# The Thai-American duality: reflections on roots, cultural humility, and knowledge production in global health

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## Introduction

> "Human beings are not built in silence, but in word, in work, in action-reflection…Love is at the same time the foundation of dialogue and dialogue itself…dialogue cannot exist without humility."
>
> *Paulo Freire*[1]

In 2019, on the aeroplane from Nashville to Philadelphia, I sat next to an Indigenous American woman named Ann. During the flight, we were talking as if we had known each other our whole lives. I told her of my Thai-American heritage and my aspirations to become a global public health professional. Before parting ways, she squeezed me tightly and whispered, "remember who [we] you came from". Ann headed to an event on genealogy, and I checked in to my hotel to attend my first American Public Health Association conference.

Within the vast, intimidating conference walls, I met a fellow Thai-American scholar and researcher for the first time. We talked about our ancestors, and our past, current, and future aspirations. I attended a Decolonising Breast-feeding panel discussion in which panelists shared stories and research on collective trauma and unresolved grief. Racism and structural violence were the common denominator, rendering human milk a curse and a stigma, and infant formula the metric. Recollections of racism reverberated through the room as panelists and audience gasped in anger—experiences, emotions, and painful echoes of injustice that have placed women and pregnant people, particularly those who are Black, Indigenous, and of minority ethnic groups, at greater risk of adverse health outcomes for generations.

I returned home to Thailand soon after the conference. Sounds of the aeroplane over the Atlantic Ocean coupled by a flood of memories; my father cracking open mangosteens and purple juice running down his arms, and my mother freeing fish at a temple overlooking the Ping River in Thailand. This time, I fly home knowing I'm here to stay, at least for a while.

3 weeks after I arrived in my cocoon, in early 2020, SARS-CoV-2 perched itself on Thailand's doorstep and the USA erupted in a long-awaited reckoning against police brutality. In my online master's classes in public health, we discussed the virus, decolonising global health, and the Black Lives Matter movement. I wrote about identity (Thai-American and white-Asian) in assignments and reflected on my past conversations in the USA on race and diversity, equity, and inclusion efforts at Vanderbilt University in Nashville, my alma mater. There, many students appeared at multicultural events to swipe their student cards for student attendance credit, towered their plates with food, and left a few minutes after events would start. Some of my peers didn't seem to engage much in multicultural and, more specifically, Black, student efforts, yet were now posting black squares on social media, sharing anti-racist toolkits in their Instagram stories, and profusely using "#BLM" on social media. I remember sincerely hoping this movement was not a fad, a fleeting moment, a peer-pressured activity to them. Anti-racism and decolonising efforts are easily performative.

At home in Thailand, I immersed myself in my global health work among COVID-19's destruction. I thought about what table Thailand sits at in the decolonising global health movement—fissures glaringly revealed alongside racial uprisings in the USA and elsewhere—and where I sit.

## The external

Thailand was never formally colonised,[2] yet shards of colonialist thought bleed into Thai society, and western imperialist foreign domination dictated its history with Thailand heavily borrowing colonial stationery (ie, maps), imperial customs, and legal codes, and subjected to multiple unequal treaties.[3,4] The idea that "West is best" permeates Thai people's thought processes. Cars are driven on the left side of the road, inspired by Britain. The wealthy send their kids to study in the USA, the UK, and Australia. White skin is the beauty standard. Copious amounts of whitening creams stack store shelves. Luk-kreung (a person of mixed Thai and foreign origin, although usually denoting white) and light-skinned Thai celebrities reveal their silky, supple "whiteness" in advertisements for cosmetics, laundry detergent, and clothes. Thai women devoutly use umbrellas to shield their skin from the sun, worried they would be coated in anything not "white."

Growing up, older Thai women often placed their arms next to mine, their other hand gesturing how "white" I was compared with their sun-kissed tones. Their fingers traced the network of blue rivers on the back of my hand in admiration.

As a luk-kreung child, I was revered—I was given access to a particular (higher) social status that I did not earn for any particular reason, but simply by the skin I was born in. Thai adults often surrounded me like insects towards light, asking me about school and wanting to practice their English with me, marvelling at how well I spoke the language—another weapon of power and dominance.

When my family and I visited the USA, vendors were often condescending towards my mother. I believe it was

because of her broken English and Asian identity. I believe my "whitish" skin shielded me from those direct insults, yet, I carry the pain of injustice inflicted towards my mother. I believe, even at a young age, society attempted to cast me into its caste, and I will never know how far its tentacles reach.

My mother rarely felt that she could talk freely, let alone talk, with my American friends' parents, feeling internally belittled by her English. This memory is partly why I dedicated my high school valedictorian speech to her, to elevate her in her own eyes and share her story about her poverty-stricken childhood and sacrifices. I spoke about her so she could realise the beauty and bravery in owning and taking pride in her truth. And it worked—she began to see herself for who she was, not defined by her ability to speak English.

## The internal

I see shards of colonialist thinking in my own identity. My name gives no hint of Thainess—an intentional act by my supportive parents who thought bestowing a non-Thai name upon their daughter would provide me with more opportunities. I internalised this—the effects of which I might never know. My family and I agreed that receiving a higher education in the USA would open doors, so I applied for merit scholarships at various liberal arts universities and chose the one that provided me with the most scholarships and financial aid.

