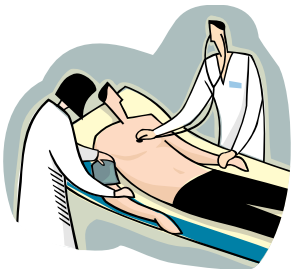
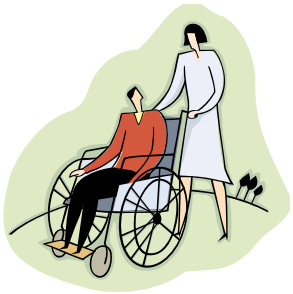
Hmong for Health Care Workers





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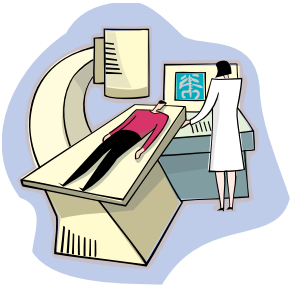

March 2006

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Contents

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Introduction

Virtually every health care professional in California encounters immigrants as a regular part of the day's work. Whether these interactions are positive or negative, satisfying or frustrating, depends at least in part on the knowledge and understanding the health care professional brings to the encounter. We all have good days and bad days in which we meet the full range of clients, but even on the worst of days with the most recalcitrant client, understanding where that client is coming from will almost always contribute to a positive outcome.

With the nation's largest immigrant population, California is a microcosm of what the entire United States is projected to look like in 2050, when Hispanics are expected to make up nearly one-fourth of the nation's residents and Asians close to 10 percent. In 2002, the population of Los Angeles was 44 percent Latino and 12 percent Asian, and more than 100 languages were spoken by students in the city's schools.

Health care professionals need to equip themselves with information that will help them meet the challenge of working with immigrants, non-English speakers, and English language learners competently and compassionately. Rather than viewing immigrant clients as problems, with increased knowledge we may come to appreciate the contributions they make to our nation—which is, after all, made up almost entirely of immigrants. The Center for Religion and Civic Culture at the University of Southern California observed, in a recent report on immigrants in Los Angeles, that these new arrivals have much to share: "Anchored in community, immigrants know something about extended family ties, the value of community, and the importance of preserving a cultural heritage while contributing to the new society."

Immigration Facts

In 2004, the foreign-born in the United States, some 34.2 million people, accounted for 12 percent of our total population. Fifty-three percent of the immigrant population was born in Latin America, 25 percent in Asia, 14 percent in Europe, and 8 percent in other regions.

U.S. citizens are some of the most fortunate people in the world. Except for Native Americans, we all are the descendants of immigrants, a fact that we tend to overlook in our dealings with more recent arrivals to our nation and state. Much of the United States at some time belonged to other nations, most notably Mexico, which for centuries counted California and other Western states as part of its territory. The fact that we live in the richest and most powerful nation in the world should not blind us to the fact that our position is a matter of good fortune rather than divine favor.

To get an idea of the lure of the United States, we might imagine ourselves as citizens of a nation ravaged by civil war, earthquakes, famine, tsunamis, multinational corporations—alone or in combination—who live in shanties on land we do not own, with no reliable ource of water, no hope of employment, no access to medical care. This is the reality of life for millions of the world's people, and we should not be surprised that many will risk death for the chance to make a better life for themselves and their families in this country.

Legal Status

Immigrants are differentiated between those who have become U.S. citizens and those who remain non-citizens. U.S. citizens are classified as native-born or naturalized. According to the Urban Institute, more than half of all legal immigrants to the United States eventually become naturalized citizens. Non-citizens fall into one of four major legal status groups:

1. Legal Permanent Residents. These individuals have permanent visas or "green cards." Most achieve their status as a result of family reunification laws allowing citizens and legal permanent residents to apply for permission for spouses, parents, siblings, and children to immigrate. Others are admitted when employers apply for visas for them. After five years as a legalized permanent resident (three years if married to a U.S. citizen), an individual may apply for citizenship.

2. Refugees/Asylees. These are people admitted for humanitarian reasons, generally fleeing war or persecution in their native countries. They are screened by the U.S. Department of State and international organizations before admission. Once in the United States, refugees are usually resettled by family members or resettlement organizations. Unlike most other immigrants, refugees are eligible for a variety of federal social services. Individuals fleeing persecution who arrive in the United States without approval can apply for asylum.
3. Temporary Residents. Most of these individuals have visas for temporary employment or education.
4. Undocumented Immigrants. These immigrants have no authorization to be living or working in the United States. Most estimates show the population of undocumented immigrants doubling from 4 million to more than 8 million during the 1990s.

Immigrants move freely between these four groups as their circumstances change. In 2000, between 10 and 11 million foreign-born in the United States were naturalized citizens; the same number were legal permanent residents; some 8.4 million were undocumented immigrants; 2.5 million had arrived as refugees after 1980; and about 1.5 million were temporary residents. The Urban Institute estimates that each year during the decade of the 1990s the following numbers of immigrants entered the United States:

- Legal Residents: 700,000 to 900,000
- Refugees/Asylees: 70,000 to 125,000
- Undocumented Immigrants: 300,000 to 500,000+

A study by the Pew Hispanic Center released in June 2005 estimated the total of undocumented immigrants now in the United States at 10.3 million, about a third of the foreign-born population.

Countries of Origin

Census 2000 identified more than 100 countries as home to the nation's foreign-born population. In a survey conducted by the Urban Institute in 1999–2000, immigrant families in Los Angeles County, home to one of the nation's most diverse communities, were found to have come from 75 different countries. While new immigrants continue to settle in California, Florida, New York, and Texas, traditionally the destination of the largest numbers, the 2000 census showed states in the Midwest, South, Northeast, and Pacific Northwest among those with the fastest-growing immigrant populations. Some 22 states that had relatively low immigrant populations in 1990 saw those numbers grow by over 90 percent by the 2000 census. California remained the principal first destination for immgrants, but as housing prices continue to rise and living in California becomes increasingly expensive, more immigrants will settle elsewhere. In the 2003 American Community Survey, seven California cities and five California counties were in the top ten cities and counties for foreign-born population.

Countries/regions of origin for the foreign-born identified in the 2000 census are:

- Mexico: 9.2 million, 30 percent
- Asia: 8.2 million, 26 percent
- Other Latin America: 6.9 million, 22 percent
- Europe and Canada: 5.7 million, 18 percent
- Africa and Other: 1 million, 3 percent

English Language Proficiency

Census 2000 showed that 47 million U.S. residents, or 18 percent of the population age 5 and older, speak a language other than English at home, with 40 languages listed. Some 28 million of these speak Spanish. The fact that most of these people have limited proficiency in English poses a significant challenge to their integration into U.S. life. Those with limited English proficiency tend to have less desirable jobs, earn lower wages, and experience hunger. An Urban Institute report states: "Food insecurity and other hardship measures were more closely associated with limited English proficiency than with either legal status or length of residency in the United States."

As immigrants live longer in the United States, their language proficiency generally increases. Some 44 percent of all foreign-born residents counted in the 2000 census were limited English proficient. About 10 percent of all U.S. public

school students are English language learners (ELLs); their numbers have doubled to more than 2 million since 1990. In California, the 2003 American Community Survey identified 40.8 percent of the population over age 5 who spoke a language other than English at home. Nearly 1.5 million California students were classified as English language learners in 2002.

Refugees

Between 1975 and 2000, the United States admitted 2,284,956 refugees, with the largest number coming from Asia. Before arriving in the United States, many refugees have spent time as refugees in an intermediary country. Large numbers of Hmong have spent long periods of time in refugee camps in Thailand before settling in California or other states. Both between resettled groups and within groups there is great diversity, depending upon the status and experience of the individuals prior to fleeing their native land and/or being resettled from a refugee camp. In the case of resettlement, refugees generally receive health screenings and orientation to U.S. life prior to their arrival. The Justice Department conducts interviews to establish that they are indeed in danger if they return to their native country. Voluntary agencies, working with State Department contracts, facilitate the resettlement process and provide for or arrange housing, medical care, job training, school enrollment, and other social services for a limited time.

Some of the best information on refugee health issues has been compiled by Charles Kemp and is found on the Baylor University Web site: http://www3.baylor.edu/~Charles_Kemp/refugee_health_problems.htm. Kemp notes that refugees first come intothe health care system through local health departments, where they undergo a screening called the Refugee Domestic Health Assessment to eliminate health-related barriers to successful adaptation to the new culture. Refugees are screened for TB and other communicable diseases. Often, only TB and sexually transmitted diseases are treated in the health department, with other conditions being referred more or less successfully to the primary care sector. Caseworkers or previously settled family members assist new refugees in navigating the health care system, but this is not always a flawless process.

Working with Health Care Clients from Other Cultures

Putting oneself into another person's shoes is a difficult task. California health care professionals at all levels must be able to do that in order to provide culturally competent care to the immigrant patients and families with whom they interact every working day. From seemingly small matters, such as a patient's preference for water without ice, to life-and-death situations involving the reporting of symptoms or directions for medication use, the inability of health care providers to understand the language and culture of clients is a barrier to giving and receiving appropriate care.

An article in the journal *Academic Medicine* states: "Without understanding the fundamental nature of culture and the integrity of differing belief systems, the risk of conflict and its negative impact on health outcomes is inevitable." Researchers from UCLA studying clinical trials for psychiatric drugs recently found that only 8 percent of more than 9,000 patients studied were minorities, even though the importance of cultural factors in the treatment of mental disorders has been well documented. A psychiatrist at Columbia University stated: "If we understand that our definition of pathological isn't pathological in other countries, we can make better decisions on when to treat, especially with medications."

The Web site Diversity Rx, discussing the importance of language and culture, puts the matter in a nutshell:

> All health care personnel should learn to regard the patient and his or her family as unique and aim to develop skills to assess the role of culture in any given situation. For professionals in the health care setting, awareness of personal biases is a prerequisite for cross-cultural competence. The competent professional cultivates a non-judgmental attitude of respect, interest, and inquiry. From this viewpoint, the cross-cultural encounter is approached as an opportunity for learning and growth.

Clients Who Speak Little or No English

Nearly 50 million people in the United States speak a language other than English as their primary language; in California, 20 percent of the population has limited English ability. A 2002 study by The Commonwealth Fund reported that many patients have difficulty understanding health care information, with more than 50 percent of both Hispanic and Asian American patients reporting difficulty. The report of a 2003 dialogue among health care professionals in San Francisco opened by stating: "Even for those who are fluent in English and acculturated to the American medical system, the complexity of information coupled with the emotion and anxiety of illness creates substantial opportunities for miscommunication."

In a 2003 survey of California immigrants conducted in 11 languages and dialects, researchers found that half of all immigrants who do not speak English reported problems understanding medical information. More than half of the Hispanics, Hmong, and Iranians surveyed reported being confused by post-hospitalization instructions, and one-third of all immigrants have trouble understanding prescription drug labels, which some cannot even read. Throughout the United States, refugees and immigrants who speak no English or have limited English proficiency pose challenges to health care providers.

