

CULTURATOR

A Journal of Global Voices

*America's First Student-Led Journal
of Interdisciplinary Cultural and Social
Science*

Spring Theme —
Systems
February 2024
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A MESSAGE

from our editor-in-chief

We have reached another milestone with this publication of the February issue of *Culturator: A Journal of Global Voices*. At Culturator, we reject a repetitive simplicity that regurgitates the rhetorics fed to us. Gift-wrapped in comfort and familiarity, these perspectives do not suffice our vision. We believe in the power of change, catalyzed by bringing ears to voices and eyes to words.

This spring, our distinct focus is on the theme of systems. As we delve deeper into this issue every month, we peel back layers of complexities in an effort to better understand our world and the silent forces that drive subconscious behavior.

I extend my sincerest gratitude to our readers, contributors, donors, and supporters for making these publications possible. Your feedback and engagement strengthen our organization in every way possible.

Again, I reiterate as I did last month that our actions are guided by this belief: Knowledge is the lamp by which we read the past, and dialogue is the light with which we illuminate the future.

Sincerely,

Victoria

Founder & Editor-in-Chief of Culturator



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— OUR COLUMNISTS



Julia Hu

Article: Traditions and Treatments

Julia Hu is a freshman at Harrow International School in Beijing. She is passionate about looking at comparisons between different cultures and how they fit together into the healthcare system.



Jason Shim

Article: Death, Taxes, and Geographical Illiteracy

Jason Shim is a junior at the Harker School. Passionate about history, politics, and international relations, he harbors a particular zest for investigating the varying spice levels of the world's political cultures -- the shared assumptions within societies dictating their civic behavior.



Mumtaz Cooper

Article: Breaking the Cycle

Mumtaz Cooper is a sophomore from Alexander Hamilton Preparatory Academy in New Jersey. Passionate about law and humanitarian aid, she is dedicated to amplifying marginalized voices.

TRADITIONS & TREATMENTS

The Future of Culturally Competent Care

by Julia Hu — Harrow International School, Beijing, China

Walking through bulky front doors, I look around as the flaps keeping the winter chill outside fling down behind me. A noisy hum settled over the hospital corridors as people hurried about: rushing into elevators, squeezing through doors, impatiently pressing machines. As my mother and I walked down wide passageways made narrow by streams of people bustling in all directions, I soaked in the busy scene with wide and curious eyes. Complicated medical substances made possible only by modern scientific technology weaved through the crowds in carts, undoubtedly easing many of suffering. Long lines of waiting patients moved fluidly as if flowing on some invisible wheel, coming and going at an incredible speed. This is a typical hospital in China, a complicated blend of Western treatments and Eastern routines.

China, having been heavily influenced by the rapid improvement of science and technology since the early 19th century, has incorporated Western treatments into most hospitals, while still keeping up with our uniquely large population and increasing demand for service workers like doctors. These hospitals are a melting pot of two starkly different cultures, and though it is nowhere near perfect, it is an example of how cultural competency can drastically change systems and our lives.

At its core, cultural competency is the open-minded embracing of other cultures and their traditions. I believe that healthcare as a whole is one of the least developed in this aspect and has the most potential for improvement.

Throughout human history, we have invented various ways to treat the sick and injured—from leeches and bloodletting in medieval Europe to wild herbs in ancient China, each different culture has come up with its interpretation of illnesses and given treatments accordingly. It was not until modern medicine was well established and proven with scientifically reliable methods that the world started adopting a new, unified system for treating patients, well into the 19th century. Of course, the development of modern medical practices has greatly improved the life span and quality of life for countless people, but its popularization has also caused many of our indigenous treatments to die out, as more and more people lose belief in their theories and speculations about the body. Contrary to common belief, however, we have these traditional medical methods to thank for plenty of modern treatments, as 40% of modern pharmaceutical products are based on traditional remedies, according to the WHO.

