DOCUMENT RESUME

ED 205 645 UD 021 572

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TITLE Southeast Asian Health Beliefs and Practices.
INSTITUTION San Francisco International Inst., Calif.
SPONS AGENCY Department of Health and Human Services, Washington, D.C.
PUB DATE Oct 80
GRANT IRAP-96-M-91808-9-02
NOTE 26p.: Best copy available.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Asian Americans: *Beliefs: *Cambodians: Cultural Traits: *Health: *Indochinese: Laotians: *Medical Services: *Refugees: Vietnamese People

ABSTRACT

This paper explores the health behaviors and health beliefs of Vietnamese, Cambodians, Laotians, (and the Chinese components of these populations), and the Mien and Hmong of Laos. Included is a description of the major medical systems in each country, local practitioners, and some of the uniquely recognized diseases and cures of each area. Conflicts that Southeast Asians face in dealing with the formal medical systems in the United States and changes in health behaviors and beliefs are also discussed. Information for the report was collected through interviews with fourteen Indochinese refugees. (Author/APM)

Southeast Asian Health Beliefs and Practices

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October 1980

This paper was made possible under the auspices of IRAP Grant No. 96-M-91808-9-02 from OFA/SSA of HHS.

Acknowledgements

I am grateful to the following people for their help in this project: Dr. J. Donald Cohon and Dr. Le Tai Rieu of the International Institute of San Francisco; Kathleen Gretenhart and Donna Sullivan of the Indochinese Health Intervention Program, San Francisco; Rochelle Wirshup of Indochinese Family Services, San Francisco; Michael Huynh of the Center for Southeast Asian Refugee Resettlement, San Francisco; Karen Hipkins of the U.S. Public Health Hospital, Southeast Asian Refugee Screening Program, San Francisco. Also, my thanks go to the Vietnamese, Cambodians and Laotians who kindly participated in this study.

Southeast Asian Health Beliefs and Practices

Introduction

About 45,000 Southeast Asian refugees live in the San Francisco Bay Area. The vast majority of these refugees will at some point in the future seek health care. Their reaction to their illnesses and the actions they take to mitigate the effects of poor health can be called "health behavior." Prompting the course of health behavior are beliefs about illnesses: their nature, causes and cures.

Aspects of health behavior and health beliefs of Vietnamese, Cambodians, Laotians (and the Chinese components of these populations) and the Mien and Hmong of Laos will be explored in this paper. Included is discussion of the major medical systems in each country, their practitioners and some of their uniquely recognized diseases and cures. The question, "Who seeks health care from whom, and when?" will be examined. In addition, conflicts Southeast Asians face in dealing with the Western medical system in the United States and the responses of change and persistence of health behavior and belief will be discussed. It is hoped that the information contained here will expand cross-cultural understanding of American health professionals. Also, it is hoped that ideas included in this paper will serve as inspiration for further research.

Information for this report was collected through interviews with fourteen Southeast Asian refugees (seven Vietnamese, including one Chinese-Vietnamese; two Cambodians, including one Chinese-Cambodian; four Laotians, including one Chinese-Laotian and one Mien; and one Chinese from mainland China.) Always, the socio-economic characteristics of

informants, their knowledge and their background influence available data. Limited timeand resources, plus language constraints, forced selection of informants from refugee resettlement agencies. They were, therefore, drawn from an educated and professional stratum. Many were (Western) health care professionals in the home country.

In addition to the bias introduced through informant selection, interview data on belief and behavior is also subject to other forms of bias. On one hand, the "right" questions may not have been asked. On the other hand, the "right" answers may not have been given. Informants may have forgotten (most of the informants had been in the United States five years), or a variety of factors (politeness, fear of castigation) may have altered their responses. More informants, more time to gain rapor, more background research, and, importantly, a research design that included analysis of actual behavior (rather than reports about behavior) would have minimized these problems.

Vietnam

In addition to the indigenous medical systems, the medical systems of China and France have been influential in Vietnam. The difference between Chinese and Vietnamese systems is viewed as categorical, each employing different medicines and different methods of treatment. The indigenous medical system is not to be confused with the local version of the Chinese system. Aligned with the Chinese system in methods of treatment and philosophy, the Vietnamese version, called "southern medicine," employs local herbs. In comparison, the Chinese system per se, "northern medicine," uses imported medicines from Hong Kong, mainland China and Taiwan.