The Office of Civil Rights of the Department of Health and Human Services in 2000 issued guidelines requiring that recipients of federal funds provide oral interpreter services, translated written materials, a means to make services accessible to non-English speakers, and staff training. Even though Title VI of the Civil Rights Act of 1964 and the Joint Commission on the Accreditation of Healthcare Organizations also require health care institutions to provide translation services, many health care providers will find themselves in situations where they must cope on their own. When translators or interpreters are available, an interpreter is preferable because he/she is professionally trained to interpret the meaning of words and phrases between health care provider and client. As Dr. Alice Chen of Language Access, a service of New California Media in San Francisco, explains:

> Not just any bilingual person can be an effective medical interpreter. Children, family members, and friends usually aren't familiar with specialized medical terminology in their own languages let alone in English. Nor have they been trained to develop the memory and communication skills needed to interpret accurately and efficiently. They make mistakes that can have serious and sometimes dangerous consequences.

The Office of Minority Health of the U.S. Department of Health and Human Services published 14 standards for culturally and linguistically appropriate services (CLAS) in health care in December 2000. The standards encourage, but do not require, health care organizations to ensure that patients receive understandable and respectful care consistent with their preferred language and health beliefs and practices.

The National Alliance for Hispanic Health has excellent resources for working with Spanish-speaking patients and clients. In *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*, the organization discusses six approaches to overcoming language barriers, organized from the most effective to the least effective method; these approaches would be the same for working with Hmong or other non-English speakers:

1. bilingual/bicultural professional staff
2. interpreters (never from non-health care staff)
3. language skills training for existing staff
4. internal language banks (back-up measure only)
5. phone-based interpreter services (emergency back-up)
6. written translation (never use as only means of communication)

Printed patient education materials are available in many languages on a wide variety of topics from a number of Internet sources; some of these are listed in the Resources section. The use of printed materials assumes that the patient or some family member or friend is literate in the native language, which is not always a safe assumption. Appropriate translation from English to other languages is complicated by cultural nuances—both between the health care provider's culture and the culture in which the translated materials are to be used, lack of equivalent terms in other languages, and

selecting an appropriate reading level that is neither too simple for clients with good reading skills nor too complicated for the less literate.

Habel, in an on-line education module for nurses, suggests the following means of communication for those providing patient education in situations where the patient does not speak English:

- Use pictures, models, and demonstrations with actual equipment.
- Use simulations to show what is being taught.
- Use audiotapes made in the patient's language.
- After giving the information, test the patient's understanding by asking him/her to communicate in some way what he/she is supposed to do.

In most cases family members or friends should be included in the patient teaching. In many cultures, a family member other than the client is the primary decision-maker; that person will be largely responsible for the patient's understanding of and compliance with treatment directions.

Many helpful resources are available through state and county health departments, which often have patient education materials available in languages spoken by significant percentages of their clients. The California Health Department Web site offers excellent patient education materials in languages spoken by the state's citizens. Their guide to breast cancer diagnosis and treatment, for example, can be downloaded in Chinese, Korean, Spanish, Russian, and Thai in addition to English. The California Healthcare Interpreting Association provides a brochure about the role of interpreters in Spanish, Hmong, Chinese, Korean, and Russian.

The California Primary Care Association, established in 1994 to help ensure that the state's low-income and minority residents receive high-quality health care, recently published an excellent manual for health care providers working with limited English proficient patients. It includes a wealth of information and promising practices drawn from California community clinics and health centers in rural and urban settings serving Asian and Spanish-speaking clients, as well as materials that can be used with clients. The manual addresses the major challenges health care providers face in serving their clients: the scarcity of capable interpreters proficient in medical terminology, the shortage of bilingual staff, and cultural norms that conflict with Western medicine.

Culturally Competent Health Care

The success of provider-client interactions is influenced significantly by the patient's cultural and language background and by the ability of the provider to understand, appreciate, and take into account that background. It is only natural that every individual grows up believing that his or her culture is, if not the only one, certainly the best—an ethnocentric point of view. DiversityRx cautions: "All health care personnel should learn to regard the patient and his or her family as unique and aim to develop skills to assess the role of culture in any given situation." Kagawa-Singer and Kassim-Lakha state: "The objective of health practitioners is to improve health outcomes and increase the quality of life for each individual patient. . . . When we understand that the purpose of every culture is to ensure the individual's survival and well-being, the stage is set to negotiate with patients and their families among a wider set of options."

Cultural competence is being widely discussed these days. The Internet provides many excellent resources, in addition to the language resources mentioned above, to help health care professionals understand and work effectively with clients from other cultures. Cultural competence in health care may be considered "the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs" (Betancourt et al., 2002). The University of Michigan Health System Web site, which offers comprehensive materials for health care providers, suggests that culturally competent health care:

1. makes more effective use of time with patients
2. increases disclosure of patient information
3. helps with negotiating differences
4. increases patient compliance in treatment protocols
5. positively affects clinical outcomes

6. improves communication with patients
7. decreases stress
8. builds trust in a relationship
9. increases patient satisfaction
10. meets increasingly stringent government regulations and medical accreditation requirements

Camphina-Bacote advises health care providers to seek common ground with clients by using the LEARN Model (Berlin and Fowkes, 1982) of listening, explaining, acknowledging, recommending, and negotiating. She and others make the important point that there is more variation within any specific culture than between two different cultural groups. The health care practitioner who takes the time to learn about the beliefs and practices of another culture must remember to take into account the perspective and experience of each individual client from that culture. Camphina-Bacote cautions:

> Interacting with patients from diverse cultural groups will refine or modify one's existing beliefs about a cultural group and will prevent stereotyping. However, the [health care professional] must be cautious and recognize that interacting with only three or four members from a specific ethnic group does not make one an expert on the cultural group. . . . [T]hese three or four individuals . . . may not truly represent the stated beliefs, values, and/or practices of their specific cultural group.

Jezewski and Sotnik suggest that health care providers working with individuals from other cultures need both knowledge of the specific culture of the persons with whom they are working and knowledge about the basics of working with clients from any culture other than that of the service provider. They draw attention to the importance of understanding the client's worldview—fundamental beliefs about existence that form the basis of an individual's approach to life, including health care. Our traditional Western worldview places primary value on individualism—self-expression, assertiveness, etc.—in contrast to the worldview of many cultures in which the individual is less important than the family and community. These two differing worldviews make for very different approaches to and expectations of health care. Individual clients from other cultures will have adopted aspects of the Western worldview, or become acculturated, based on such factors as length of residence in the United States, language ability, nature and extent of interactions with people in this country, and the strength of their identification with their culture of origin.

Rankin and Stallings discuss ways in which to assess the client's degree of what they call "cultural embeddedness" by considering the following:

- How recently did the patient immigrate?
- Was the immigration voluntary or involuntary?
- Did the patient live in intermediate countries before coming to the United States?
- What country did the patient immigrate from and how different is that culture from U.S. culture?
- Whom does the patient associate with?
- What type of neighborhood does the patient live in?
- Does the patient follow traditional dietary habits?
- Does the patient wear native dress?
- Does the patient leave his/her neighborhood to participate in the larger culture?
- Does the patient use folk medicine or use the practices of a native healer?
- Does the patient come from an urban or rural area in the native country?

Elements of worldview that enter into a client's expectations of and receptivity to the health care interaction include: attitude toward age, concept of fate, attitude toward change, concept of saving face, source of self-esteem, concept of equality, concept of time, and attitudes about nonverbal behavior such as eye contact, shaking hands, etc. See the chart on the facing page for a comparison of cultural norms and values.

Suggestions for Culturally Competent Patient Interaction

The University of Michigan Health System suggests using the following questions to help lay the foundation for an effective relationship with a patient from another culture:

1. Can you tell me what languages are spoken in your home and the languages that you understand and speak?
2. Please describe your usual diet. Also, are there times during the year when you change your diet in celebration of religious or ethnic holidays?

Comparing Cultural Norms and Values

Aspects of Culture	U.S. Culture	Some Other Cultures
Sense of Self and Space	informal handshake	formal hugs, bows, handshakes
Communication and Language	explicit, direct communication emphasis on content; meaning found *in* words	implicit, indirect communication emphasis on context; meaning found *around* words
Dress and Appearance	"dress for success" ideal wide range of accepted dress more casual	dress seen as a sign of position, wealth, prestige religious rules more formal
Food and Eating Habits	eating as a necessity; fast food	dining as a social experience religious rules
Time and Time Consciousness	linear and exact time consciousness value on promptness time=money	elastic and relative time consciousness time spent on enjoyment of relationships
Relationship, Family, Friends	focus on nuclear family responsibility for self value on youth; age seen as handicap	focus on extended family loyalty and responsibility to family age given status and respect
Values and Norms	individual orientation independence preference for direct confrontation of conflict emphasis on task	group orientation conformity preference for harmony emphasis on relationships
Beliefs and Attitudes	egalitarian challenging of authority gender equity behavior and action affect and determine the future	hierarchical respect for authority and social order different roles for men and women fate controls and predetermines the future
Mental Processes and Learning Style	linear, logical problem-solving focus internal locus of control individuals control their destiny	lateral, holistic, simultaneous accepting of life's difficulties external locus of control individuals accept their destiny
Work Habits and Practices	reward based on individual achievement work has intrinsic value	rewards based on seniority, relationships work is a necessity of life

Source: Lee Gardenswarthz and Anita Rowe: *Managing Diversity: A Complete Desk Reference and Planning Guide.* Burr Ridge, Ill.: Iwrin, 1993). p. 57. Found at http://www.med.umich.edu/multicultural/ccp/tools.htm

3. Can you tell me about beliefs and practices including special events such as birth, marriage, and death that you feel I should know?
4. Can you tell me about your experiences with health care providers in your native country? How often each year did you see a health care provider before you arrived in the U.S.? Have you noticed any differences between the type of care you received in your native country and the type you receive here? If yes, could you tell me about those differences?
5. Is there anything else you would like to know? Do you have any questions for me? (Encourage two-way communication.)
6. Do you use any traditional health remedies to improve your health?
7. Is there someone, in addition to yourself, with whom you want us to discuss your medical condition?
8. Are there certain health care procedures and tests which your culture prohibits?
9. Are there any other cultural considerations I should know about to serve your health needs?