I raise the example of ancient Chinese medicine, with which I am most familiar. Similar to some European methods, it emphasizes the balance of some spiritual energy within the body and describes illnesses as an imbalance or movement of one of those energies. The body's anatomy consists of many pressure points called 穴位 (xué wèi), and these points could be manipulated to restore balance in the body. In modern-day China, not everyone believes in this ancient method anymore, and some suggest that we get rid of it due to the lack of evidence supporting its theories. Despite this, the



Image: Traditional Chinese Medicine.

government and many medical schools are still trying to preserve these ancient traditions, since it is more than just a treatment—it is a symbol of our culture and a legacy left us by our ancestors.

Apart from the treatments themselves, the healthcare system plays a huge role in the healthcare system and is usually the one both patients and healthcare workers get upset at. Here, the differences between China and Western countries like the USA and the UK are also very distinct, even though both countries practice mostly Western medicine. In the USA and Canada, I was told that the wait for treatment can be very long, lasting up to 3 months if the illness is not an emergency and that prices for treatment without insurance are very high. This makes sense since most hospitals in the West are privately owned, and if they want to survive and make a profit, they would have to make sacrifices to increase the total revenue. While this may make the experience worse for the patients, there is generally less work for healthcare providers, fewer crowds in hospitals, and emergency patients get the urgent attention they require. However, in China, it's a completely different story. The government owns almost all the healthcare centers and their

training, meaning they can make a loss and still survive. Treatment fees are meager in China, even without insurance; shown especially in the cost of medicinal drugs, which can be very expensive in the West when paying out-of-pocket; and even then, >95% of Chinese citizens have medical insurance, as opposed to 92% in the US. It is also extremely easy to see a doctor for almost anything, and going to the hospital doesn't require a referral from a primary care practitioner, since we don't have that system in place. On average, MRI results take approximately 7-14 days to come out in the US, but only around 2 days in China, and if needed, the results could come out in less than 2 hours. Some problems do arise though: the doctors usually work overtime for little pay because of the low fees and large number of patients, and hospitals tend to become very crowded and sometimes chaotic, especially in places like the emergency room.

The types of healthcare we have discussed so far both have their pros and cons, springing from the characteristics of two starkly different cultures. By combining these methods, and weeding out what works and what doesn't, we can create a unique healthcare system that suits the global population. However, it's easy to see how each one can fix their problems by implementing a concept from the other theoretically, but things are not always that simple. Each country has its individual history, culture, and beliefs, and its healthcare system often reflects that. Despite this, or even because of this, people need to have an open mindset when introduced to new values, cultures, and ways of doing things, in search of an optimal method of healthcare and a better quality of life. Change can only be successfully brought on if its subjects are willing to change, and fortunately for us and our healthcare systems, the potential for change has never been greater.

DEATH, TAXES, & GEOGRAPHICAL ILLITERACY

by Jason Shim — The Harker School, CA

“

God created war so that Americans would learn geography.

— Mark Twain

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If three things had to be constant in America, they would be death, taxes, and geographical illiteracy. A 2015 report by the Government Accountability Office finds that almost 75% of American students fall short of proficiency in geography — almost the exact same results as those from 1994. (1) In short, not even 20 years of domestic and international development could teach Americans geography.

Yet ironically, Twain may have actually overestimated the American education system. 63% of Americans failed to identify the location of Iraq in 2003 during the Iraq War. (2) It comes to no surprise that during that same year, the U.S. Strategic Task Force on Education Abroad concluded that the United States suffered from a “serious deficit in global competence” and that its geographical illiteracy was indicative of a national security threat. (3) So if not even war can teach Americans geography, then what’s going on?

Truth is, world events can only help us understand geography if we understand the importance of geography in the context of international systems. After all, once you’ve understood geography, you’ve only understood half of geopolitics. The strategic position of our country is one of great consequence, as America is able to project massive power globally through military and economic leverage. Therefore, as American citizens, it is our prerogative to understand the geopolitical implications of our country’s actions if we are to express coherent opinions about them.

