Library and the Boylston Building. Partnering with the Chinese Historical Society of New England, Wing-kai To wrote about the history of Chinese in Boston from 1870 to 1965, and included historical pictures (To, 2008).

Where health is concerned, researchers from Tufts Medical Center and South Cove are also basing their research in Boston Chinatown and the population it represents. For example, in Yeung’s research (Yeung et al, 2004), Exploratory Model Interview Catalogue was used to understand illness beliefs of depressed Chinese American patients in primary care. Research shows that many interviewed patients don’t consider depression as a problematic symptom to feel the need to report it to their physicians and some are unfamiliar with depression as a treatable psychiatric disorder.

Barnes examines Chinese healing resources in Boston Chinatown and their influence. She “cast a wide net that draws in not only acupuncture, herbal practices, therapeutic massage (tui na), bone-setting, and martial arts medicine, but also tai ji quan, qi gong, and other practices often assigned to the categories of martial arts or meditation” (Barnes, 2001: 1). In her work, TCM is not specific to Chinese immigrants, but an essential cultural component to Chinatown and Boston representing religious, social, and philosophical meanings.

*On Chinese Immigrants and Their Health*

Sociologist Min Zhou is known for her study on the experience of Chinese Americans. Her *Contemporary Chinese America: Immigration, Ethnicity, and*
Community Transformation (Zhou, 2009) presents her extensive original research on this topic: the causes and consequences of emigration from China, demographic trends of Chinese Americans, patterns of residential mobility in the U.S., and Chinese American “ethnoburb” immigrants.

In the same series on Asian American history and culture, Chan and Hsu’s work focuses on ethnic culture and identities to explore how Chinese Americans claim recognition and acceptance as participants of America's multiracial, multicultural democratic state (Chan and Hsu, 2008). Chen touched on the same topic in a politically controversial context. He examined how Chinese immigrants to the United States transformed themselves into Chinese Americans during the crucial period between 1911 and 1927. When the new Chinese republic faced its first serious threat from Japan in 1915, the Chinese response in the United States revealed the limits of Chinese nationalism and the emergence of a true Chinese American identity. In addition to using multiple Chinese-language newspapers to identify ideological elements of this identity, Chen also documents the emergence of permanent Chinese American communities, or Chinatowns (Chen, 2006). In line with the Chinese identity discussion is Andrea’s work on renegotiating Chinese identities in China and the United States (Andrea, 2004). His ethnographic focus hones in on the program “In Search of Roots,” which takes young Chinese American adults of Cantonese descent to visit their ancestral villages in China’s Guangdong province, and how this program starts conversations about their self-identity.

In addition to these anthropological and sociological works, many autobiographies
written by Chinese or Chinese Americans join the discussion of constructions of Chineseness in the context of immigration.

Aihwa Ong’s research among Overseas Chinese as part of her theory of Biopolitics Citizenship, focuses on individual agency in the large-scale flow of people, images, and cultural forces across borders:

“She describes how political upheavals and global markets have induced Asian investors, in particular, to blend strategies of migration and of capital accumulation and how these transnational subjects have come to symbolize both the fluidity of capital and the tension between national and personal identities. Refuting claims about the end of the nation-state and about ‘the clash of civilizations’” (Ong, 1999).

Ong also used her distinct perception of Biopolitics Citizenship analyzes the health life of Southeast Asian population, arguing that the making of such citizenship is used as a form of resistance to the medical gaze by Cambodian refugees (Ong, 1995).

Arthur Kleinman’s findings from his research on mental health in Taiwan and Mainland China from 1969 to 1980 is also crucial to understanding the health life of Chinese immigrants. His *Social Origins of Distress and Disease: Neurasthenia, Depression and Pain in Modern China* provides an important discussion of the concept of “somatization” in relation to the formation of Chinese depression patients’ illness experiences in their particular social and cultural contexts. These work brought attention to mental health problems in China. Kleinman also characterizes “somatization,” as “the substitution of somatic preoccupation for dysphonic affect in the form of complaints of
physical symptoms and even illness” (Kleinman, 1986: 149), suggesting that it is also commonly found within Chinese Americans in his own clinical work.

Katherine Mason’s recent work examines the experience of illegality as a social determinant of health among undocumented immigrants (primarily Chinese) in the United States. Her work with a team of multidisciplinary researchers at Columbia University on initial findings from a series of qualitative studies of Fuzhounese mental health patients was presented recently and she looks at the cultural, socioeconomic, and legal pressures that lead to poor mental health and poor outcome (Mason, 2014).
CHAPTER THREE:

METHODS AND RESULTS

In this chapter, I will provide a detailed description of the development of my research design. I discuss both the methods that had intended to use in my original research plan, as well as the primary ones that I actually adopted in response to conditions in the field. I will also discuss how I recruited my participants and how I analysed the qualitative data I collected during my three months of fieldwork. Interviewee demographic distribution is presented in the section addressing semi-structured interview.

Research Design

The process of designing and revising the research plan reflects the growth of my understanding of the Boston Chinatown community. My initial plan had been to contact a local community health center with a large Chinese patient population, to gain permission to recruit and interview patients and physicians about the challenges of inter-cultural differences between patients’ and physicians’ clinical communication. The diversity of the Chinese American population is often overlooked in discussions of cultural competency, and I hoped to learn more about the difficulties Chinese-American immigrants might encounter in the realm of medicine, including but not limited to language differences. I entered into discussions with the clinic director, starting in the Fall of 2012. After a series of discussions, the clinic personal ultimately characterized its patient population as vulnerable, unlikely to cooperate in such a study. Ultimately, I
changed direction. Nevertheless, during these months and into the spring, I went to Chinatown regularly—partly to shop, and partly to explore in order to develop a familiarity with its layout and dynamics.

The conversations I had in the community health center led me to move from a focus on clinical communication to the experiences of everyday life: What health-related challenges do Chinese immigrants face that make them vulnerable? What concerns do they have? How do they cope with these challenges? What are influencing them? To pursue these questions, I approached sites in Chinatown that community members visit daily, including the Boston Chinese Evangelical Church, Chinatown Gateway Park, C-Mart Supermarket, Boston Chinatown Neighborhood Center, and the Golden Age Center. I decided to choose the church and the community park as my major research sites. Doing so allowed me to reach community members who might or might not go to the community health center. More significantly, I got to interact with community members on their daily stage and be a part of their everyday experiences. Gradually, my focus settled on the question of how immigration experiences influence the health life of Chinatown community members. I hoped to get to know local health concerns, as well as possible difficulties, strategies that community members adopted, and subgroups dynamics.

After three intensive months in the field, I stepped back from the sites and reflected on my data. It became clear to me that immigration community health is a holistic subject, related not only to community members’ health concerns, habits, medical insurance, religions, and medical system preferences; but also to the community space
and its functions, community members’ relationships and connections, subgroups’
dynamics, and social class differences. At that point, I incorporated the term
“healthworld” as a key term for my research as a way to focus on exploring “health” in
Chinatown from a complex community perspective.

**Research Methods**

With the approval of the Institutional Review Board of Boston University Medical
Campus (IRB), I applied the following methods to explore my research topic.

**Participation Observation**

Participation observation was my primary research method. It helped me to get
familiar with the neighborhood and research locations, build friendships and win trust
from my potential participants, as well as to connect and triangulate various themes I
learned from my interviews. As Bernard has suggested, this method “involves getting
close to people and making them feel comfortable enough with your presence so that you
can observe and record information about their lives” (Bernard, 2011: 256). My research
got beyond Bernard’s description, entering into what Sobo has called “being in the site,”
in which “on-site presence enables us to experience a given location, sometimes allowing
us to participate in the activities, sounds, smells, sights, and so on that constitute that
social-cultural arena” (Sobo, 2009: 211). It allowed me to experience the life of being
viewed as a community member and a part of community members’ daily life. The
experience proved crucial, since it is closely tied to what I identified as the most
important theme in my research: caregiving between community members in everyday life.

I assumed the role of participant observer, making my identity as a researcher public while still participating in some events or aspects of my potential participants’ life. Over the course of three months, I conducted participation observation primarily in the Boston Chinese Evangelical Church and Chinatown Gateway Park. On average, I spent time at both places at least once a week, visiting and talking with community members.

At the church, I participated in weekly fellowship groups, chatted with people during snack time after Sunday worship and went on a fellowship-group fishing trip. I was lucky to be welcomed warmly by the members of Mandarin Branch of the church. I was asked to consult with the minister to make sure potential interviewees are not too vulnerable to participate in my study. After getting his permission, I invited church members to take part. No one that I proposed was vetoed by the minister. As I got to know them, various congregants became supportive of my research, honestly sharing their immigration stories and personal lives. In my own life, they became great friends, with whom I shared time, and found myself able to ask for help when I was moving apartments. Nine of my interview participants were recruited from the church.

Therefore, it wasn’t the recruitment process that posed challenges at the church. Instead, after my first visit to the fellowship group, I remember having long discussions with my advisors and classmates, because people I had met were welcoming beyond my expectations or anything I could have imagined. In my research methods class, I had been trained to accept the answer “no,” but to fight for a “yes”. So I was both excited and
nervous after receiving such a warm welcome. Even though it was a good sign for my research, I also knew that members of the church community had not only the hope, but also perhaps even the expectation of converting me. My struggle involved finding ways to make it clear that I was there for research, but not religious conversion, while still being respectful of the church and enacting acceptable behaviors. The community members I met were in no way pushy, but they held very different opinions from mine. For example, some suggested that I pray to God for wisdom to help my research. It took me a while to understand why, from their perspective, my hard work wasn’t all I needed to do a good job. Most of the time during my first month in the church, I found myself trying to figure out why I didn’t believe the tenets of Christianity, how to be a non-believer “regular churchgoer” (Ottinger, 2006: 156), and how to develop friendships that overrode my religious differences with a church.

I decided to be respectful but honest. Whenever I met someone new in the church, I always introduced myself as not a Christian. Interestingly, some of my church friends insisted on supplementing my introduction by telling people, “Not yet, she is not a Christian yet.” I adopted this way of introduction in some occasions because I don’t necessarily have any reluctance to possibly become Christian in the future. When I participated in the fellowship group trip to Maine, I told the young woman with whom I shared a bed, “I am fine being a Christian. But I am not one.” And I showed her my one of my favorite quote:

“It is not, as my ten-year-old son announced in one of our awkward discussions about God, that ‘I don’t believe in anything that can’t be scientifically proven’; it’s
just that I got the habit of humanism instead. And to be a humanist is to understand that, for most humans, what we call religious traditions are deeply meaningful. So I respect that meaningfulness and I recognize the historical power of religious practice, debate, and identity. I found in anthropology the perfect discipline for someone in my existential state: it sanctions respect and enables understanding without demanding fully participation” (Abu-Lughod, 2011: 13).

She nodded after reading it and told me she couldn’t understand it completely but saw where I am going. She also told me that she hoped that I didn’t feel offended by their converting effort. A week later, I heard her praying for me before the group meeting: “God the Father, please bless Tong for whatever choice she makes.”

I set myself rules for how to behave in the church. I didn’t pray or sing with group members, because if I didn’t mean it, it would be disrespectful to lie. But I devoted myself to listening to them very carefully if they were doing so. I always actively took part in the Bible study discussion because I viewed it as a form of religious study. Occasionally, I confronted speech that I felt was sexist when telling people about my disagreements. Still, I had confidence in their open-mindedness. Despite our differences, I viewed myself as a group member. I felt pleasant and connected when explaining new cellphone apps to middle-age group members, discussing new born babies with some of the women, and calling friends from the church once in a while to catch up. I also found myself missing them when I was trapped at home writing. They were welcoming not just because of their conversion efforts, but also because they accepted me as “one of us”. One of my close friends from the church said: “We were lucky to meet you and have you
here. Maybe God will eventually find you, but that takes time.”

My efforts to recruit participants from the park involved wandering around, sending out a flyer that told people about my research, and checking out a bulletin board. Compared with the church, I was much more of an outsider in the park, probably for two reasons: first, I was not there doing what the others always did, playing chess and poker. Second, I didn’t fit the age group of the most frequent visitors in the park, most of whom are middle aged or elderly. People were still curious when I walked into the park, staring at me even after the first month. This could why I only succeeded in recruiting two participants from the park. However, I still find this location to be a good place to triangulate what I learned from the church, insofar as it excluded overt religious influences, and provided new perspectives.

In addition to the time I spent at these two sites, I always took a walk or grabbed lunch in Chinatown whenever I had the time. These were actually chances for me to become a community member in Chinatown, and to experience life there. Sometimes, if I was lucky, I even encountered community members I had met before. I observed many critical and fascinating things, like the pollution and continuous construction; the small signs for Chinatown as a historical landmark set up Boston Historical Society; indications of hidden family associations, and symbols with heavy political meaning. These were all data that I could then discuss with community members during interviews, which turned out to be highly meaningful.
Semi-structured Interview and Results

The approach of semi-structured interviews allowed me to inquire about particular issues of interest concerning my research question, while at the same time allowing each interviewee to guide the direction of the interview according to his or her issues of interest. Leaving the space for interviewees to tell their experiences and interpretations gave me the chance to explore the meanings they provided through their answers and to further discuss how these meanings applied to other aspects of their lives.