As there are three major medical systems in Vietnam, traditional Vietnamese, Chinese (including its Vietnamese version) and Western, so are there three categories of medical practitioners. Medical practitioners of the traditional Vietnamese system include traditional Vietnamese healers, sorcerers, and monks. Also, family members and neighbors knowledgeable in folk medical procedures are, in a sense, practitioners of traditional Vietnamese medicine. The Chinese medical system in Vietnam is perpetuated by Chinese doctors and Chinese pharmacists. Finally, Western pharmacists, physicians, public health nurses and blackmarket venders (selling antibiotics, for example) contribute to the operation of the Western medical system in Vietnam.

For an American, accustomed to the presence of one major system, the mutual coexistence of three major medical systems may be surprising. (Should the American look more closely, he would be surprised at the presence of diverse medical beliefs within his own society.) For the Vietnamese, the presence of three systems is not contradictory: it is believed that some illnesses respond better to Eastern treatment, some to Western treatment. Indeed, treatment of some illnesses is not believed possible by one or the other system. A Vietnamese, depending on his socio-economic characteristics, may reject one system of treatment, or rely on both. One system may be utilized for diagnosis, another for curing. Or, when practitioners of one system are unavailable, the patient turns to the practitioners of another system. In general though, the rule of thumb is this: if a Vietnamese does not feel well, he will seek help from a practitioner of Eastern medicine; if his problem is severe (an emergency), he will go to a Western doctor. This follows the

belief that Eastern medicine takes a long time to work, whereas Western medicine is fast-acting. For "small things," for problems that do not need immediate attention, the Vietnamese will most likely consult a practitioner of Eastern medicine. Problems such as fever, stomachache, toothache, backache, headache, skin problems, and so on, are taken to practitioners of Eastern medicine, generally speaking. Suspecting liver, kidney or heart disease, for example, a Western doctor is consulted.

This generalization ignores socio-economic differences: ethnic affiliation, educational attainment, age, etc. Some Vietnamese will always seek aid from Western physicians; others will always rely on Chinese doctors, or will interact only with traditional Vietnamese healers. Some informants remarked that Vietnamese "don't like Chinese doctors," thus may prefer first to see physicians trained in Western medicine. (Though they may follow this with a visit to a practitioner of Chinese or traditional medicine.) Elderly Vietnamese, attached to a way-of-life that predates French influence in their country, may prefer Chinese medicine. And, Chinese-Vietnamese, though prefering Chinese medicine, may seek help from traditional Vietnamese healers when Chinese doctors are not available. In other words, health behavior depends on a constellation of factors: socio-economic (influencing belief), availability of practitioners, ability to pay, progression of the illness, and so on. Within a medical system, choice of practioners depends on a combination of variables including cost, reputation and status of the parties involved. Private hospitals have higher status in Vietnam than public hospitals; Chinese medicine from mainland China has higher status than the locally produced version.

While socio-economic factors and factors such as availability and reputation are extremely important in determining the behavior that the patient will take in seeking medical help, probably the single most important factor is the illness itself. The dichotomy between emergency- and nonemergency illness, as perceived by the patient and his family, has been noted above, where Western medicine is seen to be more effective in emergency cases. Another dimension to this involves recognition of illnesses. Western medicine does not "recognize" certain illnesses which traditional Vietnamese medicine recognizes, and vice versa. Thus, a person believing himself to be stricken with a disease not recognized in Western hospitals logically seeks treatment elsewhere. Treatments and preventive measures also are subject to the question of recognition.

To some Vietnamese, ancestral and other spirits are realities that often interfere with the living. While ancestral spirits are usually protective, occasionally they are malevolent. They may cause illness. It is believed that flu and some psychological diseases can be initiated by spirits. Only a consistent policy of actively appeasing spirits, through offerings and prayers, can prevent spirits' bad deeds. Shrines in trees where spirits are likely to live, shrines in the household and at the doorstep of the household are sites where family members remember and venerate the spirits. Amulets may also help in warding off supernaturally caused disease. Amulets are made at the time of a death within the family. These amulets, made of paper, are worn next to the body, inside the clothes, for 49 or 100 days.