Diversity Resources provides the following tips for working effectively with patients from other cultures:

- Everyone likes to feel special. Check your records. What cultural groups did you serve last month? Decide to learn a little about one of those cultures every week. *Hint:* Start with the calendar. Are there any festivals or holidays that your patients will observe this month? Ask the first patient you see from each cultural group if there is any specific greeting that is used for that occasion. Write it down and learn to say it in the patient's language. Even if you mispronounce it, the patient will be really pleased with your effort.
- When speaking to patients who are not proficient in English, avoid too much "small talk." Keep your language simple and not cluttered with extraneous questions or information. *Hint:* "Friendly chatter" is not considered friendly in many cultures even if the person does understand you. It may be considered inappropriate to disclose personal information about yourself or "prying" to ask people about their job or their family.
- Smile and look at the patient when greeting him or her, but don't feel offended if the patient doesn't smile back or establish eye contact. *Hint:* In some cultures, it's considered rude to smile at strangers and impolite to look directly at anyone who is older or in a position of authority.
- When taking patient information, use questions that begin with when, where, why, who, which, how. If the answer is vague or inappropriate, rephrase the question and start again. *Hint:* These questions require a basic understanding of the question itself in order to supply the necessary information. If the patient is unable to answer, there is a great possibility that he or she hasn't understood the question.
- If a patient says "What?" or "Sorry" or "Could you repeat that?" in response to something you have said or asked, it probably means that the patient doesn't understand, not that he or she doesn't hear. Rephrase your question or information in other words. *Hint:* In general, it is a very good idea to give the same information or ask the same question in at least two or three different ways. Use different words and expressions each time.
- Don't make any assumptions about the patient's basic beliefs about how to best maintain health or cure illness. *Hint:* Adopt a line of questioning that will help you learn some of the patient's beliefs: "Many of our [name of country or culture] patients believe/do . . . . Do you?"
- Don't be angry or disturbed if a patient is accompanied by one or even a group of friends or family when visiting a hospital or clinic or medical office. Try to accommodate them. *Hint:* In many cultures, health decisions are not individual, but family decisions. You can save time and frustration, and gain support for your medical advice, if family members are included in the consultation should the patient request that they be present.
- Be aware that patients may be reluctant to make health care choices or decisions. Wanting to be part of the decision-making process is a uniquely Caucasian-American cultural trait. Be sensitive to the possibility that asking the opinions of patients who belong to a culture in which the physician is viewed as the "knower" who will make the best choices and take full charge of the patient's cure may destroy the patient's faith and trust in the physician or medical facility. *Hint:* The patient may turn the question back to you, saying, "I don't know. What do you want me to do?" At this point, it is best to say something like, "Well, if it were I (my mother, my sister, my son . . .) I would do/choose X, but I'm required by law to have you make the final decision."
- Don't discount or ridicule the power of the belief in the supernatural. You may not believe in those things, but if your patient does, it will affect his/her health and compliance and satisfaction with treatment. *Hint:* If the patient believes that he or she has been hexed, or bewitched, or punished for past sins, he or she is likely to take little responsibility for participating in treatment and may have little faith in your ability to cure this illness.
- Make your practice or facility "patient friendly." Learn what colors, images, and reading matter will appeal to diverse segments of your patient population. Make sure your waiting room looks and feels like a secure, comfortable place for all patients. *Hint:* If many of your patients are from Asia or the Middle East, you might have tea available. Make sure you have magazines and/or newspapers in the languages of your patients. Are health signs and posters meaningful to the cultures you serve?

- Be aware that cultural factors affect how to best relate bad news or to explain in detail the nature of a disease or complications that might result from a course of treatment to the patient. *Hint:* In many cultures, a poor prognosis is never given to the patient, and certain words, like cancer, are never used. [There is no word for cancer in the Hmong language.] Talk to the family first. Follow their advice about how much to disclose to the patient.
- A gesture or facial expression is worth a thousand words. When communicating through an interpreter, face and direct your comments to the patient, not the interpreter. *Hint:* Observe the patient's body language and facial expressions carefully. They may tell you much more than the interpreter can. When the words and expressions don't match, rephrase your questions or information.

Cultural Concerns in Caring for the Dying Patient

The Stanford University Center for Biomedical Ethics, in the article "Understanding Cultural Difference in Caring for Dying Patients," presents the following general guidelines for health care professionals working with patients nearing the end of life:

- Assess the language used to discuss the patient's illness and disease, including the degree of openness in discussing the diagnosis, prognosis, and death itself.
- Determine whether decisions are made by the patient or a larger social unit, such as the family.
- Consider the relevance of religious beliefs, particularly about the meaning of death, the existence of an afterlife, and belief in miracles.
- Determine who controls access to the body and how the body should be approached after death.
- Assess how hope for a recovery is negotiated within the family and with health care professionals.
- Assess the patient's degree of fatalism versus an active desire for the control of events into the future.
- Consider issues of generation or age, gender and power relationships, both within the patient's family and in interactions with the health care team.
- Take into account the political and historical context, particularly poverty, refugee status, past discrimination, and lack of access to care.
- To aid the complex effort of interpreting the relevance of cultural dimensions of a particular case, make use of available resources, including community or religious leaders, family members, and language translators.

Working with Asian Clients

While there are many important differences between immigrants from the Asian countries represented in California, health care providers can benefit from understanding some of the similarities in the worldview and outlook of their clients from China, Korea, Japan, the Philippines, Laos, Cambodia, Vietnam, Thailand, and other Asian countries. People from all of these countries have been influenced by Buddhist, Confucian, and Taoist teachings common to their cultures but still largely not understood in the United States. Salient points of these belief systems are discussed in the next section. The excellent resource from Diversity Resources: *What Language Does Your Patient Hurt In?: A Practical Guide to Culturally Competent Care*, provides the following information that will help health care providers understand and work effectively with Asian clients.

- Follow the rules of etiquette. Age and social structure are more important in Asian societies than our own. Regardless of rank, younger people greet older people first and address them in a formal manner. Physicians generally hold a high position in Asian society, so clients may show respect by avoiding eye contact. When seated, avoid crossing the legs, leaning on a table or a desk, or pointing at anything with the foot when talking; these are considered signs of contempt.
- Use proper forms of greeting and address. Chinese, Japanese, and Koreans address each other using surnames; they may address family members in terms of family position, e.g., Older Brother, Mother.
- Understand the importance of the head. Most Asians consider the head the most sacred part of the body. One should not touch a patient's or child's head without permission. If a child becomes ill after being patted on the head by a caregiver, that person may be blamed for taking the child's soul and causing the illness.
- Understand the importance of the blood. Because most Asians view blood as a vital element that represents the essence of a person, blood is not drawn for medicinal purposes in traditional medicine. Some believe that drawing

blood weakens the body and upsets its natural balance. When blood must be drawn, health care providers should assure the client that his/her blood will not be given to anyone else.

- Yin and yang, hot and cold. Asians view health as the balance between the forces of yin and yang. Everything in the universe is classified as either yin (negative, dark, feminine, cold), or yang (positive, bright, masculine, warm). Every aspect of life and nature is believed to contain these opposite but complementary forces. They believe illness results when this balance is upset; it can be cured by searching for and remedying the imbalance. Health care providers need to understand that this use of hot/cold does not refer to temperature but rather to attributes of the substance. A disease or symptom considered "hot" is treated by a medication considered "cold" in order to restore balance. If clients hold the hot/cold theory, they may refuse treatments or question the knowledge of caregivers who prescribe them. A common misunderstanding arises in the hospital setting, where iced water is generally served to all patients. Asian patients generally would prefer warm water or tea when sick or following childbirth. Foods served to the hospitalized patient may be rejected as inappropriate to the hot-cold balance.
- Understand the view of medications. Most Asians expect physicians to prescribe medication, but they are not used to taking pills and tend to believe injections are more effective. They may adjust the medication dosage down due to a belief that Western medicines are "hot" or overly potent to Asians.
- Understand the importance of harmony and saving face. The widespread Asian concern for maintaining harmonious relationships and protecting their own and others' dignity may interfere with their understanding of and compliance with treatment regimens. Rather than admit they do not understand a health care provider's instructions, Asian clients may appear to understand and accept it. Caregivers can test for patient understanding by observing signs of confusion or by asking patients to describe what they have been told in their own words.
- Dietary preferences. Hospital food may be strange to the Asian patient, both due to hot-cold constraints and to other beliefs about the relationship of food to illness. Many Asians are lactose-intolerant and should not be served milk products. Some Southeast Asians believe that persons who are ill should not eat beef or eggs. Rice soup with chicken is often prepared for sick people. If possible, family members should be allowed to provide the appropriate kinds of food for their hospitalized relatives.
- Qi/Ch'i. The Chinese and other Asian people pay considerable attention to the flow of qi, energy, in the body. They use acupuncture to restore the flow when it is disrupted by disease or a broken bone.
- Traditional practices. Many Asians use both Eastern and Western medical practices, believing that certain illnesses or conditions are best treated by either one or the other approach. Western physicians are frequently consulted for such things as heart attack, stroke, diabetes, and cancer, while traditional healers and herbalists are used to treat such conditions as asthma, arthritis, and stomach problems. Even when a client consults a Western physician, he/she may also use herbal remedies and traditional practices. Practices and remedies used widely in Asia include acupuncture, coining and pinching, cupping, moxibustion, and the use of herbal teas or slushes as well as patent medicines. An important part of caregiver-client interaction involves determing what traditional practices the client is using.

Religion and Health Care

The Center for Religion and Civic Culture at the University of Southern California published a report in 2002 on immigrant religion in Los Angeles. The authors note: "Religious institutions, rather than merely incorporating people into the American mainstream, serve the dual functions of preserving national identities and aiding incorporation."

Making generalizations about religion is certainly risky, and health care providers should understand that not all adherents of a particular religion will have the same attitudes and beliefs about health care. Dr. Harold Koenig, director of Duke University's Center for the Study of Religion/Spirituality and Health, stated: "I recommend that physicians ask every patient if they consider themselves spiritual or religious. . . . Religion has a power to heal, and we have an obligation to value that alongside medicine." More and more physicians and hospitals are coming to terms with the role of religion in their clients' health care decisions. A 2005 *Los Angeles Times* article reported that 101 medical schools now incorporate patient spirituality in their curricula, an increase of 84 since 1995.

Speaking at a conference in Kuala Lumpur in 2002 on religious pluralism, Harvard professor Diana Eck stated: "New immigrants have come to American shores from all over the world and have become citizens. They have brought with them not only their luggage and economic aspirations, but their Qur'ans and Bhagavad Gitas, their images of Krishna and Murugan, their incense to light before the Bodhisattvas on their Buddhist altars." She emphasizes that people of many

religions must learn how to coexist peacefully in the 21st century: "People of different religious traditions live together all over the world—as majorities in one place, as minorities in another." She notes that U.S. history does not offer a positive example of religious tolerance, what with early Pilgrims and Puritans treating the Native Americans as heathens and burning supposed witches at the stake, not to mention our long tradition of anti-Catholicism and anti-Semitism. Our nation's founders wanted religious freedom for themselves, but they were often not tolerant of diverse practices. Both health care providers and educators will benefit from information about the religious heritage of their clients and students. Religion plays a central role in the lives and decisions of many immigrants and refugees and is often an important source of assistance in navigating both the health care and education systems.

Buddhism

Health care providers in California will almost certainly come into contact with Buddhist patients of the Theravada (lesser vehicle) branch widely practiced in Cambodia, Laos, Thailand, Sri Lanka, and Burma, and/or the Mahayana (greater vehicle) branch more commonly practiced by people from China, Japan, and Vietnam. Eck notes that in Los Angeles, Buddhist communities representing the full gamut of Buddhist practice can be found side by side, as immigrants from many Asian countries, as well as Western practitioners, flock to meditation centers of all kinds. The same could be said of many other large California cities.

Buddhist scriptures do not directly address health, but the Four Noble Truths of Buddhism have obvious applicability to the health care setting:

1. All sentient beings suffer. Birth, illness, death, and other separations are inescapable parts of life.
2. The cause of suffering is desire, which is manifested by attachment to life, to security, and to others.
3. The way to end suffering is to cease to desire.
4. The way to cease to desire is to follow the Eightfold Path: (1) right belief, (2) right intent, (3) right speech, (4) right conduct/action, (5) right livelihood/endeavor, (6) right effort, (7) right mindfulness, and (8) right meditation.

The Buddhist concept of karma, which mandates doing right to be born into a higher life in the next existence, means that Buddhists often see their suffering in this life as the result of sins committed in this or a previous life. The Buddhist outlook may be expressed in the following ways in the health care setting:

- Buddhists may be reluctant to complain or express pain as they see it as a natural part of life.
- Buddhists often accept a blend of different approaches to health and healing, as they do not view the world in either/or terms.
- Death itself may be seen as less important as the manner in which one lives and dies. Many patients and their families place importance on staying conscious during the dying process so that the person can focus on wholesome thoughts, letting go of life without clinging. A monk or lay religious leader may be called upon to lead chants, incense may be burned, and amulets may be placed near the dying person.
- Most Buddhists have no problem with organ transplantation or autopsy, and the choice of burial or cremation of a dead body seems to be more cultural than religious.

Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM), part of the National Institutes of Health, is the U.S. government's lead agency for scientific research on complementary and alternative medicine, referred to on the organization's Web site as CAM. Many of the patients California health care providers see, both native-born and immigrants, will be using complementary and/or alternative medicine. Some of these practices used by the Hmong people are discussed in the country profile of Laos that follows this section, but because the use of these methods is becoming so widespread throughout our culture, health care professionals should be aware of some salient points. The following information, taken from http://nccam.nih.gov, is in the public domain and may be freely copied.

Complementary and Alternative Medicine Glossary

Acupuncture
Method of healing developed in China at least 2,000 years ago. A family of procedures involving stimulation of anatomical points on the body by a variety of techniques. American practices incorporate medical traditions from China, Japan, Korea, and other countries. The technique most studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation.

Aromatherapy
Use of essential oils (extracts or essences) from flowers, herbs, and trees to promote health and well-being.

Ayurveda
Alternative medical system practiced primarily on the Indian subcontinent for 5,000 years; includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment.

Chiropractic
Alternative medical system that focuses on the relationship between bodily structure and function and how that relationship affects the preservation and restoration of health. Chiropractors use manipulative therapy as an integral treatment tool.

Dietary Supplements
Products taken by mouth that contain dietary ingredients intended to supplement the diet; may include vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, and metabolites.

Homeopathic Medicine
Alternative medical system based on the concept that "like cures like." Small, highly diluted quantities of medicinal substances are given to cure symptoms; the same substances given at higher or more concentrated doses would actually cause those symptoms.

Massage
Manipulation of muscle and connective tissue to enhance function of those tissues and promote relaxation and well-being.

Naturopathic Medicine
Alternative medical system based on the belief that there is a healing power in the body that establishes, maintains, and restores health. Practitioners work with the patient with a goal of supporting this power through treatments such as nutrition and lifestyle counseling, dietary supplements, medicinal plants, exercise, homeopathy, and traditional Chinese medicine.

Osteopathic Medicine (Osteopathy)
A form of conventional medicine that emphasizes diseases arising in the musculoskeletal system. The underlying belief is that all body systems work together and that disturbances in one system may affect function in other systems. Some osteopathic physicians practice osteopathic manipulation, a full-body system of hands-on techniques designed to alleviate pain, restore function, and promote health and well-being.

Qi gong
Component of traditional Chinese medicine that combines movement, meditation, and regulation of breathing to enhance the flow of qi ("chee," an ancient term for vital energy) in the body, improve blood circulation, and enhance immune function.

Reiki
Japanese word representing Universal Life Energy. Reiki is based on the belief that when spiritual energy is channeled through a Reiki practitioner, the patient's spirit is healed, which in turn heals the body.

Therapeutic Touch
Derived from an ancient technique known as the laying-on of hands, based on the premise that the healing force of the therapist affects the patient's recovery. Healing is promoted when the body's energies are in balance; by passing their hands over the patient, healers can identify energy imbalances.

Traditional Chinese Medicine
Based on the concept of balanced qi ("chee") or vital energy that is believed to flow throughout the body and regulate a person's spiritual, emotional, mental, and physical balance. Qi is influenced by the opposing forces of yin (negative energy) and yang (positive energy). Disease results from disturbance in the flow of qi resulting in an imbalance of yin and yang. The practice includes herbal and nutritional therapy, restorative physical exercises, meditation, acupuncture, and remedial massage.

Definitions

Complementary and alternative medicine is a group of diverse medical and health care systems, practices, and products not currently considered part of conventional medicine. Conventional medicine, also called Western or mainstream medicine, is that practiced by those with M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals including physical therapists, registered nurses, and psychologists. Practices and products once considered CAM, such as the use of vitamin therapy for macular degeneration and the prevention of birth defects, are now part of conventional medicine.

Complementary medicine refers to practices used *together with* conventional medicine, such as the use of meditation to lessen chronic pain. *Alternative medicine* is used *in place of* conventional medicine, such as the use of shark cartilage in place of chemotherapy or radiation to treat cancer. *Integrative medicine* combines mainstream medical therapies and CAM therapies for which high-quality scientific evidence of safety and effectiveness exists.

Types of Complementary and Alternative Medicine

1. Alternative Medical Systems are complete systems of theory and practice that often have evolved apart from and earlier than the conventional U.S. medical approach. Western alternative medical systems include homeopathic medicine and naturopathic medicine; non-Western systems include traditional Chinese medicine and Ayurveda, a system developed in India.
2. Mind-Body Interventions comprise a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques previously considered CAM are now part of mainstream medicine (e.g., patient support groups, cognitive-behavioral therapy). Mind-body techniques still considered CAM include meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.
3. Biologically Based Therapies use substances found in nature such as herbs, foods, and vitamins. Examples include dietary supplements, herbal products, and the use of natural but scientifically unproven therapies, such as shark cartilage as a cancer cure.
4. Manipulative and Body-Based Methods include chiropractic or osteopathic manipulation and massage.
5. Energy Therapies involve the use of energy fields and are divided into: (1) Biofield therapies, such as Qi gong and Reiki, that manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, the fields of energy believed to surround and penetrate the body. (2) Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields.

The glossary on page 16 outlines some of the more common complementary and alternative medical practices with which health professionals may come in contact as they work with both foreign-born and native-born patients.

Conclusion

Health care providers are key factors in the equation for establishing a state and national culture in which people from around the world can live together in mutual respect and harmony. We have much to learn from one another. The process of understanding and communicating with clients who speak a different language, practice a different religion, and eat different foods than we do is not easy, but it is worth the effort. Indeed, if we do not make the effort our jobs health care providers will be more difficult, and our clients will suffer.

In her excellent resource *Caring for Patients from Different Cultures: Case Students from American Hospitals*, Geri-Ann Galanti puts our mission succintly:

> Treat the patient as a whole person with psychological and spiritual needs as well as physical ones. See [them] as members of a family unit, not [simply] as individuals. Do not assume that patients or co-workers will view the world the same way that you do; they may have different values and different ways of looking at things. Do not make assumptions and do respect differences. Recognize that other people's views are just as valid as yours (146).

The country profile on the following pages is intended to introduce health care providers to the culture of Laos, the birthplace of the majority of the state's Hmong population. Every effort has been made to provide accurate, up-to-date information. Statistics in the "Quick Facts" sections have for the most part been taken from the April 2005 on-line version of the *CIA World Factbook*. The task has been challenging, as sources vary even on information as basic as country area and dates of important historic events. That said, health care providers should be able to broaden their knowledge of clients from the Hmong culture by studying these materials, keeping in mind the key concept of individual differences. The Hmong words and phrases will be helpful as health care professionals work with Hmong-speaking clients and their families in a variety of settings. May increased harmony and mutual understanding result.

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Laos

Census Figures (2000)

United States Residents Born in Laos: 204,284 (0.7%)
California Residents Born in Laos: 68,306 (0.8%)

Quick Facts

Country Area:	91,400 sq. miles (slightly larger than Utah)
Population:	6,217,141
Median Age:	18.74 years
Population Growth Rate:	2.42%
Life Expectancy at Birth:	55.08 years
Below Poverty Line:	40%
Literacy Rate:	66.4%
Currency:	kip (LAK)
Population Groups:	Lao Loum (lowland) 68%, Lao Theung (upland) 22%, Lao Soung (highland) including the Hmong, Mien, and Yao 9%, ethnic Vietnamese/Chinese 1%; (49 ethnic groups)
Languages:	Lao (official), French, English, and various ethnic languages
Religion:	Buddhist 60%, Animist and Other 40% (including Christian denominations 1.5%)
Government:	Lao People's Democratic Republic: communist state, capital is Vientiane; country divided into 16 provinces, 1 municipality, and 1 special zone
Climate:	tropical monsoon; rainy season (May to November); dry season (December to April)
Natural Hazards:	floods, droughts
Natural Resources:	timber, hydropower, gypsum, tin, gold, gemstones
Arable Land:	3.8%
Agricultural Products:	sweet potatoes, vegetables, corn, coffee, sugarcane, tobacco, cotton, tea, peanuts, rice, water buffalo, pigs, cattle, poultry
Exports:	coffee; garments, wood products, electricity, tin
Industries:	tin and gypsum mining, timber, electric power, agricultural processing, construction, garments, tourism
Labor Force:	agriculture 80%

Laos, cont.

Brief History

Artifacts discovered in the Huaphan and Luang Prabang provinces indicate the presence of hunter-gatherer groups in present-day Laos about 40,000 years ago. Evidence of agriculture dates to 4000 BC, and bronze tools date to 1500 BC. Between 300 and 700 AD, settlement began along the Mekong River. In 1353 King FaNgum established Lane Xang, the kingdom of a million elephants. King Setthathirat, who ruled from 1548 to 1571, moved the capital from Luang Prabang to Vientiane, where he built an elaborate religious shrine and temple for the Phra Keo, the Emerald Buddha.

The height of the Lane Xang Kingdom came during the 17th century under the reign of King Souliyavongsa. A Dutch merchant and later Italian missionaries visited the country and described Vientiane as the most magnificent city of South-east Asia. Infighting led to the division of the Lane Xang Kingdom into three kingdoms: Vientiane, Luang Prabang, and Champassack, with the effect of weakening the culture and allowing foreign aggressors to invade. The Siamese (Thai) attacked and virtually destroyed Vientiane, taking the Emerald Buddha to Bangkok. The French took control of the country in 1893. Many Hmong immigrated to the mountains of Laos from China in the early 1800s.

The Communist Party of Indochina, founded in 1930, led the fight to regain the country's independence, which was recognized in the Geneva Agreement on Indochina of 1954, which also recognized the independence of Cambodia. They were later replaced by a secret U.S. military mission in Vientiane. During the Vietnam War, in what is known as the "Secret War," despite the Geneva Accord of 1962 recognizing the neutrality of Laos and forbidding the presence of military personnel, U.S. forces dropped more bombs on Laos than they did over the entire world during World War II. Per capita, Laos has the dubious distinction of being the most heavily bombed nation in history. The bombing was justified as being directed at a portion of the Ho Chi Minh trail, a key supply route that crossed the country. International teams are still clearing unexploded ordnance from that war, which ended with a 1973 Paris agreement.

Many of the people from Laos now living in California are members of the Hmong people. In 1966, as many as 40,000 Hmong troops were reportedly involved in the Vietnam War on the side of the United States, enlisted and supported by the CIA. The cease-fire that formally ended the war removed U.S. support from the Hmong troops and made them vulnerable to retribution from their countrymen who had sided with Communist North Vietnam. In 1975, the Communist Lao People (*Pathet Lao*) gained control of their country and established the Lao People's Democratic Republic (LPDR) on December 2. The Hmong were declared enemies of the state. With the aid of North Vietnamese troops, the new government destroyed Hmong villages, resulting in a mass exodus of hundreds of thousands of Hmong to refugee camps in Thailand, and eventually to the United States, France, Canada, and Australia. Hmong who were not able to leave hid in the jungle, where they were hunted down by Pathet Lao troops, with about 50,000 killed between 1975 and 1978. In 1992, the last officially sanctioned refugee camp in Thailand closed, with the remaining Hmong taking refuge in Wat Tham Krabok. In 2004, the Thai government closed that camp and most of the 14,400 residents were able to emigrate to the United States, many to California. Fresno County received about 2,000 of these refugees.