My original application to the IRB proposed interviewing both community members and health workers, especially traditional health practitioners in Chinatown. However, I found that only two of my interviewees occasionally went to traditional health practitioners, so I decided to focus on interviewing community members.

I used a nonprobability sample which means “choosing cases on purpose, not randomly” (Bernard, 2011: 143). Bernard suggests that nonprobability sampling is appropriate for various circumstances including labor-intensive, in-depth studies of a few cases; large surveys when a probability sample isn’t available; and collecting cultural data when not only responsive interviewees but informed ones are needed (ibid, 143). For my research, limited time and resources only allow me to fully concentrate on several in-depth interviews with community members who are active in the space of Chinatown. Thus, I found nonprobability sampling became quite helpful for me to reach rich data.

After getting to know community members and building friendships through participation observation, I inquired into their willingness to participate in the interviews. If the answer was “yes”, I consulted either with the minister or my advisor for both
suggestions and to ensure my choice was not biased. Then I went back to the interviewees for consenting and scheduling.

I interviewed eleven community members. These interviewees ranged from the early 20s to 60s: 3 participants were in their 20s, 4 in their 60s, and 4 were middle aged. Even though only two interviews were conducted in Cantonese, 5 were Cantonese speakers who were born and had lived for a long time in Guangdong Province. The rest of the interviewees were from different parts of Mainland China. Only one interview was conducted in English when I interviewed a second-generation immigrant as someone from the community who still works for the community.

Only four interviewees were female. However, during participation observation, I got more chances to exchange small talks and informal conversations with female community members. Five of the interviews were conducted in the interviewees’ place, 3 in different community gathering places, and the rest while travelling with the church fellowship group.

One concern I had was that 8 interviewees are Christian, which strongly influence the themes that emerged from coding. Nevertheless, as the data analysis proceeded, I also saw the culture hybridity between Evangelical Christianity and the Chinese community, which turned out to be one of the interesting findings of my research, as I will discuss in Chapter Five.
Other Intended Research Methods

Two methods for which I got IRB approval, but which turned out not to be applicable during my fieldwork, were focus groups and PhotoVoice. My original plan was to use focus groups to enhance my understanding to the community before conducting individual interviews, and to use the data gathered to revise my interview guide. I hoped to use PhotoVoice to allow community members to have more space to express their perspective and hopefully turning the research data into a form of intervention.

Focus groups are “recruited to discuss a particular topic” (ibid, 172), in this case, immigration experiences and health life. This method requires a group of interviewees and the researcher to meet and to create a discussion on the given topic. However, most of the participants found it hard to match their schedules, due to their busy lives with job obligations, family responsibilities and religion activities. Some shared the impression that focus groups were mostly used for commercial reason and showed unwillingness to participate. I was hesitant to use the fellowship group meetings to organize focus groups, since participants might be too familiar with each other to protect their own privacy. What turned out to be helpful were the spontaneous discussions about my research topic when I introduced myself to the groups, when community members would share their common concern with me, such as health insurance.

My plan to use PhotoVoice was meant to be both a research method and a community intervention. I hoped to encourage participants to think more about their own
health and community. The Organization of PhotoVoice identifies this technique as one used to:

“…build skills within disadvantaged and marginalized communities using innovative participatory photography and digital storytelling methods so that they have the opportunity to represent themselves and create tools for advocacy and communications to achieve positive social change” (PhotoVoice, http://www.photovoice.org/about/, accessed September 4, 2013).

In Harper’s research (2009), community members took pictures and discussed pictures they took to investigate environment and health problems in their own space. Their investigation combining activism and Community Based Participatory Research (CBPR) brought the severity of environment problem to public attention. I hoped the same thing and planned to display the pictures on the community streets. However, I found recruitment for this project a project hard to accomplish. As staff from community center suggested, the difficulty might be caused by the fact that potential participant lacked a “sense of belonging to a large group and doing this project together with many community members.” This reason turned out to be one of the major themes of my data, which I will focus on in Chapter Five. I am hoping to pursue the use of a PhotoVoice project in this community after finishing work relating to my graduation thesis.

**Positionality and Grounded Theory**

I find the quote from Fadiman, author of *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, to be an accurate description of my position and connection with Boston Chinatown:
“I have always felt that the action most worth watching is not at the center of things but where edges meet. I like shorelines, weather fronts, international borders. There are interesting frictions and incongruities in these places, and often, if you stand at the point of tangency, you can see both sides better than if you were in the middle of either one. This is especially true, I think, when the apposition is cultural” (Fediman, 2012: viii).

The apposition that Fadiman talks about in this book is the collision of different medicine systems. For my research, the apposition refers to Chinese and American cultures, and involves both being Chinese and becoming Chinese American, as well as the co-existence of different religious and medical systems. On a personal level, Chinatown also became the place where my different identities met each other: as a student researcher, as a Chinese international student, as a Cantonese speaker, and as someone used to being discriminated against by Cantonese speakers after migration. Instead of simply standing where edges meet, for me standing in Chinatown meant standing at the juncture of my different worlds. That is why my explorations in Chinatown were both a fascinating research project and experience, and an opportunity to pursue the philosophical question of “Who am I” and “Who do I identify myself as being”.

My identity resolved as both an insider and an outsider of the community. On the one hand, I am socially connected to this community and viewed by community members as “one of us.” On the other hand, my self-perception as a student researcher and my life center are quite different from those my research community. All of my access to different services is related to my identity as an international student—for example, my
student health insurance, in contrast with community members I know, who must relate their medical insurance to their immigrant status and income. My standpoint decided what I would gain from the experience: I could partially experience the life of community members, while remaining distant at the same time, since it was not where I truly belonged.

I built relationship with potential research participants as someone they perceived as a community member. I benefited greatly from this perception, since it gave me an easier pass. That said, I also found myself owing community members for their generous welcome. As soon as I started my fieldwork, I was asked to help with fixing computers, translating languages, and figuring out how to fill out applications. At first, I thought maybe this was a reciprocity process when people realized I was hoping that they would do me the favor of participating in my research.

Using Grounded Theory (GT) as a research method in this context means that my research grew as the relationships grew. The strength of these relationships allowed me to gradually grow my understanding and sometimes to change my perceptions of their life. Inevitably, even though I tried to avoid preconceived ideas, I went into the field with certain biases and stereotypes. GT suggests that researchers learn directly from what is in front of them, instead of using examples they might have previously learned to fit their observations into an established framework (Glaser, 2001). The stronger my relationships grew, the more chances I gained to learn about community members’ lives, and the more possible it became for me to abandon my original biases and generate research themes through what I saw and experienced.
I gradually realized this when an elderly lady asked me to go with her for clinical visits. She didn’t ask me for a favor. She viewed me as one of their own, and counted on me. It was me or my research that was important to them. A couple even told me not to work so hard on my research: “Just make up some stories. No need to work so hard. It is not the most important thing. The important thing is to live your life. Relax.” They were weaving me into the web of caring as one of their own—as one who should be taken care of, and who should also share in the responsibility of caretaking (my focus in Chapter Five).

Data Analysis

Recording and Transcribing

I recorded the first two interviews using an Olympus VN-7200 Digital Voice Recorder, and all the others with Livescribe Echo, which I purchased using a student research allocation provided by my master program. The device recorded the voice and the notes I took at the same time, which allowed me to match the discussion bullet points I noted. After the interview, I loaded the audio files into the software Express Scribe, which allowed me to adjust the speed and the volume while transcribing.

I used three languages to conduct interviews (English, Mandarin, and Cantonese), although most of them were in Mandarin, I used a relatively Denaturalistic format to transcribe my interviews. I didn’t include interjections, pauses, or repetitions unless it was crucial to understand what interviewee was expressing. Thus, the interview excerpts I use the in following chapters are close to the clean read style. For one reason, I am hoping to use this format to minimize the influence of different language usages. For
another, a Denaturalist format “concerns the substance of the interview, that is, the meanings and perceptions created and shared during a conversation” (Oliver, 2005: 1275). I pay special attention to preserving the meanings and perceptions interviewees tried to express, when quoting, translating or analyzing transcript section by different language speakers.

_Coding and Mind-Mapping_

Data I used for coding included field notes, interview transcripts and analytical memos. I used the qualitative research software Dedoose, which not only allowed me to code but also to attach analytical memos to field notes and build connections. The software also marked the frequency of each code with different colors, which helped with theory building. For the first cycle of coding, I went through data and coded intensively line-by-line. There were many excerpts that I coded for more than one code. GT calls this process “open-coding,” which simply means “code everything for everything” (Scott, 2009). During the first cycle, the following coding methods turned out to be particularly helpful:

1. _Simultaneous Coding:_ “The application of two or more different codes to a single qualitative datum, or the overlapped occurrence of two or more codes applied to sequential units of qualitative data” (Saldaña, 2013: 80). Immigration experiences were always presented by interviewees as combining many aspects of their life and multiple meaning. This form of coding helped to show what
themes they associate with their immigration life. Likewise, this form of coding helped to build connections between data and theory.

2. **Initial Coding**: “Breaking down qualitative data into discrete, closely examining them, and comparing them for similarities and differences” (ibid, 100). Frequently seen themes like loneliness, medical insurance and conversion merged in various contexts. Taking these excerpts out, separating their different parts, examining and comparing them, helped me to learn what interviewees really meant by giving me their particular answers or using specific expressions.

3. **Emotional Coding & Value Coding**: As the name suggest, this approach codes data to reflect participants’ emotions, “values, attitudes, and beliefs, his or her perspectives or worldview” (ibid, 110). I viewed these two coding methods as intertwined. They reflect and explain each other. My positionality gave me the possibility to resonate with community members. Thus, I paid special attention to these two forms of coding.

For the second cycle, I focused on the merging structures and relationships between different codes, with help from literature and advisors. As Bernard points out, “in its idealized form, inductive research involves the search for pattern from observation and the development of explanations-theories-for those patterns through a series of hypotheses” (Bernard, 2010: 266). Five overlapping major themes stood out from my data: immigration experience, religious views, health life, community, and family life. Forty-six codes fell into these five major themes.
During and after the second cycle of coding, I then spent most of my time connecting codes through visualizing the relationships between them, using a strategy known as mind-mapping. By writing them on a blackboard or a large piece of paper, I was able to examine the connections between codes and themes, and build outlines for the following chapters.
CHAPTER FOUR:
THE SPACE OF CHINATOWN

In the summer of 2012, the day after I recovered from jet lag caused by the flight from Hong Kong to Boston, my host family decided they should first take me to the place I would need the most for my future life in Boston, Chinatown. We travelled from Newton, where my host family lives—a desirable neighborhood well-known for its excellent public schools, and a sign of the successful immigrant life in which my host family takes pride—to Chinatown, where their life in the U.S began.

This space became a part of my own new life even before I started to think about doing research there. My new identity as an international Chinese student living in Boston helped to build a natural connection between the space of Chinatown and me. As my host family suggested, I would need this place when I wanted to find the proper ingredients to cook Chinese food for myself in the future, or to avoid complicated financial discussions in the bank using English, my second language.

Chinatown’s functions are crucial in the life of immigrants: it is the location of social services and health care services listed in the Background chapter; the landing point of new immigrant life; the supply center of Chinese food, medications, herbs, and services like Chinese hair salons; and the center where community members meet new friends, find new jobs, and feel like fish in water surrounded by their mother culture and mother language.
This chapter describes the community where I learned, experienced, and participated during fieldwork. Through close scrutiny of the physical and social space of Chinatown, I hope to help the reader imagine and understand everyday life in this community, and to lay a foundation for future discussion about how social connections figure in the region of healthworlds.

**Space and Healthworlds**

In their analysis of “healthworld,” Germond and Cochrane explain: “individuals’ healthworlds are shaped by, and simultaneously affect, the socially shared healthworld constituted by the collective search for health and well-being” (Germond and Cochrane, 2010: 309). They support this argument with Habermas’s theory of communicative action and lifeworld. Briefly speaking, Habermas’s lifeworld represents individuals’ agency contrasting with the power of social system. Harbermas uses communicative action to represent both collective understandings and individuals being active social members. Communicative action and lifeworld are inseparable because communicative action and coordination are impossible without non-explicit individual and collective knowledge.