When preventive measures are not effective, a healer from the village or mountain is summoned to the house. There he, through ceremonies, attempts to expell spirits from the house. Some informants use the English

word "sorcerer" to refer to this type of healer.

The healer of supernatural illnesses, or sorcerer, is aided in his work by a group of ghosts. (While both men and women can be sorcerers, the majority are men.) Clients pay sorcerers to buy ritual paraphernalia and food for offerings. Performance of a ceremony is necessary when a spirit invades the body of a living human being, for this condition causes "craziness." The following story illustrates this process: In order to see into her future, a young woman asked a ghost to penetrate a piece of wood. (Acting like a Ouija board familiar to many Americans, the wood moves in response to questioning.) Something went amiss. She lost consciousness; a male voice began to speak from her body, complaining that his chest was burning. Recognizing the problem immediately, the woman's family sent for a sorcerer. The sorcerer talked to the male voice and determined that the voice was the spirit of a man who had lived in the area four years previously. The sorcerer learned that the man's grave was improperly located, and, hence, the spirit was bound to the area. The coffin was moved; offerings were made. Oddly, a Vietnamese oven was found on the coffin, correlating to the ghost's complaint of a burning chest. The woman recovered.

Common to much of eastern Asia is the idea that good health depends on a balance of two principles, hot and cold (corresponding to the elements yin and yang in the human body). Equilibrium of the hot and cold elements produces good health, while, conversely, disequilibrium causes loss of good health. This belief is fundamental to Chinese medicine, where Chinese medicine attempts to restore harmony within the body by adding to either the hot or cold elements. Drugs, natural elements and

foods are classified as hot or cold. It follows that one can become sick by eating too much hot or too much cold food. Should a child complain of a stomachache, the mother would first consider the child's diet. Had the child eaten too much hot food (for example, meat)? The mother might adjust the child's diet accordingly, adding cold foods (for example, vegetables and rice). In cases where home treatment is ineffective, a practitioner of Chinese medicine might be consulted.

In Vietnam, Chinese doctors are often found in Chinese herb or drug stores. The Chinese doctor in Vietnam learns his trade from his father. The untrained patient is apt to believe that the doctor diagnoses solely through feeling the patient's pulse. In fact, in addition to feeling the pulse, the diagnostic method includes observation (seeing, listening) and questioning. In comparison to Western doctors, the Chinese doctor touches only at the wrist. By reading the pulse at two points (left for heart, liver, kidney; right for lung, spleen and kidney again), the Chinese doctor makes his diagnosis. His prescription (liquid, pills, tea, or ointment) is designed with the four dyads of Chinese medicine in mind: yin and yang, cold and hot food, hyper and hypo function, and external and internal. Often in Vietnam, where the doctor and druggist are the same person, there is no charge for the diagnosis or the written prescription.

Some Vietnamese sustain beliefs in the powers of magic, particularly as a causative agent of illness. For instance, a sorcerer may have magically put a stone into the stomach of a hated man, causing the man to become ill. Naturally, being recognized by neither Western nor Chinese systems of medicine, illnesses with magical roots must be treated outside

these systems. (This belief in magic among the Vietnamese is sometimes attributed by them to Cambodian influence.) For treatment of a disease with magical causes, a sorcerer more powerful than the one who originally placed the spell must be consulted. This is illustrated in the following story: a young married woman seemed to be pregnant. Her family was extremely angry with her. Believing her to have an ovarian tumor, a Western doctor examined her, but his suspicion was not confirmed. It was learned that a neighboring family wanted her to marry its son. They had hired a sorcerer to make her seem pregnant.

"Wind" (the Vietnamese word is phong) is an illness that family members learn to diagnose and treat. Here, wind in the body causes illness, the symptoms of which include chilliness, loosing consciousness, and skin eruptions. Treatment involves rubbing the forehead, neck, chest, or back with a coin until a dark bruise appears. (Some use a spoon or ginger for this purpose.) The curing method necessarily leaves telltale marks. The story is told of a Vietnamese man in Los Angeles who treated his small son for "wind." Noticing the marks on the boy and suspecting child abuse, the child's school nurse notified the authorities. Consequently, the father was arrested and jailed. Distraught over the incident, the imprisoned man committed suicide.