The reality of our failure to do so is painfully urgent. Political scientists Kyle Dropp, Joshua D. Kertzer, and Thomas Zeitzoff from Dartmouth, Harvard, and Princeton found in a national sample of 2,066 Americans conducted during Putin’s 2014 invasion of Crimea that the further their respondents thought Ukraine was from its actual location, the greater their support for U.S. military intervention in Ukraine. “Information, or the absence thereof,” concluded the group’s report, “can influence Americans’ attitudes about the kind of policies they want their government to carry out and the ability of elites to shape that agenda.” (4)

And it's not just our civilians who need to understand the reality of policy objectives. For instance, the U.S. Armed Forces used the following diagram to understand the political stability of Afghanistan:

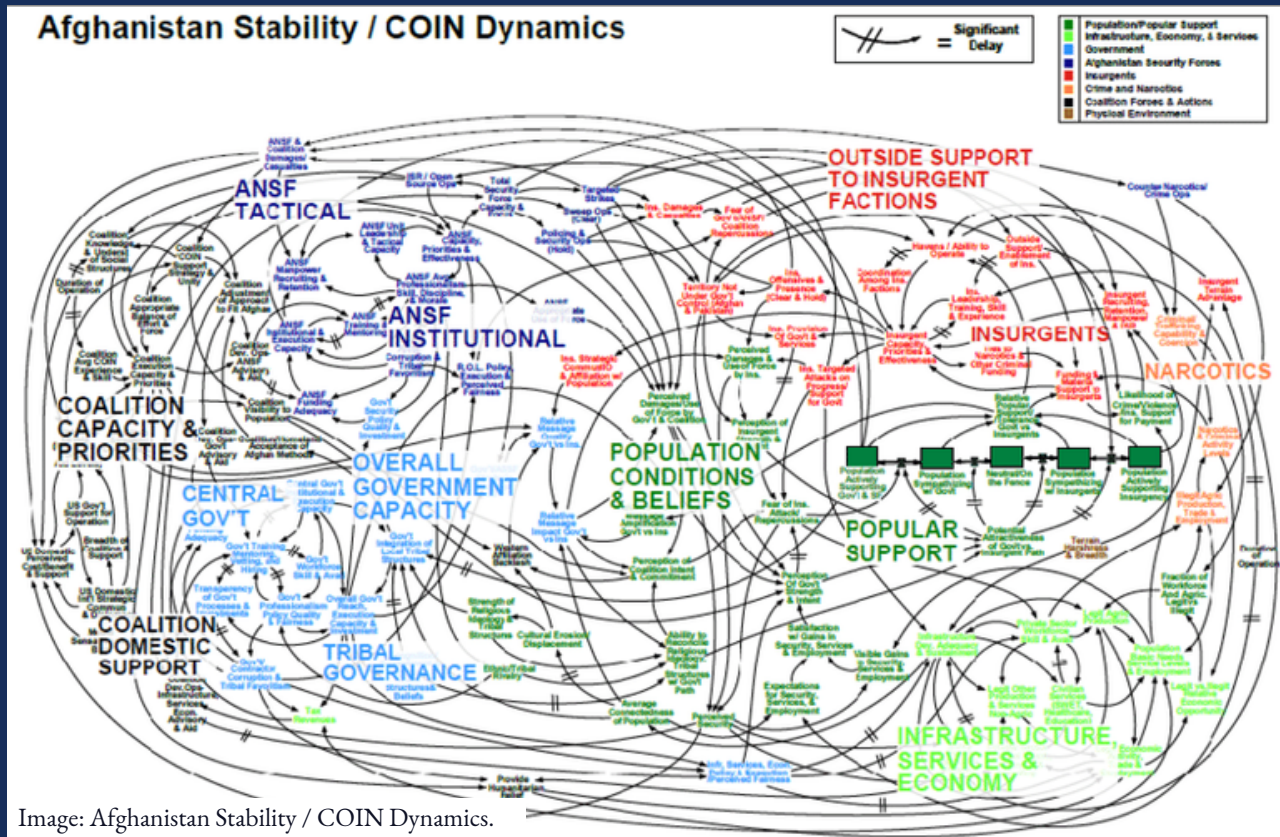


Image: Afghanistan Stability / COIN Dynamics.