I outline the formation of individual and collective healthworlds on page 53 based on Harbermas’s theory, phenomenology and ethnomedicine such as Fabrega’s work (Febrega, 1997). Individuals grow with collective healthworlds while also contributing to the formation of new collective healthworlds. Experience and Healthworlds exchange and reinforce each other. Formed Healthworlds lead to health concerns and health needs which, in reality, are limited and directed by structures and resources available. Individuals’ agency continuously undergoes experience and copes with new challenges.
What Germond and Cochrane also address, in Habermas’ terms, are “segment” and “context.” As a mirror of the lifeworld, a healthworld is also a form of “taken-for-granted background and shape the normally unproblematic convictions of everyday life out of

Table 2. Individual Healthworlds and Socially-shared Healthworlds
which we cannot step” (ibid, 310). Our consciousness of our search for well-being emerges only in particular action situations, which Habermas designates a “segment” of our life. A broader picture emerges where a healthworld is contextualized as one region of an entire healthworld. This model inspires my exploration of the space of Chinatown as a healthworld. Applying Habermas’ theory to their research on health-risks in an inner-city population, Williams and Popay suggest the following:

“People are very aware of the health-related risks they face, but that although aware of the effects of behavioural factors, such as smoking, drugs, drinking, diet and exercise on their health status, they were unable to make sense of these without contextualizing them in structural or material terms. In some accounts a range of specific problems were identified” (Williams and Popay, 2001:31).

In the following sections, I will examine the space of Chinatown from various perspectives to understand Chinatown as a space of intersecting healthworlds.

As Enclave

An immigrant enclave is a space with multiple, developing meanings. Walking into Boston’s Chinatown does not necessarily mean entering the Chinatown community. In other words, the experience of visiting Chinatown can be quite different, depending on who the visitor is. For a non-Chinese Bostonian, visiting Chinatown might mean a delightful afternoon spent trying out delicious, while novel, Asian cuisines with friends. For an international Chinese student, the major reasons for the visit might be shopping for next week’s groceries and getting a taste of home with other Chinese students. For a
community resident, greeting someone they know on the streets might be a part of their everyday life there. Guided by a previous resident and current frequent visitor, I went to the Quincy School, a community institution that launched various enrichment programs for Chinese immigrant children, and where community members can get local information.

To continue any exploration of Chinatown’s healthworlds, one must first understand where Chinatown is and who its community members are. Boston Chinatown constitutes a fluid community. The scene of mothers from Newton, Brookline, and Quincy sharing ingredients brought from China with their friends or relatives, while sitting and waiting for their kids by the pool, inspired me to understand where the community really is: it is rooted in the space of Chinatown but connected by relationships like kinship and friendship that spread throughout the entire Boston area.

In other words, the real entrance of the Chinatown community—rather than being the Chinatown Gate known as the symbol of Chinatown—is invisible and not limited to the space of Chinatown. Instead, it is embedded in the relationships between community members.

My attention was drawn to this reality by the childhood that Kevin described:
“…My relationship to Chinatown is as being a part of an immigrant family. My parents are educated; they are middle-class immigrants. I grew up in Brookline. I think Brookline is a very nice city and it was a good place to raise a family. But I grew up feeling a little bit of an outsider and we actually were in Chinatown a lot. We know people in this community and my parents have their social connections
here. It was natural for me to have a relationship with Chinatown. So, when I was old enough to travel along around the city, I also headed to Chinatown.”

Kevin was my only interviewee who didn’t perceive himself as an immigrant; he told me that “second generation of an immigrant family” might be a more accurate description of his self-perceived identity. Working in a community center located in Chinatown, he was dedicated to supporting Chinese immigrants and Chinatown community. He is still a Brookline resident, starting a new family with his wife and children. Beyond life in Chinatown, this stylish gentleman also has a career as a public artist and a social activist. In some sense, he successfully transformed his life from being a part of Chinese immigrant family to “becoming a Chinese American” (Chen, 1954). However, he also inherited the significant symbol of being a Chinatown community member: having social connections here.

The identity of “being Chinese,” together with social connections among community members, creates the possibility for community members to share experience, obstacles, and healthworlds. Many of them also share similar culture backgrounds from origin places in China. They are currently living within the same social structure and reality with settled policies and limited resources. The fact that an enclave is constructed and chosen makes it meaningful to explore them as a group that has socially shared healthworlds.

As Residence

Advantaged with education, wealth and self-defined middle-class social status prior to immigration, Kevin’s family started their life in Brookline while staying connected to
the community socially. Their reality is what many Chinese immigrant families are working hard for: moving out of Chinatown and moving out of the identity of just being “Chinese” during their path of acculturation is one of the signs of success among immigrants. While living with my host family, I heard their description of sharing an underground single bedroom in Chinatown where the sound of mice running kept them awake at night. Continuing with this description, however, is their satisfaction with the success of moving to a house in a suburban neighborhood. Similarly, community members I met in the community park and seniors I met in a high-cost senior home had distinct opinions about which hospital they would choose: most from the park community, suggested that South Cove fit their need in seeing physicians who speak their own language. For the other groups of seniors, it was explicit to them that hospital like Massachusetts General Hospital (MGH) is the best choice. The latter group suggests that they choose MGH because this is the best health care they can get in this state and they already paid enough private insurance fee to deserve the best care. One of them told me: “Of course western physicians are better than Chinese ones! Why would I want to go to a hospital with Chinese physicians since I am already in the U.S.”

Figure 1 in the Background chapter indicates that Chinatown houses renters, supporting the perception of Chinatown provided by community members: currently, Chinatown is a demographically shrinking ethnic enclave, with fewer families starting a family life. As I noted earlier it is, instead, a landing point. A considerable percentage of the immigrant families there are moving away, not only because they want to and finally
can afford housing elsewhere. More importantly, they can no longer afford to live in Chinatown.

Like New York Chinatown, which has become “the nexus of transnational and local capital” (Lin, 1998: 79), Boston is also now high on the list of new local and overseas investors to-go targets, many of them from mainland China. Local media’s attention goes to the new Millennium Place condominiums “where a one-bedroom condo goes for $600,000 and a three-bedroom penthouse over $3 million” (Breger and Gellerman, 2013). This luxurious place attracts many new neighbors from Mainland China, which those who discuss these media pieces online call “Chinese moving out and Chinese moving in”.

Drastic income imbalances can be seen from the map below of Boston, Massachusetts (MA) Poverty Rate Data (City-data.com). In the red-line bounded Chinatown neighborhood, the yellow area is where most Asian American residents live and where residents’ poverty rate goes up 48.5%.

The yellow section indicates Chinatown’s major public housing projects. Quincy Tower (Kwan Chi Lou, 君子樓, “Building for Decent Man), Mass Pike Towers, Tai Tung Village (大同村, Village of Great Similarity) and Oak Terrace (Wah Shun Wu, 華信屋) are where low-income or aging Chinese immigrants live. Tai Tung Village, with the largest number of residents, is a housing project subsidized by Loan Management Set-Aside (LMSA) Program ran by U.S. Department of Housing and Urban Development to help low-income families with rent payments. Tai Tung Village is well known among the community for its 18-year-long waiting list. I didn’t start paying attention to it until I was
asked about these quiet and well-equipped buildings, during an assigned neighborhood walkabout. Later, when I searched for more information about it, I read an online post that said it was a place haunted by the ghost of an elder lady who had been unable to go home, and now always stays in the laundry room. Notably, a small number of senior immigrants who found themselves new homes outside this ethnic enclave have started to move back, or at least to move closer to this space with which they are familiar and where they have easy access to everything, if they can afford the rent.

Massachusetts (MA) Poverty Rate Data Showing Drastic Income Imbalance

Along with the community need for affordable housing, the non-profit organization the Asian Community Development Corporation (ACDC)—which also launched the Oak Terrace housing program for low-income residents—has cooperated with The New
Boston Fund Inc. and the Hudson Street Coalition to start One Greenway, a new mixed-income housing and community space project. This project will re-extend the Chinatown neighborhood to “the east side of residential Chinatown where the Hudson and Albany Street area was once a vibrant neighborhood” (Zuerndorfer, 2008). The area had been demolished due to city construction of Southeast Expressway half a century ago. Bringing this parcel of the land back to the landscape of Chinatown is particularly meaningful for long-time immigrants who knew this space when “it was a real neighborhood where people looked out for one another” (Restuccia, 2013).

Past decades have seen more a diverse ethnic demographic in Boston Chinatown. Chinese immigrants became a smaller percentage of the total number of residents, while other ethnic groups such as Vietnamese, Malaysian, Syrian and Lebanese immigrants grew. However, Chinatown remains the focal point that connects Chinese immigrants in the Greater Boston area. Community members continue to preserve their culture and space under the pressure of urbanism, as exemplified by the One Greenway housing project. Moreover, I am defining as members of the Chinatown community not only the ethnic Chinese residents, but also Chinese who live in other neighborhoods but come to this space to reinforce their ethnicity, belief and social relationships. Indeed, they are not only included, but also turned out to be at the center of the research.

It would be inaccurate to call all Chinese immigrants living in Boston an underprivileged population, since many are well-established professionals. However, both residents and many visitors face obstacles common to immigrants in an uncertain living environment. Their search for well-being is both tied to and limited by problems
such as poverty, language proficiency, and unstable housing. They are living in the context of urbanization and civilized racism. Their reality is reflected in their healthworlds, shaping their health concerns and limiting their approaches for health-seeking.

**As Social Space**

In *A Place on the Corner* (Anderson, 1978), Elijah Anderson’s research site was a local barroom in a Chicago ghetto. The “community members,” or “extended primary group” divide into three categories: the regulars, the wineheads and the hoodlums. The concept of the “extended primary group” is built on Cooley’s concept of “primary group”:

“By primary groups I mean those characterized by intimate face-to-face association and cooperation. They are primary in several senses, but chiefly in that they are fundamental in forming the social nature and ideals of the individuals. The result of intimate association, psychologically, is a certain fusion of individualities in a common whole, so that one’s very self, for many purposes at least, is the common life and purpose of the group. Perhaps the simplest way of describing this wholeness is by saying that it is a “we”; it involves the sort of sympathy and mutual identification for which ‘we’ is the natural expression. One lives in the feeling of the whole and finds the chief aims of his will in the feeling” (ibid, 33-34).

Taiwanese scholar Wu analyzes Anderson’s “extended primary group” as not so close as “primary group,” while still being able to recognize each other and form a tight-knit group/community in larger society context (Wu, 1992: 10). This description resonates with a thought from my field notes:
“I used to be quite worried that most people I talked to in Chinatown are not resident here. But the more I knew them, the less panicked I become. These people may seem to be here for just grocery, church, socializing, but the real reason that they have to come here for these functional activities are relate to who they are. Live in this physical space or not, they are all community members that constitute this social space. If one segment of community members of Chinatown is residents, the other demographically larger part is these returners.” (Field note, August 13th, 2013)

For this immigrant group, “we” is the ethno and cultural self. The concept of “returner”, therefore, is not limited by legal or ethnic boundaries. Its concentration locates on cultural and social connections like lifestyle, life circle and self-perceived identity. Building on Lefebvre’s theory of “space is fundamentally a social reality” (Mota Santos, 2013: 218), in the analysis of social identity and social space of Chinatown Lisbon, Mota Santos has suggested a phenomenological stance, arguing that “identity and space are closely and always connected since the self is always a self-in-the-world” (ibid, 217).

Chinatown as a group/community has geographical, religious and economical differentiations within it. Sometimes, the “we” becomes more specific, referring to certain a sub-culture group. Later in my fieldwork, discerning with whom to should use Cantonese or Mandarin to start conversation became a necessary skill. Using the right language to talk to the right person seems to be a way to open a relationship or extend an existing one further. When I went fishing with friends from the church fellowship group, this approach allowed me to have deeper discussions with the Cantonese-speakers among
them despite our religion differences. And as an international Chinese student who normally goes grocery shopping at the Super 88, a local chain Chinese grocery store, I can’t count how many times I have benefitted from asking questions in Cantonese, leading to more patient help and friendly smiles indicating, “Oh, you are one of us!”

In many cases, physical space is a pre-requisite for social space; nevertheless, once formed, social space can extend without necessarily having a corresponding physical space. When a fisherman casts a net to catch fish, he must wrap a string linked to the centre of the net around his wrist. When actually throwing the net out onto the water, the force spreading out from that central point then helps to spread the net successfully. Among Chinese immigrants, the physical space of Chinatown functions as the center of the net, while the links comprising the social space functions like the net’s woven strings, connecting the community members into a “we.” As Bourdieu writes:

“It is true that one can observe almost everywhere a tendency toward spatial segregation, people who are close together in social space tending to find themselves, by choice or by necessity, close to one another in geographic space; nevertheless, people who are very distant from each other in social space can encounter one another and interact, if only briefly and intermittently in physical space. Interactions, which bring immediate gratification to those with empiricist dispositions -they can be observed, recorded, filmed, in sum, they are tangible, one can ‘reach out and touch them’-mask the structures that are realized in them. This is one of those cases where the visible, that which is immediately given, hides the invisible which determines it” (Bourdieu, 1989:16).
In “Site Effects” Bourdieu uses the process of physically objectified social space to analyze how individual agents, along with groups situated in the field, change the physical field by their social attributes, interactions and positions. In the case of an ethnic enclave, the most visible layer of symbols with which agents and situated groups mark a physical space are the signs of culture, which can also be easily misread by outsiders as the stereotyping of space. To go deeper, Bourdieu also suggests that the translation from social space to physical space will be “more or less blurred”. In this Chinatown, not only do residents, and returners as community members, shape the space; so do outside forces—Boston as the host society, and global context, join the process of place-making.