Like the treatment of "wind," other traditional Vietnamese curing practices seem highly unusual to Americans. Vietnamese who have rejected these practices regard them as superstitions, but for others, they are regarded as reliable practices passed to them through generations. For instance, a soup of seahorses and rice is thought to relieve asthma. Or, eating three live lizards will cure asthma. (Vietnamese children

catch and sell lizards for this purpose.) When a fishbone is lodged in a patient's throat, any person who has been born feet first can solve the problem by scratching the neck of the patient three times.

Except for sorcerers treating supernatural causes of insanity, mental health practitioners in Vietnam have not be mentioned thus far. In addition to sorcerers, monks treat mental health problems. Monks also help in easing family problems (such as conflict between parents or between siblings), but seeking advice from a monk is regarded as a final effort, when all attempts to solve problems within the family have failed. In other words, the first level of problem solving is the nuclear family. Secondly, the extended family becomes involved. Finally, no solution reached, monks, the temple and prayer are tried. because of the cultural values of obedience and submission, this extra-familial step is said to be rarely taken.

As for Western concepts of mental health (for example, psychiatry), there are few believers in Vietnam. While organic causes of mental illness are recognized (damage to the nervous system) as are supernatural causes, there is little belief in psycho-social development causes (such as are adhered to in Western pyschiatry). As for mental hospitals, part of the Western medical system, families send only dire emergencies there.

Western medicine has come to stress preventive measures in the areas of dentistry and obstetrics. Preventive dental care and prenatal care are all but taken for granted by American health professionals. Periodic check-ups are the least of the steps taken to insure a patient's healthy future. For a host of reasons, periodic check-ups are not common for most Vietnamese. Some investigators have pointed to the Eastern notion

of submission to ones destiny as important here. Important also are lack of resources and unavailability of doctors and dentists.

The idea that loosing teeth is an inevitable and natural process is also operative here. Dentists are visited only when serious tooth problems cannot be ignored. Village dentists pull teeth but do not fill them. Some resettlement agency personnel believe that the major health problem of Southeast Asian refugees in the United States is dental health.

The difference between rural and urban women is said to be apparent in the utilization of hospitals for childbirth. Midwives serve rural Vietnamese women at home, while urbanites are said to prefer hospitals for deliveries. There are maternity clinics in Vietnam, and urban women use their services or the services of Western physicians. Education and social status affect decision making. Common to both urban and rural women is the idea that pregnancy is not in and of itself cause to consult a doctor. Hence, prenatal care (in terms of regular check-ups by a doctor) is a new concept in Vietnam.

Laos

In Laos the following persons may be consulted about health problems: Chinese doctors and Chinese pharmacists; neighbors and family members; traditional doctors, former monks, monks, sorcerers, market herb sellers, itinerant dentists; Western doctors, pharmacists, and nurses in schools. As in Vietnam, there are three major medical systems operating in Laos: Chinese (and a Laotian version thereof), traditional and Western. And as was stated in the Vietnamese case, the answer to "who seeks health care from whom, and when" depends on a variety of factors: socio-economic characteristics of the patient and his family, availability of practitioners,

nature of the illness, course of the illness, and so on. One system, two , or all three systems may be exploited depending on these same variables. Laotian informants support the nonemergency-emergency dichotomy stated above in the Vietnamese case: Western doctors for serious problems (emergencies, surgery), Eastern doctors for general aches and pains, fever, and skin problems. (However, traditional Laotian doctors, former monks, are said to be consulted in the treatment of some serious problems, for example, broken bones. In this case, the traditional Laotian doctor comes to the patient's house, performs a ritual and, presumably, sets the bone.) The importance of relatives and neighbors in the process of seeking health care should not be minimized. Family members are the first observers of illness and the first decision makers in regard to treatment. Neighbors may be the first consultants. Relatives and neighbors are important vectors in the transmission of diagnostic and curing methods. Mothers are able to heal, it is said, because they have learned from their mothers, old people and neighbors. Individuals in rural areas learn to identify and gather medicinal plants in the forest as they (and urbanites) learn which plants to buy from herbalists in the market place.