After 1986, LPDR leaders introduced market incentives, private investment and decentralization of the economy, abandoning earlier efforts at establishing collective farms. A 1991 constitution allowed citizens more freedom of movement and participation and reduced the influence of Vietnam. The breakup of the Soviet Union has caused Laos to turn to other countries including Japan, Austraila, Sweden, the European Community, and international organizations for assistance.

Housing, Family, Work, Traditions

Housing: Lao Theung (midland) and Lao Loum (lowland) Lao houses are raised off the ground on wooden or bamboo piles. Houses have woven bamboo or sawn lumber floors and walls with grass thatch or bamboo shingle roofing. Houses include a kitchen hearth and are open on at least one end. The Lao Sung or highland Lao, including the Hmong, live at the highest elevations along mountain ridges. Hmong houses are built on the ground with dirt floors and walls constructed of vertical wooden planks and gabled roofs of thatch or split bamboo. Houses include a kitchen alcove at one end and sleeping quarters at the other, with raised beds or sleeping benches. Most houses include an altar mounted on a wall and used for ceremonies associated with ancestral spirits.

Laos, cont.

Family:

Hmong society is organized into 18 clans, with sub-lineages, each with its particular religious rituals, and individuals are designed as clanmates (*kwv tij*) and in-laws (*neej tsa*). People who have the same clan name are considered brothers and sisters and forbidden to marry, even if they have been born and raised in different countries. Hmong clans, which are constituted by last name, are determined by ancestral lineage through the great-great grandfather and according to which ancestral traditions they practice. Clan leaders are selected for their honesty and ability to make wise decisions, and may need to be consulted by health care providers. Clan members take responsibility to support one another. The male-headed household is a powerful force in Laotian society. Laotians went by first names only until 1943, when a law required the use of surnames. Americanized Hmong clan names are: Chang, Chue, Cheng, Fang, Her, Hang, Khang, Kong, Kue, Lee, Lor, Moua, Pha, Thao, Vang, Vue, Xiong, and Yang.

Hmong women retain their clan name for identification purposes when they marry, but they become part of the husband's clan and children take the name of the father's clan. A naming or soul-calling ceremony on the third day after the birth of a child traditionally involves an astrologer or *bonze* selecting a meaningful name, usually referring to a natural object. Families include parents, children, and often other relatives. After the marriage the couple traditionally lives with the wife's household for several years before moving to their own home near the husband's parents. Traditional Hmong households are generally large, something seen frequently in California, including parents, children, and wives and children of married sons living together. Marriage is traditionally arranged by go-betweens who approach the girl's family on behalf of the boy's family. In Laos, some traditional Hmong practice polygamy, although this is discouraged by the government. Gender roles are strict, with women responsible for all household chores and child care plus farming tasks. The elders are the most respected members of the family. They are consulted on decisions and take part in raising children.

Traditions:

The traditional form of Laotian greeting, the *Nop*, involves placing the palms together in a position of prayer at chest level, not touching the body, accompanied by a slight bow to show respect to persons of higher status or age. The higher the hands, the greater the sign of respect (but hands should never be held higher than the nose). This gestures serves also as a means of expressing thanks or regret, or of saying goodbye. The head is considered the most sacred part of the body, the soles of the feet the lowliest. Therefore, one should not touch another person's head or use one's foot to point at a person or object. Men and women rarely show affection in public. Removing one's shoes upon entering a temple or private house is customary.

The handshake is not a common greeting among the Hmong, particularly women. Looking directly into the face or making eye contact when speaking to a person is considered inappropriate. Men and women generally keep some distance between them in an encounter. Hmong people are often humble and may be hesitant to express their true emotions in the company of others, perhaps saying "yes" when they do not mean it. Traditional families are headed by males who make most of the decisions, often in consultation with others. Direct comments about children are generally not welcomed by Hmong who hold traditional beliefs in spirits, as they believe that if a bad spirit hears positive comments it may take away the child's soul. When visiting a Hmong household, one should watch for a taboo sign on a stick in front of the outside door, which warns the visitor not to disturb the family as the house is being protected from evil spirits. Before entering, one should inquire as to whether visitors are appropriate. Shoes and handbags are often left ouside the house. A visitor should accept any food or drink offered, even if one does not consume all of it.

One of the Hmong traditions with which most Californians will be familiar is the unique handwork, called Paj Ntaub, Pa Ndau, or Pandau (flower cloth), thought to have originally symbolized the knowledge required for passage from this world into the next world. Hmong girls as young as three years of age begin learning ths intricate embroidered and quilted work using tiny cross stitches, applique, and reverse applique. This colorful work is found on everything from slippers to

Laos, cont.

wall hangings. It illustrates a young girl's qualities of discipline and creativity, and is often displayed and sold at craft fairs and art exhibits.

Employment: In traditional villages in all parts of Laos, agriculture is the occupation of the majority of people. According to the Library of Congress study, "Everyone is first and foremost a subsistence farmer." Swidden or slash-and-burn agriculture is traditionally practiced in the hilly midland and highland areas, with paddy rice cultivation more common in the flatter lowlands. Midland and highland crops include rice, corn, and vegetables as well as opium and forest products. Livestock include chickens, ducks, pigs, buffalo, oxen, and horses. The manufacturing sector is located primarily in and around the capital city, Vientiane.

Foods and Eating Habits

Dietary Practices: When ill, Hmong people may eat plain boiled rice soup with a small amount of chicken; they prefer to kill their own chickens to guard against unhealthful chemicals. Aside from ice cream, dairy products are rarely eaten.

Everyday Diet: Refrigeration is uncommon, so meals must be prepared from fresh ingredients. Rice, *klao,* is the staple food throughout Laos, usually eaten at every meal. In the lowland area, glutinous, or sticky rice, *klao niaw,* is most common; because it has a high starch content, it must be steamed rather than boiled. It is eaten with the fingers, rolled into balls and dipped into soup or a vegetable or meat dish. *Pa daek,* fermented fish sauce, is a common ingredient, and chiles are added to many foods, with the hotness of the chiles varying among ethnic groups. A typical meal would include rice, fish, vegetables, and chiles. Popular seasonings include lemon grass, lime juice, mint, ginger, coconut milk, and fresh coriander (cilantro). Vegetables include corn, cassava, white radish, sweet potato, and cucumber. Popular fruits are papaya, bananas, oranges, and berries. Peanuts are a common ingredient. Festive meals might include eggs, poultry, beef, or game (including snake).

Popular Dishes: *Laap,* a popular Lao dish whose name means "good fortune," is made of meat or fish with lime juice, garlic, rice, green onions, mint, and chiles. A popular salad, *tam som,* contains shredded green papaya seasoned with *padek* and chiles. *Klao poun,* a popular dish at weddings and other celebrations, is a kind of rice vermicelli served cold with raw chopped vegetables and coconut milk flavored with meat and chiles. A popular Lao meal, *feu,* comes from Vietnam and is a combination of vermicelli in hot meatball soup served with vegetable leaves that are stirred into the soup as desired. Fish sauce, chile sauce, and sugar may also be added. Two popular soups are *keng no may,* made of bamboo shoots, and *keng het bot,* a mushroom soup. *Or lam,* a dish from Luang Prabang, is created from dried buffalo meat and skin along with eggplant, seasoned with lemon grass, chiles and *pa daek,* highlighted with crisp-fried pork skin and sweet basil. Other popular main dishes include stir-fried chicken with mushrooms (*aioan chua noeung phset kretni),* and *sousi pa,* fish with coconut cream.

Beverages: Both tea and coffee are grown and drunk in Laos. Fermented rice is used to make a type of whiskey, *lao lao,* and wine, *khao kam.*

Education

Status: Prior to the 1850s, formal education was available through Buddhist temples to a select number of males. When the French took control of the country, secular schooling was established but limited to a minority of children. The government made secular education compulsory in 1951, but relatively few children graduated from secondary school. According to the Library of Congress Country Study on Laos, the Lao People's Democratic Republic planned to implement universal primary education by 1985. This goal was later extended to 2000. The LPDR replaced the French system with a Laotian curriculum and conducted an extensive adult literacy campaign in 1983–84.

Laos, cont.

The lack of educational materials continues to be a serious problem. Education reforms initiated in 1986 focused on improving science training, recruiting minority teachers, and expanding education to remote areas.

Primary School: Primary education begins at age six and lasts for five years. The school year lasts for nine months. In 1996–97 there were 695 kindergartens with 37,851 students and 7,896 primary schools serving 786,335 students. Most villages have a school, but schools are poorly constructed and teaching materials are scarce. Many schools offer only one or two grades, and teachers are paid irregularly and often must spend most of their time doing other jobs to earn a living. According to the Library of Congress, in the late 1980s the average student took 11 to 12 years to complete the primary course, with much repetition of grades and dropping out. School quality and student performance vary widely between urban and rural areas and among different ethnic groups.

Secondary School: Secondary school begins at age eleven and lasts for six years, three years of lower and three years of upper secondary. In 1996–97, there were 180,160 students attending secondary schools. Some students go from three years of lower secondary to a vocational course such as agriculture or teacher training. Secondary education is concentrated in the provincial capitals and district centers. Students who do not live in such a place must board away from home, which discourages rural students from pursuing their education.

Higher Education: Sisavangvong University offers courses in education, agriculture, forestry, Pali, Sanskrit, technical studies, and the arts. Other institutions of higher education include regional technical colleges, a National Polytechnic Institute, a Pedagogical University, and a Medical Sciences University. In 1994–95, there were 4,507 university students reported in Laos.

Religion

Buddhism: The majority of lowland Lao, who comprise two-thirds of the population, practice Theravada Buddhism. Buddhism was introduced in the eighth century and was widespread by the fourteenth century. Theravada Buddhists believe that each individual is responsible for his or her own *nirvana*, as opposed to Mahayana Buddhists, who believe that *nirvana* will come only when all people are prepared for salvation. The temple, *wat*, is a focal point of village life and provides a location for ceremonies and festivals as well as a symbol of village identity. Theravada Buddhism is tolerant of other religions, and many Laotians combine Buddhism with other religious practices.

Animism: Animist beliefs are widespread even among practicing Buddhists; some *wat* include small spirit huts associated with the *phi khoun wat*, the spirit of the monastery. This belief in spirits, called *neeb* by the Hmong, is the common religion of midland and highland Lao ethnic groups, although beliefs and practices differ widely among tribes. Spirits are everywhere and involved in all aspects of life. Many Lao people believe that they are protected by *khwan*, thirty-two spirits, and that illness occurs when one or more of these spirits leaves the body. Balance can be restored by a ceremony called the *soukhkwan* or *baci* that calls back the spirits to bestow health, prosperity, and well-being. Cotton strings are tied around the wrists to keep the spirits in place. Ceremonies associated with the practice of animism often involve an offering of a chicken and rice liquor.

Christianity: Roman Catholicism claims perhaps 40,000 adherents in Laos, primarily ethnic Vietnamese who live in major urban areas along the Mekong River. Protestantism is growing, with approximately 300 congregations throughout the country. Two groups are officially recognized: the Lao Evangelical Church, an umbrella group that includes most Protestant denominations, and the Seventh-Day Adventist Church. Proselytizing is prohibited by the government.

Other: Small numbers of Laotians practice Islam, Baha'i, Confucianism, and Taoism.

Laos, cont.