Earlier, I noted that some seniors were thinking about moving back to Chinatown, to be close to the community. An old Chinese saying—“Leaves return to their roots when they fall down” (落葉歸根)—provides a metaphor that illuminates this phenomenon. By moving close to Chinatown and to the community, they return to their “we.” This is why Chinatown is not only a functional space but also, more importantly, a social space with symbolic meaning, representing China, representing belonging, and representing return. If possible, immigrants will try to go back to a place of origin for the old, together with a strong sense of “we.” Although China remains far away, going back to Chinatown becomes an alternate “China” to which they can return.

This sense of “we” is crucial to understanding the healthworlds of this community. The longing for return and the sense of ethnic solidarity are deeply rooted in community members’ values—thus, the search for the herb soup my mother used to cook, the trust I
give to someone who speaks the same language as I do, and the persistence how and families used to liv.

**As a Place Where Cultures Meet**

As an ethnic enclave, Chinatown is a special worldwide phenomenon. Wong has argued that one must “delineate in detail what it contains and its characteristics” (Wong, 2013: 3) when giving an academic treatment to any Chinatown in a specific locality. Anthropological studies conducted in Chinatowns across the world illustrate the importance of his argument. Despite having similarity ethnic groups, these different Chinatowns have developed distinct local sub-cultures, political standing, pillar businesses, spacial organization and function, and relationships with the host societies.

The picture below was taken in Chinatown right before October 10th, the national day celebrated by the Boston Chinatown community. The American flag and the flag of the Nationalist Party (Kuo Min Tang, 國民黨) fluttered side by side. October 10th is also the official national day acknowledged by Taiwan as the day Sun Yet-sen successfully started the Xinhai Revolution (辛亥革命), which led to the founding of the Republic of China (ROC, 中華民國). The front of the Chinatown Gate (paifang, 牌坊)—symbol of Boston Chinatown sponsored by the Taiwanese government—is carved with the most famous calligraphy piece by Sun Yet-sen on the front: the whole world as one community (天下為公). These strong political signals tie the space to its history with immigrants from Guangdong, Hong Kong and Taiwan as early founders. Comparatively, two community schools in Chinatown in Yokohama, Japan showed distinct sympathy to
People’s Republic of China (PRC) and ROC by the end of last century, and therefore agree to display neither flag (ibid, 5).

This picture shows a McDonald’s in Boston Chinatown, located at a busy crossroad. However, instead of using the standard McDonald’s colors of red and yellow, or the more recent trend of brown, this store uses red and green to fit in with a traditional Chinese architectural style. The edge of the eaves tilt slightly up—a style of Chinese eaves known as “flying edge” (Fei Jiao, 飛角). It also has traditional Chinese signs saying “Welcome” (歡迎) and McDonald’s (麥當勞).
These cultural symbols tell visitors that this is the space of Chinatown. They also show a “China” that figures in both visitors’ and community members’ imagination and hope. Chinese immigrants bring their own culture to a new social environment and construct (or, historically, were forced to construct) an enclave within which to preserve this culture. While trying to meet the expectations of acculturation, they are neither completely assimilated by, nor resistant to, their new environment. Compared with McDonald’s in China, which has become a symbol of America, modernization and urbanism, this Chinatown McDonald’s becomes a performance of origin culture, and a local space of enculturation. Through it—despite its also being a symbol of corporatized space—community members are reminded that they not only share nostalgia, but also the specific insights provided by culture.

In both physical and social space, global and local create a conversation instead of a competition. Nor is it unification. This McDonald’s in Chinatown is a classic example of “glocalization”, a concept that starts as a micro-marketing technique involving “the tailoring and advertising of goods and services on a global or near-global basis to increasingly differentiated local and particular markets” (Robertson, 1995: 28) and proliferates to places bearing nostalgic wishes, such as “ethnic” supermarket. Beyond functioning as a marketing technique, “glocalization” represents a possibility of globalization, in which cultural hybridity can create a new culture or new sub-culture. As Robertson introduced in his discussion of global and local, the concept of “glocalization” is being used to argue against the claim that “we live in a world of local assertions against globalizing trends, a world in which the very idea of locality is sometimes cast as a form
of opposition or resistance to the hegemonic global” (ibid, 29). Collision is not the only way that local and global culture meets; instead, integration sometimes exists, as evidenced by this McDonald’s in Chinatown.

This explains why my early visits to Chinatown left me with the impression that Boston Chinatown is a place with surprising resemblances to Hong Kong and Macau, expressed in such phenomena as the common use of traditional Chinese written characters, community members who speak Cantonese, and herb stores where the herbs are labeled with English tags. Both cities formed and expanded in the context of colonization and the introduction of a new ruling Western culture. I understand colonization as a different form of political and cultural migration that emerges without actually leaving the physical space. Colonization brings new culture into the space. Somewhat like immigration, it also creates collision and conversation between cultures, which are the origin of the resemblance between overseas Chinatowns and Hong Kong. The space of Chinatown and Hong Kong become space where community members show their creation of a new China that both resembles and differs from the one from which they came. Yet of course Chinatown is not the real China. And the healthworlds of community members are not a rigid replication of what they used to believe in China. It is continuously challenged and changed by what community members learn and experience in the new world.

As Interstitial Space

This new “China” or “Chinese America” is the creation existing between the foreign and the familiar. Orange Chicken, for example, is what Chinese immigrants originally
brought from China and changed to make it more acceptable by the taste of American society. When examining the literature about the ghettoization of Chinese Americans, Partridge uses the theory of cultural hybridity to analyze what is in between the foreign and the familiar:

“The theory of cultural hybridity is an attempt to conceptualize the identity of a person or a group in terms that recognize the existence of cultural differences as well as the roles of invention and agency in the articulation of those differences. In Bhabha’s view, hybridity is marked by the ‘in-betweenness’, the ‘interstitiality’, caused by the continuous negotiation between the foreign and the familiar” (Partridge, 2007: 166).

This interstitiality represents the effort immigrants made to accept and integrate different cultures. For example, when discussing their choice of medicine, Ling and her husband said:

“Biomedicine treats your body and illness on the surface while Traditional Chinese Medicine helps to root out the origin of illness. When I can feel that I am sick, I go to hospital. When I don’t think I am very healthy but not particularly sick, I go to a TCM therapist to ask her to prescribe some herb to adjust my body. The TCM therapist I usually see in Boston is a Korean lady who knows how to speak Chinese. She is really nice and you normally don’t need to appointment before seeing her.”

Uncle Ding expressed similar ideas with pride: “This is the advantage of being Chinese! Instead of excluding Traditional Chinese Medicine from our option, we get more option and are more willing to try different things than local Americans.”
Besides accepting this form of culture pluralism, community members may also use this interstitiality as a chance to enculturate. They need to think consciously about the habitus of their social origins, in comparison with the present, and the access it provides or denies to the cultural resource they need. Mothers by the swimming pool are not only sharing food and recipes; they are also transforming cultural capital from their culture of origin to social capital that allows them to establish themselves and connect in the community. Sharing understandings of Chinese food and medicine helps them to connect to and learn from each other. This sharing, or mutual learning, happens both horizontally and longitudinally. Immigrants from northern China learn to cook soup and tea as dietary therapy from Cantonese community members, even as they get to meet and communicate with more diverse Chinese sub-cultures. Chinese cultural expressions like Kung Fu and Chinese chess are passed down to new learners. Community members’ acceptance of a plural medicine system is made possible by the resources Chinatown provides to the community, as illustrated by information collected on Chinatown TCM and Complementary Alternative Medicine Resources by Annie Duong in 2012 (see next page).

This interstitiality also leaves space for community members to decide who they are. As Benedict Anderson has indicated in “Imagined Communities,” a nation is a socially constructed community whose members perceive themselves to be part of that group: “[I]t is imagined as a community, because, regardless of the actual inequality and exploitation that may prevail in each, the nation is always conceived as a deep, horizontal comradeship” (Anderson, 1991: 7). The key factor that brings about this community is
members’ recognition of their shared ethnicity, even though the emphasis on ethnic identity and participation in community may vary among them. The population of Chinese Americans living in Boston is big enough to fit Anderson’s description of a group who “never know most of their fellow-members, meet them, or even hear of them” (ibid, 5). The image of communion is created, however, through their sharing of the Chinatown’s social space.

<table>
<thead>
<tr>
<th>Total TCM/CAM Services</th>
<th>Occurrences (Some offer multiple services.)</th>
</tr>
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<tbody>
<tr>
<td>Acupuncture</td>
<td>2</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>2</td>
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<tr>
<td>Bodywork</td>
<td>2</td>
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<tr>
<td>Food Market</td>
<td>6</td>
</tr>
<tr>
<td>Herbs</td>
<td>7</td>
</tr>
<tr>
<td>Martial Arts</td>
<td>2</td>
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<tr>
<td>Massage Therapy</td>
<td>11</td>
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<tr>
<td>QiGong</td>
<td>2</td>
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<tr>
<td>Reflexology</td>
<td>4</td>
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<tr>
<td>Shiatsu</td>
<td>1</td>
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<tr>
<td>Spiritual</td>
<td>2</td>
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<tr>
<td>Taichi</td>
<td>1</td>
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<td>Ti Da</td>
<td>3</td>
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<td>Tuina</td>
<td>2</td>
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<tr>
<td>Yoga</td>
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Figure 2. TCM/CAM Services in Boston Chinatown
This interstitiality also leaves space for community members to decide who they are. As Benedict Anderson has indicated in “Imagined Communities,” a nation is a socially constructed community whose members perceive themselves to be part of that group: “[I]t is imagined as a community, because, regardless of the actual inequality and exploitation that may prevail in each, the nation is always conceived as a deep, horizontal comradeship” (Anderson, 1991: 7). The key factor that brings about this community is members’ recognition of their shared ethnicity, even though the emphasis on ethnic identity and participation in community may very among them. The population of Chinese Americans living in Boston is big enough to fit Anderson’s description of a
group who “never know most of their fellow-members, meet them, or even hear of them” (ibid, 5). The image of communion is created, however, through they are sharing of the Chinatown’s social space.

As Ling and Uncle Ding suggested, being Chinese immigrants means a chance for them to integrate different forms of health-seeking strategies into their own healthworlds. They hold more options and choose these options based on their understanding of who they perceive themselves to be.

**As Bounded Space**

Community Park in Chinatown
It was a breezy summer afternoon in Boston. After signing my new apartment contract, I decided to go over to Chinatown to try my luck at seeing what I can learn and who I can meet. After buying a bubble tea, I wandered over to the community park. It was not very hot that day and the park seemed even more crowded than usual. This is a park with few trees or spare space. It has several sets of simple tables and chairs, and many benches place close to each other. The lack of privacy doesn’t really bother the people who hang out there. Most of them gather around tables to play or watch chess and poker, with some just sitting on a bench and chatting occasionally. Almost everyone there is middle aged or elderly, and most are men. Some bring their grandchildren, who are running around the park together. While I was passing out flyers, some of the children came over to me to ask for more, so they could fold paper airplanes.

Before deciding to recruit interviewees there, I had talked with several men standing right outside the park. They told me they came to hang out with their old colleagues and friends, or just to get out instead of staying at home. Even though most community members who come here are Chinese, students in their twenties do not seem to be frequent visitors. My early visits to the community park always attracted attention from the community members there. They didn’t come over or talk with me, but they did look at me. When I went to talk with them, they became quite interested and asked questions about my research. But the recruitment process doesn’t go so well. Many said no, with such comments as, “I am illiterate,” or “I don’t think I know how to answer.” One man wanted further information when I mentioned health and medicine, but after further
explanation, he said: “Oh, this is not the type of research I wanted.” He didn’t answer when I asked what type he did want.

It is true that a Chinese immigrant can live in Boston without ever learning to speak English, with the protection of the Chinatown community. It shelters the immigrant from a complete earthshaking and culture-shocking new life by providing a comfort zone; however, it can also limit the immigrant’s life inside the zone. One must take both the good and the bad there: if it is your only shelter, it also includes the pollution described by many community members as “dirty and filthy”.