Traditional healers include monks and former monks (glossed above as "traditional Laotian doctor"). Both treat a variety of health complaints such as broken legs, infertility and mental illness caused by ghosts. Traditional Laotian doctors, as former monks, have learned their craft in the pagoda. Their treatments at the patient's home include rituals and medicinal teas. They themselves do not advertise their curative powers; their reputation is made and word of it spread by those they have successfully treated. While these healers treat both men and women, acting

monks are prohibited from touching women. (Monks may have helpers who can, however.)

Supernatural interferences (ghosts and magic) are viewed by some Laotians as causes of illness. Mental illness in particular is believed to be caused by supernatural agents. When an individual is believed to have contracted ghost sickness, a Buddhist monk is consulted. One course of action involves taking ritual objects (flowers, incense, candles, coconuts) as well as money to the temple. There a monk conducts a curative ceremony, praying, making offerings. Another procedure over which a monk presides involves cutting a banana tree. The "blood," or sap, flowing from the tree indicates the spirit's death. Either of these measures may take place independently of a visit to a Western doctor.

Amulets provide protection against supernaturally caused illnesses in addition to insuring general good luck. Copper amulets, containing a written message and worn on the wrist or around the neck, can be obtained from monks. Chinese-Laotian women prevent the entry of ghosts into their heads by not washing their hair for 100 days after childbirth.

Magic, the placing of spells, is regarded by some Laotians as a formidable cause of illness. A victim of magic speaks in an alien voice which requests actions and services. He is said to be unable to control himself. Untreated victims of magic can die. Magical spells are such that they can be revoked only by stronger magical spells; thus, for a healer to be successful in his cure, he must possess stronger powers than the originator of the spell. Former monks and sorcerers (men or women from "remote places") are sought for cures.

Laotians share with Vietnamese the philosophy concerning the necessity of a properly and carefully balanced diet (hot and cold foods). Maintaining

balance or correcting imbalance provides one with good health. Following the rules of the system, one does not give a child too much hot food (so as not to cause a fever), nor too much cold food (so as not to slow the pulse). Should a child have a fever, his mother's first inclination is to give the child a cold medicine. She possibly buys leaves from a market herbalist in order to make a tea for this purpose. While the tenets of the system are the same, native Laotian herbs may be different from imported Chinese ones.

Pregnancy does not imply a need to consult any medical practitioner. An informant's remark which indicates this is: "A pregnant women will never go to a Chinese doctor, unless she is sick." Though women seek help from midwives, midwives are not considered to be healers; when lists of medical practitioners were illicited from informants, midwives were never mentioned. Pregnant women clearly do not ignore their state; they continue to take precautions against illness (for instance, they eat properly and seek advice when they get sick). Avoidance of washing the hair after childbirth, as a precautionary measure taken by some Chinese, has been mentioned. A Western doctor may be consulted when a woman is close to the time of delivery (within the last month of her pregnancy). It is said that Laotian women prefer giving birth at home with midwives assisting. In the event of complications, they will go to a hospital, but they go with the knowledge that some of their beliefs about delivery and postpartum care will be compromised. This will be discussed in a later section.

Mien and Hmong in Laos

The Mien and the Hmong, though living in Laos, are culturally

distinct from both Laotians and Chinese-Laotians. As their systems of subsistence and technology differ from the people in the coastal areas, so their systems of beliefs and customs differ. (Hmong and Mien do distinguish between themselves, but they nevertheless recognize their commonalities.) Intermarriage between Mien and Hmong occurs. It is said that their languages and customs are similar. Both are animists, and both rely primarily on their native curers when combating illness.

A Mien traditional healer, a man, treats the patient in the patient's home without ever seeing the patient. Curing involves supplication of the ancestral spirits through prayers and offerings (pig, cow, buffalo) as well as giving the patient such medications as herbal teas. The Hmong, also, produce medicines from plants gathered in the mountains.