Health and Health Care

Health Status: Chronic vitamin and protein deficiencies are common, especially in the upland ethnic groups. Poor sanitation throughout the country contributes to the spread of disease. Children's deaths are primarily the result of such communicable diseases as malaria and acute respiratory infections as well as diarrhea. Immunization efforts are increasing. Diarrheal diseases are especially prevalent at the onset of the rainy season, when drinking water is contaminated by human and animal waste washed down from higher locations.

Traditional Practices: As indicated above, most Lao people believe in the power of spirits in their lives, especially in the matter of health and illness. Illness is believed to be a matter of imbalance between the body and the spirit. Spiritual causes of illness include evil spirits or one's own spirit leaving the body. In cases of serious illness, the Hmong will engage a shaman (*tix neeb*), which could be a man or a woman specially called to this role, to climb a ladder to heaven on a magical horse to consult the spirits for a cure. Shamans study for several years with a master, learning the chants, techniques, and procedures of healing rituals as well as the names and natures of the spirits responsible for good fortune or illness. The Hmong recognize both spiritual and physical causes of illness. Herbal remedies are widely used, and women traditionally handle childbirth themselves or turn to female relatives or midwives for assistance. Herbs may be made into drinks, rubbed into the skin, or used for soaking baths. The Ministry of Public Health includes an Institute of Traditional Medicine which formulates and markets preparations from medicinal plants. Like other Southeast Asian groups, Hmong use a variety of cupping and pinching treatments, such as:

Coining (*cao gio*, "catching the wind")—This involves dipping a coin in mentholated oil and rubbing it across the skin in a prescribed manner to release excess force or "wind" from the body.

Cupping (*giac*)—A series of small, heated glasses are placed on the skin, forming suction that draws out the bad force, leaving a red mark. Some sources have noted that these marks may be mistaken for evidence of child or spousal abuse.

Pinching (*bat gio*)—Like coining and cupping, this practice involves pinching the skin to release the bad force. It may also produce marks suggestive of abuse.

The Hmong view death as a passage from one phase of existence to the next; traditional animist Hmong believe in three souls: one that goes to heaven, one that remains with the body, and one that is reincarnated.

Medical System: In 1995, there were 25 hospitals, 131 health centers, and 542 dispensaries in Laos, which claimed 3,100 physicians. Most health care personnel are concentrated around the capital. According to the Library of Congress study, in the early 1990s the condition of the health care facilities was poor and supplies were limited. Health care workers are not well paid and are held in low esteem by the public. Unregulated pharmacies sell drugs, often inappropriately, and in rural areas vendors may sell small packets of assorted drugs such as antibiotics, vitamins, and fever suppressants.

Tips for Health Care Providers

Most of the Laotian immigrants U.S. health care providers will deal with are members of Hmong or other highland groups that hold animistic beliefs and whose daily lives are heavily influenced by the spirit world. All health care providers who work with Lao (especially Hmong) people would do well to read Anne Fadiman's book, *The Spirit Catches You and You Fall Down,* for insight into the beliefs that cause these clients to have difficulty with Western medical practices. This is the story of a Hmong family's experience with the health care establishment in Central California during the birth and subsequent diagnosis of epilepsy and death of their fourteenth child, Lia, and it contains valuable information about Hmong beliefs and practices. Several excellent Web sites provide health information materials in the Hmong language as well as information for health care providers on working with Hmong patients. The Hmong Health Education Network, funded by the

Laos, cont.

National Library of Medicine, can be found at http://www.hmonghealth.org. It contains a health dictionary, information on traditional healing, and a wide variety of useful resources.

Briefly, some things to keep in mind when working with foreign-born Hmong and many other Laotians in the health care setting:

Attitudes:	Hmong respect authority but may be suspicious that U.S. doctors take advantage of their unfamiliarity with Western medicine. They will generally try traditional remedies first and even after consulting a Western practitioner. Surgery is often not acceptable to and feared by the Hmong unless tests have identified a disease that requires surgery for a cure. Immunizations are traditionally not acceptable. Like surgery or organ donation, the idea of removing something from or putting something into the body means that the person will be reincarnated with less than a complete body or something foreign included in it. When Hmong parents understand that their children need to be immunized to attend school, most will allow the procedure. Many Hmong and other Laotians see a spiritual component to illness and believe that healing requires the work of a shaman (*acharn*) to communicate with the spirit world. Disease prevention and health promotion are not highly valued or widely practiced.
Family Authority:	The father or eldest son is the primary decision-maker, but the family spokesperson may be another person who speaks better English.
Addressing Clients:	Greet clients using Mr. or Mrs. and their last name. Handshakes and smiles are appropriate.
Nonverbal Exchange:	Hmong are very polite and reticent. They consider prolonged direct eye contact rude. Touching between members of the opposite sex is considered disrespectful. Because the Hmong believe the soul resides in the head, refrain from touching the head without permission, and do not pat children on the head.
Verbal Exchange:	Explain procedures and recommendations clearly in simple language, and ask the patient to repeat or interpret the information to ensure understanding. Be aware that "yes" may not mean assent. A Hmong patient may be hesitant to ask questions. Most respect firmness and politeness. Personal questions should be deferred until a comfortable relationship has been established.
Hospitalization:	Physical privacy is important and should be protected by using curtains and not requiring patients to undress more than is strictly necessary. Do not remove jewelry or amulets without the permission and understanding of the patient, oldest male family member, or spiritual leader. Encourage and support a visit from the shaman if the patient desires one. In the hospital setting, try to serve plain foods without spices to Hmong patients. Encourage family members to bring in special foods, particularly those needed following childbirth. If the family wants to bring an herbal drink, arrange for a portion to be analyzed for chemicals that might interact negatively with prescribed medications. If possible in this kind of situation, get a list of common herb treatments from an herbalist and give it to the hospital pharmacist to check for possible drug interactions. Work with the dietician to ensure that foods are consistent with dietary practices to the extent possible. Patients may be unwilling to drink water unless it has been boiled. Offer tea or juice as an alternative, or offer to boil the water. Try to determine what herbal medicines the Hmong patient is using at home in order to check for negative drug interactions.
Death and Dying:	Discuss a diagnosis of terminal illness with the family spokesperson. It is considered inappropriate to talk about impending death, and Hmong people often present a positive attitude even when they know the person is dying. Traditional Hmong do not accept autopsy or organ donation.

Celebrations and Holidays

April 15	*Boun Pee Mai,* New Year: Celebrated by Lowland Lao; lasts up to a week. Houses are cleaned to expel bad spirits. Processions with elephants are held in Luang Prabang.
May	*Vixakha Bouxa:* Celebrates the birth, enlightenment, and death of the Buddha, observed at the full moon of the sixth lunar month.

Laos, cont.

	Boun Bang Fai, Rocket Festival: Celebrates start of the rainy season. This ancient festival was to remind the gods that rain is needed; people fire bamboo rockets filled with gunpowder. Dancing, singing, processions, and puppet shows; rocket judging takes place in Vientiane.
August	*Haw Khao Padap Din*, Festival of the Dead
Fall	*Boun Nam*, Water Festival: Celebrated with boat races on the rivers.
November-December	*Boun That Luang*, Harvest festival: Celebrated by Lowland Lao on the full moon of the twelfth lunar month; week-long event also celebrates the country's greatest national monument, the Pha That Luang, Great Stupa, a tower built in Vientiane in 1566, supposedly on the site of an earlier building housing relics of the Buddha.
December 2	National Day
Dec. 1–Jan. 15	*Nob Peg Cuag*, Hmong New Year Festival: The only formal Hmong holiday, celebrated for up to a week beginning the first day of the waxing moon of the twelfth month with a "Calling of the Spirit of the New Year" ritual. There are songs and ball tossing games and competitions, people wear their finest traditional costumes, boys and girls get acquainted and courtships begin. This was traditionally a time to honor all beings both living and dead and to show gratitude to and/or placate the spirits. Village elders have the responsibility of calling the spirits home for the new year.

Hmong in the United States

Because the majority of people from Laos living in California are members of the Hmong ethnic group, discussion will be limited to Hmong in the United States and California. According to the 2000 census, 204,284 foreign-born from Laos were living in the United States, and 68,306 were in California. Foreign-born Hmong living in the United States that year numbered 102,773, with the largest number, 41,133 in California. That figure increased during 2004 as the illegal refugee settlement at Wat Tham Krabok monastery in Thailand was closed in June and the United States agreed to take 15,000 refugees by the end of 2004. According to the Migration Information Source, most of these refugees had passed up earlier opportunities for resettlement in the United States in hopes that they would be able to return to their homes in Laos. All official refugee camps in Thailand were closed in the 1990s. About 5,000 of these refugees were to be resettled in California, another 5,000 in Minnesota, and the remainder distributed among more than a dozen other states.

In the United States, prior to the arrival of the latest group of refugees, the Minneapolis-St. Paul area had the largest concentration of foreign-born Hmong, followed by Fresno, Sacramento, Milwaukee-Racine, and Merced. As of January 1, 2005, approximately 315,000 Hmong still lived in the highlands of Laos, and several million Hmong lived in China, Vietnam, Thailand, and Burma. More than 200,000 Hmong have fled Laos since the Pathet Lao took power in 1975.

Language

There are as many as 70 distinct ethnic groups in Laos, each with its own traditions and language. The national language, Lao, is the language of the majority lowland Lao people who live in the valleys along the Mekong River and grow irrigated rice. The Lao are Buddhist, like their neighbors in Thailand, and the Lao language shares many characteristics with the Thai language. Both use the alphabetic script used in India. The Khmu people who live in the midlands are descendants of the original inhabitants of Laos, and their language is completely different from Lao. Like the Hmong, they are animists rather than Buddhists. In the highlands, in addition to the Hmong, the Mien or Yao people live and speak a language related to but distinct from Hmong. Some of the Mien people have also fled Laos for the United States and other countries and can be found in California.

Speaking at a 1995 symposium in St. Paul, Minn, Gary Yia Lee made this comment about the Hmong language:

> A Hmong is expected to be able to speak the Hmong language which is distinctly different from all other languages. Being members of a minority and living among many other ethnic groups, most Hmong need to learn, in addition to their mother tongue, one or more of the local or national foreign languages. These could be Mandarin for those in China, Lao for those in Laos, Vietnamese for those in Vietnam and Northern or Central Thai for those in Thailand. In the process, they have also

Laos, cont.

> borrowed foreign words from these languages, some of which become assimilated as Hmong. . . . The more educated a Hmong is in another language, the more words from that language the person is likely to use in everyday conversations.

The valuable reference produced by Bruce Bliatout and others in the Folsom Cordova Unified School District in 1988, *Handbook for Teaching Hmong-Speaking Students*, includes some helpful basics about the Hmong language, which consists of two major dialects: White Hmong and Green (or Blue) Hmong, with the colors referring to the colors traditionally used in women's garments of the two groups and reflecting somewhat different cultures and residential distribution in distinct regions of China. These two dialects are mutually intelligible, with differences in pronunciation being similar to those found between various regions of the United States. Both are spoken by Hmong living in California.

The White Hmong dialect uses the Romanized Practical Alphabet (RPA), which uses consonant letters at the ends of syllables to represent the different tones on which the preceding vowel may be pronounced. The alphabet was created in the 1950s by missionary linguists. It uses the ordinary letters of the Roman alphabet, although the letters do not represent the same sounds in English and Hmong.