Sister Mei is one of my favorite community members. She was always smiling, always thrilled to see me and always trying to take care of me. This elderly lady treated me as her granddaughter whenever she saw me in the church, feeding me, keeping me warm, and holding my hand when we walked across the street to protect me. There was only one time she refused to walk with me to the subway station two blocks away one evening. Other community members asked her to do so because it would be safer if we walk together. But turning to me, she said, “I don’t know how to go home from there. I only know one route to go home from the church. I don’t even understand the station name. I just count. Sorry.”

When discussing community health threats, Kevin mentioned that one of them is obesity, and especially childhood obesity. He summarized the reasons as American food consumption, family’s spoiling their children, and the lack of exercise:

“There is limited space, green space, in Chinatown. Also, the playground around the corner isn’t the safest one. There is no fence separating it from the street. It used to
have many drug dealers over there. I don’t know how true it is now. But it still has
the reputation of being that kind of space. And it is not big enough for activity such
as playing football.”

This explanation confused me. So many community members spend time in this
small community park while other public green space surrounding Chinatown doesn’t
seem attractive to community members—not even Boston Common which is only a ten-
minute walk away. Mr. Lin explained that people believe that this small space is theirs,
while Boston Common is not. “Plus,” he said, “A Chinese man who practiced Tai Chi
was murdered near Boston Common several years ago. It is not completely safe.” The
discussion of “safe” and “dangerous” came up often in relation to discussions among
community members about physical spaces around Chinatown. This dichotomy refers not
only to actual facts, but also to a sense of belonging or being foreign that arose when they
talked about the shattered wine bottles and urine stains on Harrison Avenue. Several
sections like the old red-light areas and homeless gathering spots are marked on the map
in community members’ mind as dangerous and polluted.

After taking the picture (above) of the community park, I took a detour on my way
home to the playground Kevin had mentioned. It is a much greener place, especially
compared with the community park. There were more trees, more grass and much less
litter. However, it was also a lonely space. When community members choose among
spaces and among health-seeking strategies, they choose a location they find comfortable
and familiar in everyday life, as the community park.
The Playground
CHAPTER FIVE:
SOCIAL INSURANCE IN COMMUNITY

I was really lucky the day I met Mr. Lin. He was walking his bicycle to the park and saw me trying to recruit some interviewees. He asked for my flyer in English and signed up immediately. Mr. Lin is an active member of the park. When I was sitting next to him and his wife, many community members would come over to ask what we were doing and what my research was about. He was straightforward when expressing his opinion about being a Chinese immigrant, while his wife was really nervous when he brought up cases of racism. “Don’t cause yourself trouble!” she said slowly but seriously. “People should know about it!” he protested, in a gentle voice. As Mr. Lin explained, the reason he was so interested in my research was because he believes more research or reports focusing on this community can help to improve it. He can also be critical, “You see, many of the community members are not interested in your research because it doesn’t directly relate to their personal interest. There is suspicion between different groups, between those who come from different places.”

Mr. Lin didn’t like Boston until he met his wife; he felt lonely and didn’t have many friends during the first half of his life there:

Mr. Lin: I didn’t know their language. I had no friends. My life was dull and I was disappointed about that.”

I: What was your expectation that fell into disappointment?
Mr. Lin: I expected myself to blend in this society in an easier way. But the reality wasn’t as easy as I imagined. I could only find menial job, like working as a busboy in the restaurant.”

Things started to change when he met his wife: Boston became the place where he started a family and it began to feel like home. His new family made his immigration life promising. The marriage made him feel connected to someone. Mrs. Lin was shy and quiet. Her elder sister’s husband set her up with Mr. Lin. She always waited till her husband answered the questions before she said anything. During the interview, whenever I asked her what she thought, she always smiled and tried to convince me that she shared the same thought as her husband. Probably due to years of feminist education, I was incredulous for a while, wondering if she was in a traditional oppressed family position. “Should I schedule a separate interview with her?” I thought to myself.

Then things took a turn. As I got to know more about them, I grew fond of the couple. When talking about their family life, they could not have been more honest in telling me without embarrassment that they don’t have any children and didn’t think it is a necessity for happiness. It is rare to hear such a thing from their generation of Chinese, since many see giving birth to the new generation as the family obligation of a married couple. They didn’t blame each other for their situation and decision. I didn’t go deeper and ask further questions about children, but I like how they made this speech in a way of “we made the decision together and we are in this together”. It shows their marriage connection is much more than relating to each other, but a companionship or having someone that could be called “we”.
When asked about his life in China and her early immigration life, Mr. Lin said he couldn’t remember much of them; however, when we started to discuss how he met his wife and their family life, the memory flashes back and becomes vivid. Mr. Lin wasn’t lying. For him, the most meaningful experience of immigration life is to start and maintain this companionship:

“An experience is more personal, as it refers to an active self, to a human being who not only engages in but shapes an action……The distinguishing criterion is that the communication of experience tends to be self-referential” (Bruner, 1986: 5).

Thus, the key to open his memory of immigration life is what he identified as the most valuable thing during his experience. After hearing and sometimes being a part of community members’ immigration life, I learnt there is no such thing as sole immigration life: it always twines with personal experience, experience that community member devotes enough emotion and thought to make it remarkable, such as education, romance and marriage, losing important someone, religion and illness.

When I was introduced to a fellowship group with relatively wealthier Chinese elders, I explained that I was hoping to learn how immigration experiences influence the health life of first-generation Chinese immigrants. This group’s first response was to give me their opinions on health insurance. I have always found community members’ first responses to my research intriguing, as they can illuminate their central health concerns and point to what they identify as the most important aspects of their experience. In the case of this group, for example, their concern with health insurance can be understood both as a response to the uncertainties of aging far from home, and to the fear of
unforeseeable illness traps lying ahead. The concern highlights these individuals’ seemingly endless efforts to seek a more guaranteed life than they used to have when they were in China.

In his book *What Really Matters: Living a Moral Life Amidst Uncertainty and Danger*, Arthur Kleinman has suggested that “dangers and uncertainties are an inescapable dimension of life” (Kleinman, 2001: 1). When explaining the nature of “genuine reality” (ibid, 9), Kleinman employed William James’s term “the normalcy of life” with uncertainty and danger. My research suggests that, for these immigrants, the “genuine reality” and the context of immigration inform each other. Minister Zhan, with who I shared many interesting discussion, agreed that the nature of human of solitude and suffering is somehow exacerbated during the immigration experience. Having left an old home place, one cannot be sure of finding a new, right one. Or as Guest states: “The immigration process endangers a search for meaning” (Guest, 2003: 196).

What the group is seeking is actually the origin of the notion of “insurance”—that is, a form of guarantee and assurance. The intention of modern health insurance is to create a risk pool, for people to share the outcome of uncertainty and to prevent any one individual’s having to carry the burden alone. But not everything one needs for health is guaranteed by health insurance. For example, because herbs are often not viewed as legitimized medicine, the related cost and access are generally not covered. Another example would be the effort of taking care of family and community members. Medical professional help normally comes into play when there is an illness. However, when one is not actually diagnosed as being sick, a physician may provide advice but no other
intervention. In such cases, it more likely to be oneself, along with the one knows, who function as the caretakers of everyday health, providing warnings about risks, discussing health tips and concerns, and cooking soup when someone has a cold.

In this chapter, I will discuss how what I am calling “social health insurance” is constituted in Boston Chinatown through relationships, connections and different forms of companionship, filling gaps between specific caretaking needs and the absence of professional help in everyday life. A strong social network emerges as community members bond with each other over time, creating a health safety net that helps to cover health issues that can’t be fully solved through biomedicine, such as the lived experience of pregnancy, strategies for health maintenance, and facing death. It provides a guarantee for community members ensuring that they are protected in a reality filled with uncertainty and danger.

**Island of Solitude**

In Mr. Lin’s early immigration life, solitude represented of a process of devaluing. When he compared himself with to who he was before immigration, he had lost the advantage of immersion in his mother language, needed to rebuild social connections, and found himself degraded both in his social position and what he could expect from a job search. Indeed, many of my interviewees talked about similar experience: Dong had been a bank clerk before moving to Boston. It took him years, starting with becoming a cook in a Chinese restaurant, and only eventually working his way back to being a bank clerk once again. Both Mr. Lin and Dong explained the feeling of not getting the respect they felt they deserved and had been used to receiving. They experienced themselves as
being be less useful—not as needed—by the society in which they were now living. In this sense, they had each become a socially “diminished self,” resulting from the devaluing of their productivity and of their social identity—both of which lay at the root of their solitude.

It is useful to view the multiple forms of “diminished self” as a form of social suffering that requires care. The first, the devaluing self. This is especially true for immigrants like Mr. Lin and Dong who are neither sitting at the top of social pyramid nor struggling at the very bottom in their origin country. They are people who were doing well while still in China but who were not fully trained to live in a new society, or in what some community members called this “Westernized” context. When they came to the U.S for a better life and family reunion, it turned out that what they were capable of and proud of did not match up with what they need here—or in Dong’s case, the old diploma he had used to be accepted by a bank in China was not recognized here. Soon they realized they had changed from being a fully competent adult working as a professional to someone could not talk, drive, travel alone or even search for menial job. As Grinberg and Grinberg have observed, “The immigrant must give up part of his individuality, at least temporarily in order to become integrated in the new environment” (1989: 90). Dong described the feeling of being useless that he believed many first-generation immigrants have experienced in their early immigration experience:

“Feeling useless when you are confused by public transportation and need someone to take you to the hospital; worrying if you become the burden of others by constantly asking for help; feeling depressed when no one actually communicates
with you; and because of the listed barriers, choosing not to go to a hospital when having a mental health challenge.”

The second effect involves leaving a “we” social environment. When telling me how she felt about her new job after graduating from a master’s program, Ling also told me about her loneliness:

“When we can talk about something we share in cultural value that we both know, we resonate. But when I am facing my boss and colleagues, there is no resonance. I think this is a block, a limitation. They are good people. We always try to be nice to each other, but I don’t really know what to talk to them except for asking how was their weekend. I was told that I am lucky to be able to find a well-paid job in the U.S. I have heard my friends tell me about how recent PhD graduates in Mainland China had a hard time searching for a job and spent most of their payments on housing. But if I find a job in China, at least I can chat with my colleagues.

I can’t have both now. If I go back to China where international graduate students aren’t big news anymore, I have no advantage in job searching. I may not be able to find a job as I have now in the U.S. But [there] after work, I can see my family and my friends; this sense of social belonging is something I can only find if I go back to China. It’s an exclusive choice that every first-generation immigrant needs to face: a better job or the sense of social belonging.”

Ling reminded me of a comment I heard from a Chinese international student who is also studying in the U.S: “How good your job will be depends on your professional skill, while how good your life can be depends on your English.” I suggest that, “How good is
your English” mean not merely how well students speak or understand English, but also how well they understand cultural references or meanings behind the sentences. Unlike Mr. Lin, Ling was already a well-trained English speaker before she came to U.S.; the solitude she felt at work was due to the absence of shared, embodied cultural capital “in the form of long-lasting dispositions of the mind and body” (Bourdieu, 1986: 244).

Ling came to Boston for her master’s degree. After she graduated from college in China, she spent a year studying for the TOEFL (Test of English as a Foreign Language) and GRE (Graduate Record Examinations), writing personal statements and applying for graduate schools. One way that GRE teachers advertise the importance of this exam in China is by saying that the vocabulary covered for the GRE is the sophisticated language that will discriminate learners from ordinary English speakers and help them be accepted in the professional world and upper social class. However, even this training did not seem adequate to bring Ling a sense of belonging through building connections with her co-workers, beyond merely exchanging greetings like “how was your weekend”.

What GRE vocabulary teachers train students to do is to become familiar enough with a word to recognize it during the exam. In contrast, what Ling needed was not only the “sophisticated mastery of language” (Bourdieu, 1989: 20), but also what Bourdieu identified as symbolic power. Her description of “hearing the words but not getting the language”—specifically the embedded cultural references and tastes—represents her lack of what Bourdieu has described as “that invisible power which can be exercised only with the complicity of those who do not want to know that they are subject to it, or even that they themselves exercise it” (Hank, 2005: 77). Ling grew up in a middle-class family in
the capital of China; her family supported her during her preparation for graduate school and her graduate program. Yet the symbolic power she had mastered in her own cultural environment was exactly what was partially lost during the translation of immigrating to Boston.

Ling and her husband found Boston Chinese Evangelical Church after their old church had been closed for a year. They believed it was God answering their prayer and need for a church community to further their road to faith. Ling found this ethnic-centered church to be a better choice than their old English-speaking one: “Reading and discussing the Bible in Chinese helps me to not only understanding the literal meaning. I am able to focus on the deeper quest.” Her feeling resonates many who come to Chinatown, where they can feel that they no longer need to struggle with the semantic meaning of a conversation, but instead can speak and listen using symbols they had previously mastered without being attentive to grammar mistakes or word choices.