Belief in supernatural causes of illness exists among both the Mien and the Hmong. For Mien, invisible spirits live everywhere. Spirits can occasionally invade the bodies of the living, some believe, so that curing rituals are necessary. This is also true for the Hmong, who treat ghost sickness with loud noises, hoping to frighten the spirit out of the body and away.

Cambodia

Asked about medical practitioners in their country, Cambodian informants listed: relatives; Chinese doctors, Chinese pharmacists and Chinese spirit healers; professional healers; monks, market and street dentists, herb venders in the market place; Western doctors in private practice and in public and private hospitals.

Agreeing with Chinese-Vietnamese and Chinese-Laotian informants, Chinese-Cambodians maintain that Chinese doctors and their druggist

counterparts have expertise in the treatment of headache, fever, stomach-ache, diarrhea, dizziness, and skin problems. They also agree that the domain of Western medicine is the treatment of emergency problems and problems requiring surgery. The Western form of dentistry is thought to be superior to the traditional form, which, when practiced by market place dentists, primarily consists of pulling bad teeth.

Apart from herbal treatments purchased from Chinese druggists, Cambodians may buy traditional Cambodian medicinal plants in the market place, or, those so situated may collect medicinal plants in the forest. These are regarded as particularly effective in the treatment of wounds.

Some Cambodians believe that a spirit may invade the body of a living human. A professional healer, either male or female, is called upon to treat this situation. The healer goes to the house of the afflicted, examines the patient alone, and by ceremonial means rids the patient of the spirit. The patient's high fever, stomach cramps, abcesses, loss of weight, and vomiting consequently disappear. The professional healer also treats victims of magic through appeasement of ancestral spirits. Buddhist monks are skilled in treating diseases of the supernatural also.

Belief in the possession of wind (described above for the Vietnamese) exists in Cambodia. The treatment, carried out by one who knows the procedure, possibly a mother, involves rubbing a coin on the forehead, chest or back.

Refugees' Problems with the American Medical System

In the foregoing discussion, Eastern and Western medical systems have been contrasted. A complete and in depth comparison would clearly require far more space than this paper can allow. Suffice it to say that

in each of the three countries discussed, Eastern and Western medical systems coexist, are differentially utilized dependent upon many variables. Furthermore, the term "Eastern medical system" can be subdivided for the countries discussed into "Chinese," "local version of Chinese," and "local traditional." Again, utilization of these depends on many variables. The point to be made here is that while many Southeast Asians have accepted Western medicine, others have not. It is said that these people "do not believe" in Western medicine. And, while some Southeast Asians do believe in Western medicine, they have not necessarily rejected Eastern medicine. They feel they benefit from both systems and use them alternately or simultaneously.

Even for those who have accepted Western medicine, there may be conflicts and misunderstandings about its use in the United States. This section will explore some of these problems.

Clearly, many problems arise through the conflict of Western & Eastern beliefs about the nature of illness and appropriate treatment. For example, pregnant women may understand the advantages of hospital delivery but fear American customs and procedures, for instance, taking showers and washing hair. It is believed that taking a shower after delivery can make one weak, cause gas, dizziness and fainting; washing hair may invite invasion by ghosts. Ice chewing during labor conflicts with beliefs about hot and cold balance, as does drinking cold water.

Hospital food often may not meet with the canons of balance, as determined by Southeast Asian belief. And aside from balance, American food may not be palatable for refugees. Lack of seasonings, bland taste and indigestability are mentioned. (Many Asians lack the enzyme lactase, rendering them unable to digest milk sugar, lactose. The result is gas,

bloating, cramping, and diarrhea.)

Two areas mentioned most often as causing conflict, and at times fear, are language barriers and laboratory tests. Perhaps the first is more readily understandable to American health personnel than the second. Unable to communicate, refugees face a variety of problems. Without interpreters or health personnel fluent in their language, understanding procedure of examination and treatment is greatly handicapped. Without means of communication, refugees are loath to stay overnight at hospitals and clinics. Problems of this sort are understood by Americans, and attempts are made to provide interpreters, or at least to use the services of interpreters provided by resettlement and health advocate agencies.