The Hmong language is one of the group called the Miao-Yao languages spoken in Southeast Asia and Southern China. Hmong is spoken in Laos, Thailand, Burma, Vietnam, and by the Miao minority in Southern China. The Hmong language shares several characteristics with other languages of the region, including:

- A preference for one-syllable words.
- The use of tone to indicate word meaning. Hmong contains eight different tones: high (indicated in the RPA by the consonant *b*), high falling (*j*), mid-rising (*v*), mid (no consonant), breathy mid-low (*g*), low (*s*), low falling (*m*), and low falling and rising (*d*). Teachers and health care professionals who wish to speak to Hmong students and clients would do well to make use of the speaking dictionaries available from the St. Paul, Minnesota school district.
- Lack of inflections indicating different forms of words such as possessive, different genders, or verb tenses. Hmong words have only one form, with number, case, tense, etc. made clear by the order and combination of words used.
- Use of noun classifiers. Hmong nouns are divided into different classes, with words possibly taking on different meanings depending on the classifier used.
- Use of multiple verbs in one sentence. Like Mandarin, the Hmong language allows the use of two or more main verbs in a single clause, without any connection between them. Instead of saying "I go to his house," for example, the Hmong speaker would say "I go arrive his house."

The Saint Paul (Minnesota) Public Schools provide talking dictionaries that enable the listener to hear Hmong words pronounced: http://ww2.saturn.stpaul.k12.mn.us/hmong/sathmong.html.

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Hmong Words and Phrases

Interaction with Patients and Clients

Greeting and Registering Patients and Clients

Vocabulary

address	chaw nyob	name, first	npe
birth date	hnub yug	name, last	xeem
English	Askiv	nurse	neeg xyuas neeg mob
health insurance	pov hwm mob nkeeg	phone number	xov tooj
help	kev pab	sick	tsis zoo neej
interpreter	txhais lus	Social Security #	tus zauv pejxeem
name	lub npe	waiting room	chav tos

Hello, my name is_____.	Hello, kuv lub npe hu ua _____.
May I help you?	Kuv pab koj puas tau-os?
What is your first name?	Koj lub npe hu li cas?
What is your last name?	Koj yog xeem dabtsi?
Do you speak English?	Koj puas txawj hais lus Askiv?
Do you need an interpreter?	Koj puas yuav tus txhais lus?
I need (your/his/her) name, birth date, Social Security number, address, and phone number.	Kuv xav tau (koj/ lossis/ nws) lub npe, hnub-yug, tus zauv pejxeem, chaw nyob, thiab tus zauv xovtooj.
Do you have health insurance?	Koj puas muaj kev pov hwm mob nkeeg?
May I see the insurance card?	Thos saib koj daim ntawv puas tau-os?
What is the matter with (you/him/her)?	(Koj/lossis/nws) muaj teebmeem dab tsi?
How long have (you/he/she) been sick?	(Kob/lossis/nws) tsis zoo neej tau hov ntev lawm?
Please be seated in the waiting room, and the nurse will call you.	Thov caw zaum tom chav tos, thiab tus tu neeg mob mam los hu koj.

Preliminary Assessment

Vocabulary

allergy	fab	medicine	tshuaj
chills	tshee	pain	mob
fever	npaws	sweat	hws
herb	tshuaj ntsuab	sickness	muaj mob

Where is the pain?	Mob qhov twg?
Show me the pain.	Qhia qhov mob rau kuv.
Is there a traveling pain?	Puas mob tshwm rau qhov twg?
Tell me how the pain feels. Is it a sharp, dull, stabbing, or burning pain?	Qhia kuv saib mob li cas. Nws puas mob ntsia ntsees, npub nrees, ncus dhawv, lossis mob kub lug?
How long have you had the pain?	Koj mob los tau hov ntev lawm?
What makes it feel better?	Dabtsi thiaj ua rau nws zoo mentsis?
What makes it feel worse?	Dabtsi thiaj ua rau mob heev tuaj?
Have you used any medicine or herbal treatment to try to take away the pain? Did it work?	Koj puas tau siv tshuaj dabtsi lossis tshuaj ntsuab ua kom qhov mob zoo? Puas ntxim?
Have you ever had this before?	Koj puas tau mob dua lino yav dhau los?
Do you have a fever?	Koj puas ua npaws?
Do you have chills?	Koj puas tshee?
Do you sweat?	Koj puas tawm hws?
Is anyone else in your household having similar symptoms or sickness?	Puas muaj lwm tus hauv tsev neeg mob zoo tib yam lino lossis tsis xis neej?
Are you allergic to any medication?	Koj puas fab tshuaj dab tsi?
What type of medication are you allergic to?	Koj fab yam tshuaj dab tsi?
Do you have other allergies?	Koj puas muaj lwmyam fab?
Are you now taking any medicine?	Koj puas tseem noj tshuaj dabtsi?

Physical Examination: Skin

Vocabulary

blisters	sawv hlwv	rash	pob
fever	ua npaws	sore throat	mob qa
pustules	ua hlwv paug	symptoms	lwmyam

Do you have any rash?	Koj puas muaj xoo pob?
Does the rash hurt or itch?	Cov pob ntawd mob los khaus?
How long have you had the rash?	Cov pob no xoo los tau hov ntev lawm?
Where did it start?	Xub pib qhov twg tuaj?
Does anyone else have a rash like this?	Puas muaj leej twg xoo pob zoo lino?
Do you have any pustules?	Koj puas muaj ua hlwv paug?
Do you have any blisters?	Koj puas muaj sawv hlwv?
Have you had a fever, sore throat, or any other symptoms?	Koj puas tau ua npaws dua, puas mob qa, losyog mob lwmyam?
Do you have any enlarged glands?	Koj puas muaj tuav qog?
Do you have an infection around the rash?	Koj puas muaj o-voos ib puag ncig rau thaj tsam xoo pob?
Is it tender, red, or hot?	Nws puas nruj, liab, lossis kub lug?

Physical Examination: Headache

Vocabulary

dizziness	kiv taub hau	medicine	tshuaj
doctor	kws khomob	nausea	xeev
headache	mob taubhau	vomiting	ntuav

Do you have a headache?	Koj puas mob taubhau?
Show me where it is located.	Qhia kuv saib mob ncaj qhov twg.
How frequently do you have headaches?	Koj mob taubhau ncua ntev licas?
Does your head hurt constantly?	Koj puas muaj mob taubhau tas mus li xwb?
Do you black out?	Koj puas tsaus muag?
Do you have vision problems associated with your headache?	Koj puas muaj teebmeem qhovmuag pom kev uas yog tim los ntawm mob taubhau?
Do you have any dizziness, nausea, or vomiting?	Koj puas kiv taub hau, xeev siab lossis ntuav?
How long have you had the headache?	Koj mob taubhau tau hov ntev lawm?
Have you taken any medicine?	Koj puas tau noj tshuaj dab tsi?
What medicine have you been taking?	Koj tau noj hom tshuaj dabtsi?
Have you seen a doctor before for your headache?	Koj puas tau ntsib ib tug kws khomob yav dhau los rau koj qhov mob taubhau?

Physical Examination: Eyes and Vision

Vocabulary

eyes	qhov muag	problem	teeb meem
eye glasses	tsom qhovmuag	surgery	phais mob
injury	raug	tears	kua muag
itch	khaus	vision	muag
light	teeb		

Do you have any vision problems?	Koj puas muaj teeb meem pom kev?
Is there any blurry vision?	Nws puas plooj qhov muag?
Do you have any tears or pus discharge from your eyes?	Koj puas los kuamuag losyog sam quav muag?
Do you have itchy eyes?	Koj puas khaus qhov muag?
Have you injured your eyes?	Koj puas tau ua dabtsi raug qhov muag?
Have you had an eye infection in the past?	Koj puas tau mob dua qhov muag yav dhau los?
Do you wear eye glasses?	Koj puas coj tsom qhov muag?
Have you had eye surgery?	Koj puas tau raug hlais qhovmuag yav dhau los?
I want you to look at my light and follow the light with your eyes without moving your head.	Koj ntsia kuv lub teeb thiab dov ntsiab nuag ntsia lub teeb txhob tig taubhau.
Now I am going to shine a light in your eyes and I don't want you to look at my light, but look at an object in the distance.	Ziag no kuv yuav tsom teeb xauj koj lub qhov muag, koj txhob ntsia kuv lub teeb tabsis ntsia twjywm ib qho dabtsi.

Physical Examination: Ears and Hearing

Vocabulary

drainage	kuayig	hearing	hnov
ear	pobntseg	hearing aids	lub txaisuab
earache	mob pobntseg	sore	mob

Do you have a sore ear?	Koj puas mob pobntseg?
Is there any drainage?	Nws puas los kuayig?
Do you have a hard time hearing?	Koj puas muaj teebmeem hnov lus?
Is there any ringing in your ears?	Puas muaj suab nrov hauv koj lub pobntseg?
How long have you had a sore ear?	Koj lub pobntseg mob tau hov ntev lawm?
Have you seen a physician for the problem?	Koj puas tau ntsib ib tug kws khomob twg li?
Have you taken any medication for your earache?	Puas tau noj tshuaj dab tsi rau koj qhov mob pobntseg?
Do you wear hearing aids?	Koj puas coj txais puab pobntseg?
How long have you been wearing the hearing aids?	Hov ntev lawm uas koj tau coj lub txaisuab pobntseg?
Do they help?	Puas pab tau?
Do you know how to use them?	Koj puas paub siv licas?
When did you last see a doctor about your hearing aids?	Zaum kawg thaum twg uas koj tau mus ntsib kws khomob hais txog koj ob lub txais suab pobntseg?

Physical Examination: Nose

Vocabulary

bleed	los ntshav	nose	qhov ntswg
breathe	ua pa	mouth	qhov ncauj

What is wrong with your nose?	Koj lub qhov ntswg yog ua cas?
Do you have a stuffed up nose?	Koj puas txhaws ntswg thiab?
Does your nose bleed?	Koj lub qhov ntswg puas los ntshav?
Can you breathe through your nose?	Koj puas ua taus pa hauv koj lub qhov ntswg?
Do your breathe primarily through your mouth?	Puas yog koj ua pa hauv qhov ncauj xwb?
How long have you been having this problem?	Kob muaj qhov teebmeen no ntev li cas los lawm?
Does anyone else at home also have this problem?	Puas muaj hwm tus hauv tsev neeg uas muaj teeebmeem zoo tib yam nkaus lino?
Have you taken any medicine?	Kob puas tau noj tshuaj dabtsi?

Physical Examination: Mouth and Throat

Vocabulary

dentist	kho hniav	swallow	nqos
dentures	hniav cuav	teeth	hniav
gums	pos hnaiv	throat	thiab qa
mouth	qhov ncauj	tongue	nplaig
night	hmo ntuj	toothache	mob hniav
snore	ua qaj	voice	suab

Does your mouth hurt?	Puas mob koj qhov ncauj?
Do you have a sore in your mouth?	Puas mob ib qho twg hauv kkoj qhov ncauj?
Please open wide and say ahhh. I may need to hold your tongue down with this stick (called a tongue depressor) to see in the back of your throat.	Rua qhov ncauj kom loj thiab hais ahhh. Kuv yuav muab tus pas no nias koj tus nplaig, xauj koj lub qa.
Do your gums bleed?	Koj pos hniav puas los ntshav?
Do you have a toothache?	Koj puas mob hniav?
How long have you had this toothache?	Koj mob hniav tau hov ntev los lawm?
Do you have any teeth capped?	Koj puas muaj hniav looj?
Do you wear dentures?	Koj puas coj hniav cuav?
How long have you had these dentures?	Koj coj cov hniav cuav no los tau hov ntev lawm?
Do you have a sore throat very often?	Kog puas pheej muaj mob qa tuab nto?
Is it worse at night?	Puas mob heev rov yav hmo ntuj?
Do you snore while sleeping?	Thaum tsaug zog koj puas ua qaj?
Do you have a hoarse voice?	Koj puas muaj txhaws suab?
Do you have difficulty swallowing?	Koj puas nqos nyuab?
Do you have a dentist? What is his name?	Koj puas muaj ib tug kws kho hniav? Nws lub npe hu licas?