What I also want to emphasize here is the difference between Ling’s symbolic struggle, and an actual acculturation barrier. Psychologists choose the term acculturation to analyze the cultural and psychological process of merging into new culture, and the related modification of the self. However, in the context of immigration, the goal and emphasis involve adapting to life in new country: by compromise, by resistance, by integration. Modern anthropologists, however, find little agreement in relation to the term:

“We stopped essentializing cultures, refraining from such sweeping generalizations as, ‘The [name of culture] are patrilocal,’ focusing instead on contexts in which so-
called cultural rules express ambiguity rather than certainty. We began to appreciate ‘culture’ as a lived experience of individuals in their local, social worlds [Kleinman, 1995], and not the property of groups” (Waldram, 2009: 173).

The “we” society is not necessarily bounded by ethnicity, but more importantly, as I discussed in last chapter, by self-perceived identity. For Ling, the lack of shared cultural capital, together with not perceiving herself to be a member of the same social group as her co-workers, have led to her solitude. One might argue that, as she stays longer in the U.S and becomes more immersed in the culture shared by her co-workers, she will eventually fit in. However, this process of fitting in cannot be taught in an English course, but only through lived experience.

The final factor involves the lack of social connections. Dong is the group leader of the fellowship group I usually attended as a way of getting to know community members. He was also my fishing teacher. Dong has lived in the U.S for seventeen years, and recently quit his old job where he had been unhappy, to pursue his new ambition of becoming a minister. He told me quite explicitly that he believed immigrants should be concerned with their own mental health and with intra-group bullying:

“When I was working in a Chinese restaurant, I learned that Chinese bully Chinese. I talked to many friends about this issue and they all agreed it is so. If you are working for a foreigner [by foreigner here he means different other non-Chinese ethnic-group members], they might not like you but they won’t show it. I think people should be ashamed of the fact that they are bullying each other. But thank God, I later understood that this was a test for me. Without these people, I probably
would not have needed to work so hard to prove myself and leave for a position in the bank. I would have stayed stuck in the kitchen of a Chinese restaurant forever.”

Mr. Lin’s straightforward response about not having friends, Dong’s description of intra-group bullying and Ling’s distance from her co-workers all lead to a standard definition of loneliness. Dong even explained loneliness as one of the major health concerns and mental health threats for immigrants. All three are active society members who encounter many people every day, so they are not talking about a lack of company. Rather, they mean that they need more than simply knowing somebody. Their true need involves having connections that entail a sense of moral solidarity, and that must be built over time.

Harvey defines “moral solidarity” as a response to the co-existence of oppression in the world: “[W]ith less oppression in the world, we would hear less about solidarity” (Harvey, 2007: 22). In Civilized Oppression, he describes a form of oppression that is “neither violence nor the use of law,” and possibly the agents don’t even plan to do any harm (ibid, 32). Ling’s loneliness cannot be entirely blamed either on her or her co-workers. She has tried her best to keep up with them, while they have tried to treat her nicely. But there is just something wrong, regardless of the effort on both parts.

Harvey argues that the importance of habitus is evident when its effects surface even when neither party intends harm. Instead, the oppressors might just be enacting their habitus without recognizing their offence.

So I make the controversial claim that empathetic understanding can sometimes be morally appropriate not only between agents of oppression and the oppressed, but
between the oppressed and at least some who are contributing agents of oppression, not because we should tolerate the oppression involved, but because lying behind it is a failing just about everyone who is ruthlessly honest can lay claim to, namely, being unaware of all our actions” (ibid, 33).

He continues by emphasizing moral solidarity: while empathetic understanding may help oppressors to be more self-aware of their action, moral solidarity can be “construed as a relationship (as it is here) [that] involves both parties; it cannot be focused solely on ‘the self’ in the relationship” (ibid, 35). That is to say, the bond does not solely build on understanding, but more importantly, on sharing and experiencing.

Kleinman puts moral solidarity at the center of his analysis of caregiving when facing a health catastrophe. By providing a detailed personal sketch of how he took care of his wife when she was suffering from a neurodegenerative disorder, he outlines three dimensions of caregiving: providing material acts, providing practical acts, and the emotional and moral experience. What is usually missing in medicine system, he suggests, is the emotion and moral experience of acknowledging the suffering and being there both physically and emotionally (Kleinman, 2007). What Kleinman and Harvey share in their view towards moral solidarity is the understanding that goes beyond simply knowing and commitment, and that instead encompasses empathy and devotion. Or, as I have come to interpret it, being the one who is related, influenced and involved.

In this community, ethnic solidarity provides both an easy pass to, and foundation for, moral solidarity, although the latter requires more than the mere sharing of ethnicity. Yet a related sense of camaraderie makes it much easier, and sometimes more natural, for
community members to acknowledge each other’s everyday suffering. With the construction of this web of caring, community members are both cared for, and needed by other for care. In What Really Matters, Kleinman suggests that caregiving is the answer and solution to a world full of danger and uncertainty. He also argues that, instead of carrying the burden of caregiving, caregiving should be viewed as the way we exist in the world (Kleinman, 2006),—as how we acknowledge our own existence, as how we become valuable, and as how we are desperately needed. For Mr. Lin, meeting his wife was his chance to establish a place where he calls home, where he belongs and is indispensable.

Web of Caring

Choosing the U.S might be part of a search for better life, but choosing Boston specifically—especially for immigrants who are not international students or professionals—is mostly because someone they are close with already lives there. This connection provides people with starting points: their first job, first roof over their head, first friend, and first person they meet who can speak their own language in a new place.

Dong originally went to New York because his parents were there, but he did not like Queens and decided to move. But where? He chose to move to Boston because his girlfriend’s family had moved here several years before. Even though he had never visited the U.S before he immigrated, the relationships he already had in China provided him with choices of where to go. Dong settled in Boston Chinatown, and first entered the restaurant business because his girlfriend’s family ran a restaurant there and had the connections to refer him for a job. This connection helped him to establish himself.
During her stay here, Ling converted to Christianity and met her husband, Andrew who, with her younger brother, moved to Massachusetts seven years ago. In the church community, Andrew is known for his politeness and patience when taking care of small children and the elderly. They helped several Chinese Christian families to settle in the city. One is a mother who came to the United States alone, to give birth to her second child for the sake of U.S citizenship. Besides finding her housing and an immigration attorney, and driving her to the church, Ling and Andrew participate in the day-to-day care of the newborn girl. Once, as the couple drove the mother, her baby, and me home, the baby started crying. I was sitting next them in the back seat, feeling at a loss as to what I should do to show my concern. At that moment Ling, who was in the front passenger seat, asked if the baby was hungry. After spending so much time with this family and being a part of their everyday life, she recognized the baby’s hunger cry—the one that comes with intermittent noises like burping and hiccups.

Through connections built on shared belief, village or town of origin, kinship, and friendship, immigrants change from being a consumer of Chinatown to one of its community members. I like walking with Yun on the street in Chinatown. He is a medium-built gentleman, who smiles much more than he speaks. When encountering his acquaintances, his unfading smile lights up fully. At such moments, he introduced me as “my younger sister” and brought me a lunch box filled with a fried fish burger and French fries because, as he said, “my wife said that you kids like this type of food.” I found it to be a common experience of walking in Chinatown with a community member: they always ran into someone they knew on the street and stopped for small talk, even
though their apartments might be a thirty-minute public-transportation ride away from each other.

Sociologists and anthropologists have already realized that “social relationship and connection” (guanxi, 关系) is a key concept to analyzing Chinese population. Early Chinese anthropologist Fei Xiao-tong, used this concept to analyze how local economics are structured by local geography, family and community structure (Fei, 1946). In Fei’s research, settled kinship exercises a strong influence on economic dynamics like the distribution of power and goods. Likewise, kinship decides how close two people should be and thus regulate their acts. Fei argues that guanxi is a structured and pre-determined system that influences people’s life through moral connections.

Sociologist Bian Yan-jie updates the connotations of this concept to correspond with a capitalized world, using the concept to explain why Mark Granovetter’s theory of “weak ties” (Granovetter, 1973) does not work for a society like China. Granovetter has suggested that, when searching for job, acquaintances may be more helpful, as opposed to friends, who share more overlapping information with the job seeker. Bian argues that the fulfillment of doing favors for each other (reciprocity, 报) as a form of social obligation is rooted in the depth and closeness of the relationship, which means strong ties are more valuable to job seekers (Bian, 1997).

In line with Bian’s interpretation of guanxi, most researches who privilege this concept frame it as a system of reciprocity—an essential form of social capital for utilitarian purpose. I find this interpretation not entirely satisfying when trying to understand how social insurance emerges in this community. Bian’s guanxi functions as a
trading system, in which both parties look forward to gaining something eventually. I argue, however, that what I have called social insurance represents an investment that one devotes without conscious expectation. It is a moral experience, rather than a process of exchange.

Hwang’s discussion of favor and power “relates Ren Qing (situat ed emotion, 人情) to Mian Zi (face, 面子) and to La Guanxi (creating networks or relationships or connections, 拉關係) and bao da (repayment or reciprocity, 回報) as the central Chinese models of experience” (in Kleinman and Kleinman, 1991). Hwang has classified guanxi as involving three types of ties: a) an expressive tie that allows close members in the primary group to express their authentic emotion and feeling. For this type of tie, the goal is the relationship itself; b) an instrumental tie that individuals use to reach material goals; and c) a third, mix of expressive and individual ties, in which the “individual seeks to influence other people by means of Ren Qing and Mianzi” (Hwang, 1987: 952). Hwang also has proposed, as well, that guanxi itself is an exchange system in which renqing, mianzi, and material benefits are all exchanged. Kleinman characterizes caregiving as follows, arguing that it:

“…centers on a different kind of reciprocity than financial exchanges—albeit it can be both. It is closer to gift giving and receiving among people whose relationships really matter. The person receiving care shares her experience and story as a gift with the caregiver, in reciprocation for the practical things that need doing along with a sensibility akin to love. What is exchanged is the moral responsibility,
emotional sensibility, and social capital of the relationship. The exchange changes the subjectivity of both the caregiver and the person receiving care” (Kleinman, 2012: 1551).

Social insurance, as a web of caring, is similar to renqing, like a debt you cannot clear or eliminate. When you try to pay back what you owe, it strengthens a connection rather than cancelling it out. In this sense, the goal of social insurance is itself. It is the entire community that shares responsibility, to make sure everyone belonging to it is covered with the everyday care they need. Community members do not expect direct rewards when they offer care. Instead, they understand that, somewhat like health insurance, the energy they devote is a way of paying into an existing safety network by which they, too, are covered. The very existence of social insurance itself is meaningful and significant enough.

Kleinman and Kleinman add, “Via visible social archetypes and invisible social processes, pain and lay modes of help seeking are shown to replicate a cultural world.” (1991: 275). When I participated in the first fellowship group meeting, I noticed a small regular ritual that participants called “praying for each other.” At the end of the meeting, each group member named his or her deepest current concerns. A designated person marked down the list of things and, later that week, a digital version or hardcopy was sent to everyone in the group. When I why they did so, Yi told me that people were asking God to bring what they are hoping for, just as children ask parents for new toys. However, others disagreed with Yi’s explanation.
In the following days, I found this list surprisingly helpful for learning about community members: what was worrying or frightening them, who was seeking care for family members or needing to provide that care themselves, who was preparing for a wedding, who was pregnant. On a superficial level, it seemed almost like a newsletter for group members to keep on track of each other’s lives. Taken further, however, it became a chance for community members to share their lives with each other—not only when talking at the meeting, but also when they heard the news and responded to it. They could then show their concern through phone call, giving advice and even providing remedies. The action of praying for each other every single day reflected the key of caregiving that Kleinman discussed: emotional devotion and being there.
This is a faded poster hanging in the street close to Chinatown Gate. It looks like a child’s writing both in English and Chinese, and reads, “Everyone’s heart is here.” I find it to be a good illustration of social insurance, which exists because community members care enough about each other to want to make sure that each is as healthy as possible. Hence, heart goes into it. As an old Chinese saying goes, “Do as much as you can and then follow destiny” (盡人事，聽天命). In the church community, they do what they can to care for one another in their day-to-day lives. The notion of following destiny is reformulated as a decision to follow whatever God assigns them. Therefore, when I asked participants about particular health concerns, most of those from the church answered that they didn’t have anything specific to worry about. I turned to Xing for help:

“I: Why would you say that you don’t worry about your health?
Xing: Because God is in charge of it. Being peaceful and joyful are the characteristics of a Christian.”

The first time we met, Xing introduced herself as a mother with three children. She put her energy into balancing the food intake of her family members to make sure they were as healthy as possible. Nor did she have any particular concern in mind.