The conflicts arising from diagnostic laboratory tests are not as understandable to American health personnel. Blood tests in particular are areas of conflict. Removal of blood, a vital principle, is believed to cause weakness, making the patient sicker than he originally was. Blood is believed to be replenished very slowly, if at all. In addition, some people (some Mien, for example) fear that their blood is being sold. Others fear that the blood taken from them may be used magically against them.

Another side to the problem of laboratory tests involves the role expectations Southeast Asians have of physicians. In previous sections, the practices of Chinese doctors and traditional healers were outlined. In general, diagnosis within these Eastern systems requires little direct questioning of the patient, and, of course, no Western laboratory tests. In the case of traditional Mien medicine, at least, the healer is said to never see the patient at all. The idea behind much of this conflict is that skilled and competent doctors are certain of their diagnoses. They do not need the crutch of tests to confirm diagnoses. Prescribing tests

is tantamount to admitting ignorance or uncertainty. Doctors of Western medicine is Southeast Asia tend to follow this schema. Of course, in many cases these physicians, lacking access to labs and x-ray equipment, are forced to rely solely on their knowledge and experience. If a doctor is uncertain of a diagnosis, he will refer his patient to a hospital equipped for scientific testing.

In addition to fears about loss of blood and fears about the doctor's need for testing, some Southeast Asians dislike laboratory tests because of expense. Cost of health services is a barrier to adequate care; clearly, Southeast Asian refugees are not alone in their hesitation to seek medical care, or to elaborate on medical care, because of cost. Efforts by resettlement agencies to enroll refugees under health insurance plans have helped in this regard. Still, health cost may sap an unacceptable proportion of a refugee family's budget. Efforts to economize are made. Protests over laboratory tests, seemingly unnecessary or even harmful, may be made. Decisions may be made to stockpile medication, rather than to take it. A patient's decision to see a Chinese herbalist, rather than a Western doctor, may be in part predicated on economic concerns: a visit to the Chinese practitioner costs less than one fifth of the price of an office visit to a private Western doctor.

But cost alone does not account for the dissatisfaction that a Southeast Asian patient might feel in an American health setting. Again, role expectations of doctors are at issue. Doctors are expected to maintain a special relationship not only with the patient, but with the patient's family. It is said that the relationship between the doctor and his patient should be as a father to his child. Doctors are remembered

at holidays and are included in family celebrations. While this model of doctors may at one time have been applicable in the United States, it can hardly be applied widely today. Southeast Asians sense the impersonality of the American medical system.

Doctors of Western medicine in Southeast Asia respond to these traditional expectations. Treated as kin, they form part of the familial support system that operates to protect and secure the needs of family members. They understand the concept of family unity. That some American hospitals bar family members from overnight stays with their sick relatives is incomprehensible. Also, doctors of Western medicine in Vietnam know that their patients expect to be seen immediately. Waiting for appointments distresses Southeast Asian refugees who believe that "you must fight a disease as rapidly as you fight fire." Following this belief, medication of some sort is expected during a visit to a doctor. When a doctor does not provide medicine, preferably an injection, the inference made is that the doctor is unable to treat the patient for whatever reason. Clearly, waiting for test results before getting medicine further adds to patient distress. Western doctors in Vietnam may give placebos for this reason.

Other problems concerning medication arise from traditional belief in the hot and cold opposition described above. In general, Western medicine is considered to be hot. Afraid of imbalance, a patient may reduce his consumption, or neglect the medication altogether. Western medicine is said to be too strong, often, for Asians.

Other problems Southeast Asians may face with the American medical system range from problems springing from traditional values to those

those springing from modern ones. In the first case, a young doctor may not inspire confidence or respect. Modesty may be a problem (which some Southeast Asian women attempt to solve by wearing several examination gowns). In the second case of modern values, a Southeast Asian refugee may be reluctant about answering numerous questions; some speak of the "hardship of being questioned" suffered through interrogations by communists.

Change and Persistence

Beliefs, behaviors and environment are closely tied so that changes is any one effect the other two. In turn, the original change may be amplified by these secondary changes. The beliefs and behaviors of refugees and immigrants, who by definition experience new environments, will change. While total change (assimilation) is a possibility, a variety of factors (beliefs and behaviors of both the immigrant groups and the host society) may influence (restrain or augment) change. (Naturally, time must be considered here.) While some beliefs and behaviors are modified, others persist.