“When we understand that slide,” joked General Stanley A. McChrystal, commander of American troops in Afghanistan, “we’ll have won the war.” (5)

Needless to say, McChrystal never understood that slide. And it was no laughing matter. Over two years after the complete withdrawal of troops from Afghanistan and the recapture of Kabul by the Taliban, it has become clear that the reason the United States miscalculated as grossly as it did was precisely because it failed to understand the various systemic factors depicted in the graphic. As outlined by a report published by the Special Inspector General for Afghanistan Reconstruction after the withdrawal, the United States failed to grasp the magnitude of endemic issues such as widespread corruption, the local illegitimacy of the Afghan government, and the dissonance between American infrastructure projects and the Afghan government’s capacity to maintain them. (6) It thus developed an unrealistic timeline for reconstruction which was plagued by poor anticorruption efforts, the alienation of Afghan citizens, and prodigal investment. This is not a new state of affairs for America — much of post-9/11 decision-making in the Middle East has largely neglected regional realities such as the context of the Iran–Saudi

proxy wars, electing instead to pursue costly counterterrorism efforts which galvanize violent anti-American sentiment among the populations of both enemies and allies. So much for military intelligence.

As the flashpoints of 10 major conflicts continue to converge in the Middle East today, it increasingly becomes our responsibility as citizens and advocates to understand these systems — both from a civilian and geopolitical perspective. (7) We must hold empathy for displaced and fallen civilians suffering the cost of war while simultaneously recognizing the consequences of the policies we champion as politically and emotionally charged individuals. This mature perspective arises only through a thorough understanding of the geographical and political systems at play. Democracy functions only when we support causes which we truly understand.

In the end, our old friend Mark Twain has the last word. If God truly created war so that Americans would learn geography, then a concrete American effort to understand geography will certainly sow the seeds of peace.

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BREAKING THE CYCLE

Cultural Biases and the School-to-Prison Pipeline

by Mumatz Cooper — Alexander Hamilton Preparatory Academy, New Jersey

Growing up as a Black-Arab Muslim woman, I have often felt like just another statistic. I can recall that even as a child, I was met with long, suspicious looks from airport security. One childhood memory I still recall is being met with suspicion by airport security. This experience is not unique to just me; countless Muslims face this suspicion daily — evidence that our justice system may lean heavily on cultural biases. These biases run deep, not just out there in the world but right inside our schools. The school-to-prison pipeline describes the way that students are pushed out of schools and pulled into the criminal justice system.

The harsh reality frightens me. A student gets into a minor scuffle or talks back to a teacher. In some schools, that's enough to prompt expulsion or police involvement. This pipeline is fueled by policies and practices that criminalize youth, particularly students of color. Zero-tolerance policies in schools, which mete out harsh punishments for minor infractions, disproportionately affect students of color. According to the American Bar Association, Black students are over two times more likely to be referred to law enforcement compared to their non-Black classmates (1). Instead of asking why a student might be acting in a certain way, the system just pushes them away, cutting off their access to positive learning in an academic environment.

Many districts station school resource officers, and when police are a constant presence in schools, it can seem like the system is telling students that we expect them to commit crimes.

Many policies backfire. In a way, they create a cycle that traps youth into a system that is incredibly hard to escape, limiting future education and employment opportunities for those affected. It's a cycle that says your future is not about what you can achieve but about the mistakes you made.

When we talk about breaking free from this cycle of injustice, we're talking about tearing down a massive wall brick by brick. It is about changing the whole system that sees some kids as problems rather than potential. This is the real, tough work we need to do, and it is about time we roll up our sleeves and get to it. It is everyone's job to find an answer to this one question: How can we break free from this cycle of injustice based on just culture or race? Identifying a concrete solution is the redoubtable challenge that society must undertake.

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