Yun’s wife, Xue, is more talkative than he is. During my interview with the couple, she answered most of the question. She told me about her most recent visit to the hospital: she had visited a primary physician because of an unusual mark that appeared on her fingernail. It didn’t feel painful or itchy; however she was worried because no outside force had caused it. Concerned that something wrong with one of her organs might have caused the mark, she wanted the physician to check it. “It can’t just happen,”
she said. “There are some many things going on inside my body that I can’t see.” The physician, however, did not appear to her seriously. Instead, he suggested that Xue polish her nail, to see if the mark would go away. He asked no further questions.

It was easy for me to understand Xue’s concern. When I was a child, my grandmother used to check the color and shape of my fingernails to see if I was healthy. She could even tell if a person was lucky by looking at their fingernails and fingertips. A part of me had already accepted this mysterious connection between fingernails and body functions. Xue and her physician’s difference can be also explained by a doctrine of Traditional Chinese Medicine: “A doctor of the highest caliber treats an illness before it happens” (Zhan, 2009). Xue’s worry came from her perception that she could be physically fine, while still carrying some as yet invisible but impending illness recognizable only from the mark on her fingernail. However, Xue’s physician was looking for symptoms that he could interpret within his own frame of reference, instead of what he could only construe as an invisible connection (if he had even been aware of the alternative model). What Xue needed, but failed to get from her primary physician, was both emotional care and everyday health protection. In contrast, Xing understood it to be her responsibility to provide such everyday care for her family, rather than the physician’s.

Xue’s medical insurance failed to cover two things: the care she need as a member of an ethnic group strongly influenced by Traditional Chinese Medicine, which emphasize the oneness and wholeness of the body, and as a social member who needs people to show engaged concern for her problem. What she needed, but failed to get from
her primary physician (who was working from a different frame of reference), was both emotional care and everyday health assurance. Consequently, she turned instead to her husband, her daughter and her fellowship group friends to discuss her concern, confident that they would listen carefully and understand her specific worry. That is, they would create the moral experience of devoting themselves to concern for her.

When I first came to live in the U.S, it confused me for a long time as to why answered the question, “How are you,” by saying “No, I don’t feel well.” So I started to answer, “Yes, I am fine,” even when I wasn’t, and didn’t understand why I should lie. One day, I started to complain right after saying to a close friend that I was fine. At that moment, a strong “aha!” hit me. The greeting, “How are you?” and the answer, “Fine, how are you?” constitute a symbolic social ritual intended to exhibit care, regardless of the actual relationship. Nevertheless, the real conversation and care happen after the ritual, when the other person has the option to ask, “Are you sure? Your eyes are red. Have you gotten enough sleep?” It doesn’t mean that someone who asks “How are you” doesn’t really care. Rather, they might just involve themselves in someone else’s life to a degree different from those with whom one may have further conversations.

This symbolic social greeting ritual is somehow similar to the ritual of seeing a physician: It focuses on the show of caring but does not provide actual caretaking. Like Picasso’s picture of a medical student with one eye open to intake fact and one eye close to reject sentiment, Kleinman has criticized professional help provided without true caring (Kleinman, 2007).
Even though patient-centered medical education has aimed to change this kind of situation, and Xue’s physician would be a poor example in medical student’s textbook, biomedicine still tends to pay more attention to the condition than to the patient. With the scheduled appointment time, structured hospital system, strict medical insurance policy and billing code, little room remains for the physician to serve as the caretaker.

The difference between gazing and witnessing has become a dominant paradigm in critiques of biomedicine. Michel Foucault uses the notion “medical gaze” to describe when questions like "What is the matter with you?" to "Where does it hurt?" (Foucault 1994:xviii) are medicalized, translated into biomedical discourse, controlled with medical treatment, and bounded within the medicine realm. Peter Conrad’s book, _Medicalization_
uses such as such cases as baldness and adult ADHD to raise the following questions:

“The number of life problems that are defined as medical has increased enormously. Does this mean that there is a new epidemic of medical problems or that medicine is better able to identify and treat already existing problems? Or does it mean that a whole range of life’s problems have now received medical diagnoses and are subject to medical treatment, despite dubious evidence of their medical nature?” (Conrad, 2007: 18)

Biomedicalization reconfigures life and social problems that these Chinese immigrants experience health worries through a form of health McDonaldization, or what Ritzer describes as the tendency to redesign the world in the interest of efficiency, calculability, predictability and control (Ritzer, 1993). He defines it as “the process by which the principles of the fast-food restaurant are coming to dominate more and more sectors of American society as well as the rest of the world” (ibid, 1). These standards can be easily transferred to the aims of current biomedicine.

In contrast to the medical gaze is the ideal of witnessing, which limits the biomedical filter in order to see the real person behind the condition. Davenport, in her research with medical students working with homeless population, elaborates on this ideal:

“Witnessing is the indigenous term Clinic volunteers use to describe the action of attentive listening to the people who go there for help. It entails respectful focus on the entirety of a person's life situation, not merely on their ailment. It implies
treating each person who walks into the clinic as an individual, not a representative of a class” (Davenport, 2000: 316).

In this community, social insurance forms the web of caring. It covers those things for which Xue’s physician cannot care, and will not be able to reach in everyday life, It carries the responsibility of witnessing.

**Intersection of Cultures**

Xue is accepts and utilizes Traditional Chinese Medicine as a way of thinking, and biomedicine as a way of treatment. She is also a Christian. For her, different medicine and religion systems do not really conflict, but actually supplement each other.

During the fellowship group’s summer trip in Maine, Xing’s small son caught a cold. Couples who had come with children provided her with pediatric medicine, while their children tried to cheer the child up. The various remedies included Traditional Chinese Medicine pills for treating colds, a Chinese all-purpose tonic, and biomedical pills. Xing would thereby be able to choose. Xing insisted on searching for the biomedical pediatric tonic that her son used the most frequently. While she busily searched for the medicine and called her husband to decide whether she should take the boy home earlier, other woman just as busily engaged in feeding and comforting the boy. I found myself searching around to make sure he had plenty of tissues to blow his nose. Eventually, Xing decided to stay. Later that night, when everyone went to bed, Xing’s son started to cough, and his fever grew worse. After making sure he had taken the necessary medication, there was not much left for her to do. He wept weakly, saying, “Mom, I feel terrible.” She hugged him, reorganized his blanket, and then said: “This is
the time we should pray. There is nothing more we can do but to wait for God to help you and make you feel better.”

In this scene, caring is the objective, which all the advice and remedies serves. This church defines itself as family-based. Many members attend with their families, and as a part of a family. As an Evangelical Christian church, the congregants believe that family structures and gender roles are planned by God. Members share their experience of how to become a good family member. For example, young girls, newlywed ladies and new mothers take turns caring for babies that mothers bring with them to Sunday worship. In this sense, they are also training to care. In a fellowship group largely formed by young couples and older women, the experiences of marriage and parenthood are shared. Last but not least, members find their new families through the church. Most of my fellowship group visits were to the one provided for married family members. Group members also shared many parts of their everyday life outside the fellowship meeting.

If I were to draw a map of social insurance, without doubt the church would be one of the places where the web of caring is the thickest. Max Weber’s clarification of differences between church and sect points to the individual rationalization behind choosing a sect and, in this case, conversion:

Membership in the sect was voluntary rather than ascribed, and was based on the individual’s religious "qualification," i.e., his ability to uphold certain ethical standards. Again, the example of the North Carolina banker is enlightening. He was not born into a religious group in which he felt some kind of organic oneness with the other members. Rather, whatever his motives-commercial, religious or a mixture
of the two—he made a conscious decision to join the sect and uphold its ethical standard (in Loader and Alexander, 1985: 3).

In this church, most members are converts rather than “culturally Christian,” as church members call those born into their Christian identity. Members are driven and motivated to emphasize the church’s ethnic identity. Unlike an international church that seeks race equality, this church doesn’t hesitate to identify itself as ethnic-oriented. Through a linguistic analysis of pastors in this church, Muse argued that “their goal is to preserve and foster Chinese ethnicity with its growing diversity in immigrant Chinese and Chinese Americans” (Muse, 2005: 75). She describes the church’s new creation of Christian Chinese:

“In this highly diverse church, the common ground for expression is through identification with Christ as the ‘almost chosen people’ and through the spoken word. Inherent in this spoken word, is the Chinese emphasis on the relational. How do people, whose identities are grounded in the relational, a constant awareness of one’s social obligations and the need to save face for others, pull up their roots, so to speak and focus on other-worldiness?” (ibid, 177).

I asked Minister Zhan whether the resemblance between Evangelical Christianity and Chinese traditional values were what made community members’ discussions sound so natural and familiar to me. For a very long time, I found community members’ explanatory model of God sometimes matched traditional Chinese values like endurance, family-oriented, and making peace with destiny. Having graduated from a college that highly honors Confucius, I sometime found myself trying to understand church members’
moral values within the framework of Confucianism. Muse made similar observations, calling it “Christian-Confucian dialogue” (ibid,177). Minister Zhan suggested that this might be caused by a cultural hybridity between Christianity and ethnicity. We agreed that the outcome of this cultural hybridity stands in contrast with the valuing of individualism, in prizing patience, noncompetitiveness and nurturing.

Minister Zhan is no stranger to funeral services held a ten-minute-drive away from Chinatown. Such services allow families in need can find an authentic Chinese ceremony to honor the deceased. He drove me, along with several community members, to mourn the unexpected death of Grandma Lin. Grandma Lin had been a strong believer of Christianity and had raised a large family in which all the members became Christians and many now worked for the church worldwide. Her funeral was a combination of a traditional Chinese funeral and a Christian funeral. Families lined up on the left side of the coffin, they and visitors bowing to each other to express respect, grief and gratitude—all parts of a typical Chinese funeral. The ceremony also included a church sermon joined mostly by church members. Instead of Chinese paper money and incense, flowers were given to visitors so they could show their love to the deceased. At the entrance, each visitor received a small white pouch with a piece of candy and one quarter in it. Traditional Chinese custom use this type of small pouch as the gift that the host family gives out to visitors to show thankfulness for their presence: a piece of candy to bring some sweetness to the bitter taste of the funeral, and a coin representing the transportation fee for the one-way trip bringing the deceased to peace, and that allows visitors to keep going with their own lives.
A number of times, I remember hearing community members discussing how they should address each other. Some found Chinese kinship naming troublesome, especially when use of the wrong one upset other people. Others found that using the kinship naming system brought them closer, feeling more like a family. Both sides made peace with each other. At the very least, my time with members of the church brought me the sense of being connected. In comparison with the community park, it took a much shorter time to feel like a part of this community. The peak of my summer fieldwork was the point when I became the one to tell other members of the fellowship group why the absent member had not come that day.

I want to explicitly address here that the reason why the web of caring is thickest in this church has strong connection with the church being a family-based religious space, which is more stable and which consciously centers itself in religious and moral values. The building of guanxi needs both former connections, as the foundation, and continuous engagement to reinforce it. Thus, the web of caring, as a dynamic process, grows stronger in this environment. The community members’ commitment to Christianity drives them to consciously make the effort to take care of each other. When discussing their efforts to help new immigrants to settle in the city, Ling and her husband said that they do so as a form of training, for them to learn where they have fallen short when taking care of other people, as part of a religious, moral and spiritual journey, which resonates with Kleinman’s argument of caregiving as a way of existence.

“Ethnic solidarity exists and recent immigrants use it to mobilize the financial and social capital necessary for entering the United States and surviving in a highly
stratified environment…As we will see, Fuzhounese religious communities are central as sites for constructing and reconstructing networks of ethnic solidarity and accessing available financial and social capital as immigrants make their way along an often precarious journey” (Guest, 2003: 45).

Guest’s research on Fuzhounese in New York churches is both similar and different from what I learned in this church. They are both centers that help build moral solidarity. However, as the Boston church has a more dynamic and documented immigrant population, the issues facing undocumented Fuzhounese immigrants did not arise as an issue in my research. But, as Guest found, immigrants coming from the same location in China did form strong ethnic solidarity.
CHAPTER SIX:
FROM CARETAKER TO BETTER SELF

Choosing Caretakers

In one of the Public Health course on immigrant family health I took, a group of graduate students, most of them second generation of immigrants, were having a serious discussion for solutions: what to do when some immigrant families don’t perceive pregnancy as a type of illness and thus don’t feel obliged to visit hospital as frequent as they are supposed to. During the discussion, I got a little distracted and started to think about Qian.