In my second year of college, I took an independent study course on Thainess to deepen my understanding of my Thai heritage and learn more about Japanese colonial influences and internment camps in Kanchanaburi, a province in west Thailand neighbouring Myanmar where Japanese soldiers forced US, British, and other prisoners to build the Thai–Burmese railway. My grandmother worked as a cook in one such internment camp. The course left me with more questions than answers. What does it truly mean to be Thai? Thailand's status as the "Land of Smiles" and part of "the Orient" is crafted in the eyes of people from high-income countries —how does Thailand objectively perceive its own status? How does Thailand's semi-colonial identity position itself against former (ie, Japan) and current (ie, China) colonial Asian and high-income countries?

I am privileged. I exist in the in-between, sliding smoothly between Thai and English, attending an elite high-income country institution for my bachelor's degrees and then an internationally renowned high-income country public health school for my MPH. I possess a multitude of implicit biases that reflect my privilege,[5] and, every day, I fight social undercurrents that mould me into having a slight automatic association for harmless objects with white Americans and weapons with Black Americans, despite my ideals of social justice and health equity. I also fight social undercurrents that mould me into having a moderate automatic association for Male with Science and Female with Liberal Arts construct, despite the fact that my mother is the science geek of our family (and I could say the same for myself) whereas my father loves discussing liberal arts and philosophy (which I also equally share passions for).

## Cultural humility

The decolonisation of global health, racial justice, and work on social justice and health equity cannot be truly successful or sustainable if individuals—from the top to the bottom of the ladder of global health organisations and institutions—do not look inward. I attempt to do so with a segment of my story in this Essay, although this is only the beginning.

I challenge myself to unlearn and relearn, especially while working for an international non-profit organisation as a technical officer focused on thought leadership, research, and knowledge production. I support staff and teams across Asia-Pacific to share their stories and project data in international conferences and peer-reviewed journals. I find meaning in doing this work—to elevate national staff as thought leaders in their technical areas of expertise and position them as owners and authors of their work conducted in their country.[6] Yet I ask, what structures birthed my position's existence in the first place? Why isn't ethical thought leadership the norm in global health knowledge production? Whom are we producing knowledge for? Who benefits from such knowledge production? I interrogate myself with such questions internally and with my team in Bangkok. In my role, I observe hidden harm that slowly dissipates as staff own their story and work, but their experiences are not my story to tell.

Although answers to my questions take time to develop, I centre cultural humility in my work ethic[7]—an ongoing process of lifelong learning, critical self-reflection, advocating for institutional accountability, and recognising and challenging power imbalances. Cultural and structural humility have been advocated to serve as a crucial part of medical education and practice,[8,9] although should also be extended to global health practitioners, not only through a potentially harmful global health service learning lens,[10,11] but through acknowledging one's permanent lived experience.

It is a philosophy that stresses we are here to serve, and with this philosophy of cultural humility in mind, I humbly propose other individuals and organisations in global health and international development to practise the following principles: (1) in my eyes, cultural humility means saying "I see you"—truly seeing individuals as their whole selves, not the selves you have categorised them into. Marginalised individuals and those from low-income and middle-income countries (LMICs) must be free to express and realise their whole selves, including their personal and professional aspirations to the extent possible within their organisations or institutions. "I see you" also serves as a mirror—you must reckon with your own identity, story, and positionality; (2) cultural humility

means fostering a space for individuals (especially those marginalised and from LMICs) to not only be who they are without imposing judgment but creating structures that support them to thrive. It means practising empathetic listening. It means saying, "I hear you"—acknowledging that individuals hold stories unique only to them and being willing to fully hear their stories, not only hearing what one's bias wants to hear; (3) cultural humility means acknowledging (and holding space for) individuals who have shared (and to share) their stories, experiences, and efforts related to anticoloniality. Such an act of sharing is an act of bravery that should be appreciated and respected, with any harmful deeds voiced (historical, institutional, or otherwise) acted upon to mitigate and dismantle within the organisation or institution's utmost power; (4) cultural humility means practising a willingness to suspend what one knows (and what one thinks one knows) about a culture, a belief, and an individual. It means serving as a subsidiary unit while primary producers hold and own knowledge and decision making;[12] (5) cultural humility means that organisations and institutions provide the political and financial commitment to recognise national staff in LMICs as experts in their technical areas and support them professionally to increase their visibility as thought leaders in a sustainable (not a one-off or extractive) manner.

The proposed practices are only the first step in unravelling our racist, colonialist, sexist, and other "-ist" structures. I believe cultural humility and internal interrogation within all those working in global health is necessary before any action is promised and any of the mentioned practices fulfilled.

We have a long way to go to decentre coloniality. But I have hope. I hope and fight every day in my work and life to centre equity and deviate from the dogma instilled within me. I hope internal reflections and conversations will provide the necessary momentum towards action to disrupt root causes of structural violence, institutional racism, coloniality and neocoloniality. I hope we will all follow Ann's words, "remember who [we] you came from," and pay it forward so health equity can be realised for future generations.

**Declaration of interests**
I declare no competing interests.

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