Being most dramatic, immigration from the home country to a new country and often a new culture may come to mind as the only situation producing change. But, change may occur in the home country through internal modification of beliefs or behaviors or through the introduction of new beliefs and behaviors. In Vietnam, the presence of Chinese and French (Western) medical systems demonstrates twice the operation of cultural diffusion. The most recent to be introduced, French medicine has not been accepted even as an alternative by many eldery people who learned the Chinese way as children. Taking steam baths, a custom introduced

by the French, has been accepted by many Vietnamese as a health promoting measure. Even the French custom of eating bread (a cold food, capable of causing constipation) was accepted by many as a proper breadfast food. In Laos, many Mien were driven from their mountain homes by the fighting around them to the peripheries of lowland towns and villages. Their children learned the Laotian language in schools; the Mien were exposed to new ways.

The medical beliefs of Southeast Asians have undergone change in the United States. Informants sense that refugees' beliefs of supernatural causes of illness are in flux. Explanations of this change were offered: refugees attempt to follow the cultural rules of this country, and hence "believe" in western medicine; refugees are forced to change their beliefs here as there are neither sorcerers nor other healers of supernaturally induced illnesses (being from remote, noncoastal areas, they have not been able to flee to the United States); magic may not work here. That the system is changing is illustrated by various traditional healers (for some did come to the United States) and fortune tellers in the Bay Area who have changed their professions in response to lack of business.

Helping refugees become accustomed to and incorporated within American institutions is the business of resettlement and refugee advocate agencies. These agencies provide English language instruction, interpreters, and health and welfare services, or help to link refugees to these services elsewhere. As a result, these agencies are powerful agents of change. Some of these agencies provide hospitals and clinics with interpreters. They also strongly influence health behavior through education (the value of prenatal care, hospital delivery) and referral (suggesting that refugees seek help from particular hospitals). Some agencies hire and train

Southeast Asians (and Asian-Americans) to carry out resettlement programs. In this, too, resettlement agencies influence the process of cultural adaptation.

It is no surprise that beliefs and behaviors of refugees and immigrants change, especially in cases where quite different cultural traditions meet. What is surprising perhaps is that some beliefs and practices survive. While Southeast Asian refugees turn toward belief in Western medicine and respect for Western doctors, still there persists belief in and respect for Eastern medicine and doctors. For those who used the services of Chinese medicine in the home country, San Francisco's Chinese doctors and drug stores are attractive. Though there are some differences to be tolerated here (doctors' services may be separate from drug stores', and Chinese medicines are more expensive here), the basic facilities are comparable to those in the home country. For speakers of Chinese languages, communication problems are minimized. In addition, for those needing the curing expertise of religious persons, Taoist and Buddhist temples and Roman Catholic churches are available in San Francisco. And, there are some traditional healers in the Bay Area. (There are active Mien healers, for instance.) It is said that many Hmong brought traditional medicines with them to the United States.

Seeking traditional medicines and health care, Southeast Asians in the Bay Area are developing linkage systems. Some Vietnamese in San Jose travel to San Francisco on the weekends to secure Chinese medicine. Some Mien (who have largely settled in Richmond, California) trade in San Francisco's China Town for chickens to be used as offerings (rather than traditional pigs, cows and buffalo) and other ritual paraphernalia.

Some Bay Area Vietnamese know about, and possibly consult, Vietnamese fortune tellers in Los Angeles. These examples are indications of possible expanded networks of the future.

Finally, some Southeast Asian refugees are continuing to serve within the Western medical system as health practitioners. Doctors and dentists trained under the French in Vietnam are obtaining licenses to practice in the United States. Others, while not directly practicing medicine or dentistry, are serving as leaders, administrators and educators in health. Maintaining that Southeast Asians themselves are best equipped to understand the problems of Southeast Asians, some resettlement agencies are oriented toward the development of Southeast Asian staff. Some support in-house training of paraprofessionals; other believe that university training and degree accredidation is the better adaptation. Clearly, the role of health professional continues to hold the high prestige for Southeast Asians in the United States as it did in the home countries.