Qian was pregnant since I met her in the church. She arrived late for the fellowship group meeting with her husband’s company that day. I noticed that her arrival to the meeting always created a small social event: group members asked about how were her and the baby doing; women gathered around, shared experience and opinion on pregnancy; sometimes; and sometimes, they also joked around her husband about his responsibility to take care of her. The month before her expected date of confinement, when I was in the fellowship group monthly potluck. After Qian came, ladies gathered and discussed their family tradition during the month of confinement, Yuezi (坐月子). Although in general ladies agree with the Chinese tradition of staying at home and not touching water during this month, families inherit different traditions such as what to cook during it: Dong’s wife talked about the stew pot with ginger, egg and pig trotters in sweeten vinegar Cantonese normally cook for the new mother, her families and everyone related or close to the family.
I thought about Qian during the discussion because I didn’t really think of Qian as someone having an illness called pregnancy during my stay in the church. Even though she kept up her appointment to OB/GYN department and kept the group update with her visits, I tended to think of her pregnancy as a social event when ladies kept on track of her progress, condition and share the experience as a chance of getting to know more about pregnancy. For Qian and her husband’s family, it is also a new family event since during the last three month before her confinement; they bought a new house and asked Qian’s husbands’ parents to move to Boston from mainland China to take care of the new born and Qian after birth. Qian and her husband were good patients who always show up on time for their appointment in OB/GYN department, however, going to hospital only represents one side of what pregnancy means to them.

When Qian’s husband announce the news that his parents will be staying with his family for caretaking of the new mother and new baby, other community members congratulated him. I wrote a new paragraph as field note after watching this scene:

“The logic of choosing caretaker may not be completely rationale in this context. People value caretakers that they know will fully devote themselves into the care better than caretakers who are seemed as more professional. Having their parents travelling all the way from China and staying with them may not be the most economical solution of Qian’s family; however, it is the solution containing emotion, intimacy and the hope to strengthen family relationship.” (Field note, November 24th, 2013)
Kleinman in his caregiving discussion talks about the missing of caregiving in modern medicine. When asked about whom to consult when having health problems, almost every community member told me they would consult a health professional. However, who they choose to take care of themselves and their families in everyday life is a different decision than consulting technical health decision. In line with Kleinman’s discussion focusing on physicians don’t carry the role of caregiver, this potential patients actually are not choosing their physicians as caregiver in everyday life.

Popular Caregiver choice during the month of confinement, besides having parents coming over, in the church community is Sisiter Mei. The heartwarming and nurturing lady was always invited by one family and another to the new caretaker in families where new lives just arrived. Whenever she didn’t get a chance to take part in the fellowship group meeting, members knew that she was either taking care of a new baby or her daughter’s kids.

Sister Mei is selected not only because she is capable of caretaking, but more importantly, she is known for having soft spot in her mind to take care of others patiently. I experienced that by sitting next to her at dinner table and having her keep feeding me. This seems to be more important than who should carry the caretaking role due to social obligation and who is more knowledgeable in the area to provide quality care.

**Missing Caretakers**

Ling’s husband Andrew told me about the first three years of his immigration life:

“I stated to live with my aunt’s family in Watertown when I moved to the U.S and started my high school there. There were three years that I lived with them. That was
three very unhappy years. I think you can understand that one always have family members who will take care of you because they care about and love you. And you will also have people you are biologically related but not so close to. Even though my parents pay for our accommodation to my aunt, she still told not to eat so much good food to save them for her daughters. I felt that I was treated differently. ”

In those three years, Andrew barely left his aunt’s house because of the public transportation inconvenience and negative impression of the U.S starting from living his aunt. He would choose to at his bedroom and play video game instead of sharing time with his cousins. “I can’t really understand and connect with them,” he said. Andrew thinks of 2009 as the year that he actually started to live in the U.S. That was the year when he moved out of his aunt’s house due to arguments and bought his first car.

Andrew’s experience sounds to me the opposite of what immigration study textbooks have told me: family reunion helps with acculturation and avoiding mental health problem. His parents selected his aunt as his caretakers because of the biological relation; however, emotion devotion and moral solidarity are missing from this caretaking relationship. For Andrew, leaving his caretaker at that time was saving himself. After marriage, Andrew selected himself to be the caretaker of his new family: he claimed the kitchen to be his territory, cooked food and herb soup to keep his wife happy and healthy. The devotion he made in taking care of his wife brings him the real family he longed.

Ling was considered lucky to have a husband like Andrew. Most of the families I knew in this community have the traditional care taker at home: female, mother and wife. When I was interviewing Dong and Hui about what they did to take care of their families
health, both of them took a pause and suggested me to ask their wives about this question.

“My wife is in charge of this. I don’t really have much to do with housework in my family”, Hui said. At that moment, his wife Xia was busy exchanging experience on how to grow mint and wolfberry and how to use them to cook summer beverage for their families with Dong’s wife.

Xing is a very unique lady who has a straightforward character. She explained that she want to tell people what she doesn’t think is OK so people will know about it. There is an old saying in Chinese, “Knife like mouth and tofu like heart” (刀子嘴豆腐心) which means a person is showing toughness when he talks but has kindness and softness in the heart. I find this saying to be a good fit to Xing. If she likes you, she will definitely tell people good things about you. By the time I started visiting the church, Xing just started to struggle with driving. She got her driving license years ago but never really drives. She told us how intimidating it was for her to drive from the church to her house and she always prayed for that. There was even one time that she though she got stuck on the bridge and she decided that she will just let God decide whether she will be alive or dead.

Xing lives with her husband, her three children and her mom. These are all people she is responsible for taking care of. She works as an accountant. She was really honest and told me how much a job that needs to take phone call in English made her feel bad in her early career years. Then she got better and she is being wanted by different groups in her company because of her hardworking and efficiency. She insisted on the stay in the one with lower payment but one extra day off instead of being promoted to the one with
higher payment because she needs that day for cleaning house, getting ready for kids coming home after school and a little bit time for her own. I only met two of her kids, 12-year-old Sally and 4-year-old Ryan. Both of them don’t know how to speak Chinese and request American food for dinner. Xing is used to cook American food at home for her kids, even though she is used to Chinese food and might need to cook Chinese food separately for her mother and her husband. Xing was really excited when I asked her about how to take care of her family, she said, “Hey, you come to the right person. I am the expert!” Then she explained her nutrition theory using very public health concept, such as distinguishing white and red meat, making sure families consume enough vegetables, fruits and milk. Apparently she is the person in charge for her families’ health and she is very proud of it. But what really surprised me is that among all the strategies she mentioned, there is nothing for herself except exercising every Monday. And given to how much time she needs to devote to make these strategies happening, it is hard for me to imagine how much time she can leave for herself.

When discussing family health of Chinatown community members, Kevin expressed his concern to female caretakers as Xing and Xia: “They have prepared everything for elderlies and children at home. What they overlooked is their own.”

In the year of 2011, Japanese word “絆” (Kizuna, きずな) was chosen to be the character of the year in Japan. It was the year that earthquake and tsunami shake the society of Japan. And “絆”, which means unbreakable emotional connections between people, was chosen because it represents support and hope within community. This word originally meant a type of leash that was used to tie animals. It gradually transformed
from indicating visible tie to explaining the invisible yet unbreakable tie between people that care for each other. As beautiful as emotional connections are, they grow out of relationships and can be subjective. And in some cases, “絆” can be absent just like when inner-group bullying Dong experience and indifferent families Andrew had.

Through stories I learnt from the field, it started to be clear to me that the social insurance has been effectively working to cover what Biomedicine fail to be responsible for, however, the web of caring is not distributed equally. Social insurance is different from medical insurance because it is not a system with explicit rules. There is no rule to distribute social insurance in an equal way. There are sides and people that are lack of covering. Or as Kleinman suggested, caregiving isn’t something one should take-for-granted (Kleinman, 2007), consciousness and awareness should be given to motivate people to make moral devotion.

**Meaning of Caretakers**

Being caring and nurturing is something needs to cultivate and practice. And social insurance is a chance for community member to consciously become a better self.

In Gunderson and book “Religion and the Health of the Public”, they identify five elements to life: coherence for meaning life, connection for supported life, agency for active life, hope for anticipatory life, and intergenerativity for adaptive life (Gunderson and Cochrane, 2012: 68-74). I find this theory structure fit the concept of social insurance well: Through social insurance as moral experience and process of meaning, immigration experience no longer seem as “random events and inexplicitly forces” (ibid, 68). Just like when Mr. Lin established his own family, his life was pulled together as a related and
coherent series. And it goes without saying that social connections within social insurance provide immigrants with support to become related self instead of diminished self. By being caretakers themselves, their agency was motivated to actively search for what they can do to take care of themselves and others. In this case, their immigration life gives them “conscience of tomorrow, commitment to the future” as the uncertain life is guaranteed and protected. Last but not least, immigration as an event requiring adaptation, endanger while provoke the search for meaning. I interpret the fact that large amount of immigrants converting the Christianity as not only the encouragement of living in a society with religious freedom, but more fundamentally, the need to make sense of live and the searching of path to leave the island of solitude.

Besides the meaning making, social insurance is a chance for practicing and changing one’s ability to integration. In “Bowling Alone” (Putnam, 2001), Putnam points out that the aggregate loss in membership of many existing civic organizations is the reflection of increasing alienating and disengaged individuals that lacks of interest in political involvement. In my research, the church works as a place of family member and community member training and increase the social capital of participants. I think social insurance in other congregations can have similar function of encouraging community members to practice being active citizens.
CHAPTER SEVEN:  
CONCLUSION

In his analysis of healthworlds, Cochrane calls health “a powerful lens on the well-being of society” (Cochrane, 2007: 8). On the one hand, it reflects a society’s structure, including health systems, policies and condition of the society; on the other hand, “it incorporates the social determinants of health” (ibid, 8). Thus, he suggests that it is directly related to “the capability of persons and communities to build and maintain a state of good health” (ibid, 8).

Social insurance is the creation of community members’ moral agency and reflection of their moral solidarity: it turns a social network to a web of caring and covering the needs that are not fulfilled by Biomedicine system or medical insurance. It is crucial to have such social insurance in a society with a health system that is illness-oriented. In this thesis, I have analyzed healthworlds of the Boston Chinatown community through three perspectives: the physical and social space as the ground that enables and shapes the community’s social insurance; the social insurance that grows within the community, based on moral solidarity; and the people who are caretakers in family life.

I used the metaphor of web to describe social insurance, because it is a system that includes and covers everyone involved, instead of functioning as an exchange system. It
is also because the construction of social insurance is built on a social network. It is also similar to a web, because there are emptiness and void within the covering.

Inspired by the church community where community members are driven to be a part of the social insurance, I sometimes wonder about the PhotoVoice project that I wasn’t able to launch. The success of the church and the failure of that project both have the same lesson: creating the sense of belonging, building the platform for community members to share and communicate, and the shared responsibility of achieving a respective goal together.

Existing social services in Boston Chinatown could be useful sources through which programs like community mapping, a health discussion seminar, and PhotoVoice used to address health life might be employed to strengthen social connections between community members, and to provide chances for them to rethink their health life with consciousness. However, it should also be noted that such programs will not have noticeable outcomes if held only once. The point is not to launch the program itself, but rather to create social insurance, enhance community connections, and bring community members to consciously think about health and caretaking through the program. For example, through weekly meetings, the church fellowship group reinforces friendship, habits of sharing life, and exchanges of thoughts. This progressive process is crucial to build moral solidarity and to bring meanings to relationships.

I am not sure whether physicians should be invited to join the programs. Perhaps a more influential way would be to ask physicians to join the program as one of the community members instead of as medical authorities. In this way, physicians and their
potential patients might have a discussion instead of a lecture on everyday health life. Physicians might thereby get a chance to know what community members feel they need by facing them as humans instead of through reports and numbers. Community members, potential patients, would get a chance to build personal instead of professional relationships when they have the time and space to start from their family stories.

My confidence in social insurance comes not just from my research, but also from the possibility of coordination, the possibility of living with agency and responsibility. One's heart can be easily bent or broken in a world full of danger and uncertainty; however, there is always chance that it can be bent into a better shape.
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I conducted a three-month ethnographic fieldwork in a local church and community park to learn how immigration experiences influence first-generation immigrants’ health life in Boston Chinatown. Through multiple methods of data collection and analysis (interviews, participant observation, semantic coding), my research explores how immigrant community members form a web of caring through relationships as a form of “social insurance” to cover their health needs in everyday life and health needs unable to fulfill by healthcare system.

Training:
Using anthropological theories and thoughts to analyze health issues within broad social-cultural context;

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Qualitative research design, IRB application, and research recruitment;

Fieldwork skill set: participation observation, different types of interviews, and ability to devote to new cultural environment and form trust relationships with members;

Analyzing qualitative research data and using qualitative research software Dedoose;

Writing academic paper, ethnography, and long-form journalism piece and developing personal narrative style;

Basic public health training on international healthcare system analysis and immigrant family healthcare intervention.

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Grasping traditional and contemporary sociological theory and cultivating the sociological lenses;
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**CONFERENCE**

1. 17-18 January 2014  Hong Kong  6th Annual Postgraduate Student Forum on Asian Anthropology (Accepted for Lecture Presentation)
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**EXPERIENCE**

1. 2009-2010  Secretary-general of Shandong University Cycling Association
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2. 2009 Summer  Vice Captain of Cycling Team

- Cycling across five provinces in China; leading team research on local agriculture through interviews in three rural mountain areas during the trip;
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