Physical Examination: Use of Stethoscope (Auscultation)

Vocabulary

arm (left)	caj npab (sab lauj)	night	hmo ntuj
asthma	mob hlab ntsws nqia	pneumonia	mob ntsws paug
breath	ua pa	red	liab
chest	huav siab	shirt	tsho
cough(ing)	hnoos	smoke	haus luam yeeb
day	nruab hnub	sputum	hnoos qeev
emphysema	mob ntsws cam	tuberculosis	mob ntsws qhuav
green	ntshuab	white	dawb
lungs	ntsws		

Take off your shirt, please.	Thov hle koj lub tsho.
As I listen to your lungs, please take a deep breath.	Thaum kuv mloog koj lub ntsws, thov ua pa kom hlob.
Do you have a tightness in your chest?	Koj puas muaj ceev hauv siab?
Can you describe your chest pain?	Koj puas piav tau tias koj mob hauv siab zoo licas?
Do you have pain down your left arm?	Puas mob taug koj txhais cajn pab sab laug?
Are you coughing? How long have you had this cough?	Koj puas hnoos? Koj hnoos lino tau hov ntev lawm?
What type of cough do you have?	Koj hnoos licas?
Is your cough worse during the day or night?	Koj puas hnoos heevdua rau thaum nruab hnub los thaum hmo ntuj?
What color is your sputum? (red, green, white)	Koj cov hnoosqeev zoo li cas? (liab, ntshuab, dawb)
Do you have shortness of breath, labored breathing, or rapid breathing?	Koj puas txog siav, txog siav li ua hauj lwm los txog siav li pa tsis txaus?
Have you seen a physician for this?	Koj puas tau mus ntsib kws khomob hais txog qhov no?
Have you been tested for TB? If so, what was the result?	Koj puas tau sim tshuaj mob ntsws qhuav TB? Yog tau sim lawm, puas tau txiaj ntsim licas?
Do you smoke?	Koj puas haus luam yeeb?
Do you have any history of tuberculosis, pneumonia, asthma, or emphysema?	Koj puas tau mob ntsws qhuav (TB), mob ntsws paug, mob hlab ntsws nqia, lossis mob ntsws cam?

Physical Examination: Heart

Vocabulary

exercise	qoj ib ce	shortness of breath	txog siav thaum
heart	plawv	sweat	nws
heart murmur	plawv hawb	tired, weak	nkees
heart surgery	plawv yav tas los	walk	mus kev
pacemaker	txhib plawv	when/where	thaum twg/qhov twg

Do you get tired easily when you walk?	Koj puas nkees sai thaum koj mus kev?
How far can you walk without getting tired?	Koj mus tau deb npaum li cas thaum koj nkees?
Do you sweat a lot?	Koj puas tawm hws heev?
Do you have shortness of breath when you walk?	Koj puas txog siav thaum koj mus kev?
Have you been told you have a heart murmur?	Puas muaj neeg qhia tias koj muaj mob plawv hawb?
Have you had heart surgery? When? Where?	Koj puas tau raug phais plawv yav tas los? Thaum twg? Qhov twg?
Have you ever worn a pacemaker?	Koj puas tau coj lub rojteeb txhib plawv?
Do you do any regular exercise? What kind?	Koj puas qoj ib ce? Qoj licas?
Are you taking any medication now? What is the name of the medicine?	Koj puas niaj hnub noj tshuaj? Yam tshuaj ntawd npe hu licas?
Are you weak?	Koj puas nkees?

Physical Examination: Digestive System

Vocabulary

abdomen	koj plab	hiccups	ntsos
appetite	qablos	liver	siab
bowel movement	cov plob	pain	mob
diarrhea	zawv plab	parasites	tau pom dua cab
eat	noj	rectum	hnyuv tuamtxam
gas	plab muaj cua	spleen	tus po
hepatitis	kab mob siab	vomit	ntuav

How is your appetite?	Koj kev qablos zoo li cas?
Do you have gas? (abdominal distress)	Koj puas tsam plab? (plab muaj cua)
Do you have pain in relation to eating?	Koj puas mob rau thaum noj mov?
Where do you have pain?	Mob rau koj qhov twg?
Do you have any signs of swelling?	Koj puas muaj xyeem pom o qhov twg?
Do you often have hiccups?	Koj puas keev ua ntsos?
Do you vomit?	Koj puas ntuav?
Have other doctors diagnosed any liver or spllen problems?	Puas muaj lwm tus kws khomob qhia tias koj muaj teeb meem siab o (plab hlav) los yog po o (mob txiav)?
Have you ever had hepatitis?	Koj puas tau muaj dua kab mob siab?
Do you have regular bowel movements?	Koj plob puas tau xwm yeem?
What does your stool look like? Is it hard and black, watery yellow, watery white, mucous with blood?	Koj cov plob zoo licas? Puas tawv thiab dub, ua dej dajlis, ua dej dawblias ua ntswg nrog ntshav?
Have you seen parasites in the stool?	Koj puas tau pom dua cab hauv cov plob?
Do you have diarrhea? What color is it?	Koj puas zawv plab? Zassiv zoo licas?
Have you had any abdominal surgery?	Koj puas tau raug phais plab yav dhau los?
I need to palpate your abdomen. Please take a deep breath and now let it out.	Kuv yuav xuas koj plab. Nqus pa kom puv thiab majmam tso pa tawm.

Physical Examination: Urinary System

Vocabulary

back pain	mob nrob qaum	urethra	qhov zis
bladder	zais zis	urinate	tso zis
kidney	raum	urine	zis
stones	zeb		

Do you have any back pain? Show me where it is.	Koj puas mob nrob qaum? Taw qhia saib yog mob ncaj qhov twg.
Have you had kidney stones in the past?	Koj puas tau mob dua raum txeeb zeb yav dhau los?
Have you ever seen stones in your urine?	Koj puas pom pobzeb hauv koj cov zis?
Is your urine red?	Koj cov zis puas liab?
Have you had an x-ray for this problem?	Koj puas tau muaj yees duab xyeem rau qhob mob no?
Do you have burning or pain when you go to the bathroom?	Koj tso zis puas kub los puas mob?
Have you ever had this illness in the past?	Koj puas tau mob dua li no yav tas los?
Have you taken medicine or had surgery for it?	Koj puas tau noj tshuaj los yog raug phais licas?
What color is your urine? Clear, yello, cloudy, red, or other?	Cov zassiv zis zoo li cas? Ntshiab, daj, nro-npli, liab lossis zoo licas?
How often do you need to urinate?	Koj tso zis puas tuab ntws licas?

Physical Examination: Women's Health

Vocabulary

abortion	rho dua menyuam	miscarriage	poob dua menyuam
baby	menyuam mos liab	ovary	tsev zausqe
birth control	txwv tsis pub cev xeeb tub	pregnancy	menyuam lawm
cervix	ncauj tsev menyuam	pregnant	xeeb menyuam
discharge	puas xau dej	swelling	puas
Cesarian section	raug phais menyuam	vagina	qhov paum
menstrual period	coj khaub ncaws		

When was your last menstrual period?	Koj coj khaub ncaws zaum kawg yog thaum twg lawm?
Are you currently pregnant?	Tam sim no, koj puas suabtub?
How many pregnancies have you had?	Koj xeeb menyuam tsawg zaus lawm?
Have you had any miscarriages? When?	Koj puas tau poob dua menyuam? Thaum twg?
Have you had any abortions? How many?	Koj puas tau rho dua menyuam? Tsawg zaus?
When did you have the abortions?	Koj twb rho menyuam thaum twg lawm?
Have you had any Cesarean section births?	Koj puas tau raug phais menyuam?
How many living children do you have?	Koj muag pestwag tus menyuam uas tseem nyob?
How many dead children do you have?	Koj muag pestwag tus menyuam tuaglawm?
Do you have a vaginal discharge?	Koj chaw mos puas xau dej?
What color is the discharge, does it itch, have you had this before?	Cov kua zassiv zoo licas, puas khaus, koj puas tau muaj zoo li no yav dhau los?
Do you have a vaginal prolapse (swelling)?	Koj puas muaj hlauvduav (ntxob tawm)?
Do you have swelling of your legs or feet?	Koj puas o ceg los o kotaw (phobvog)?
Have you had any seizures?	Koj puas tau mob nriaj testaw (yuas) yav taslos?

Physical Examination: Men's Health

Vocabulary

hernia	thoobtshaj	sexually active	ua taus txivneej
penis	qua	ureter	hlab raum
prostate	taubqog phev	testis	noobqaus
scrotum	phlaub noobqaus		

What is your personal condition?	Koj tus kheej puas zooneej?
Do you have a hernia?	Koj puas muaj thoobtshaj?
Are you still sexually active?	Koj puas tseem ua taus txivneej?
How long have you not been sexually active?	Ntev li cas lawm uas koj ua tsis taus txivneej?
Are you able to have an erection?	Koj qau puas tseem tawf taus?
Have you seen a specialist?	Koj puas tau ntsib ib tug kws khomob twg li?
Have you seen an herbalist?	Koj puas tau mus ntsib kws tshuaj ntsuab?

Physical Examination: Neurological Testing

Vocabulary

bend	khoov	push	thawb
fingers	ntiv ntes	raise	tsa
joints	pob	shoulder	xubpwg
knee	hauv caug	sit	zaum
legs	txhais ceg	squeeze	nyem
numb	loog	smile	luag ntxhi
pull	rub	touch	kov

Are your fingers tingling?	Koj tev ntivtes puas causyaum?
Can you feel when I touch you?	Koj puas hnov thaum kuv kov koj?
Do you have pain in your joints?	Koj puas muaj mob pob qij txha?
Are your legs numb?	Koj ob txhais ceg puas loog?
Squeeze my hand.	Nyem kuv txhais tes.
Push hard.	Sib zog thawb.
Pull hard.	Sib zog rub.
Raise your knee.	Tsa hauv caug.
Raise your shoulder.	Tsa xub pwg.
Raise your eyebrow.	Nrhab plaub muag.
Smile at me.	Luag ntxhi rau kuv.
Bend to the front.	Khoov rov tom ntej.
Bend to the back.	Khoov rov tom qab.
Bend to the side.	Khoov rov tom isab.
Sit on the bed.	Zaum saum lub txaj saib.

General Vocabulary and Expressions

Days, Months, Expressions of Time

Days of the Week	Hnub
Monday	Hnub ib
Tuesday	Hnub ob
Wednesday	Hnub peb
Thursday	Hnub plaub
Friday	Hnub tsib
Saturday	Hnub rau
Sunday	Hnub xya

Months of the Year	Hli ntuj
January	Ib hli ntuj
February	Ob hli ntuj
March	Peb hli ntuj
April	Plaub hli ntuj
May	Tsib hli ntuj
June	Rau hli ntuj
July	Xya hli ntuj
August	Yim hli ntuj
September	Cuaj hli ntuj
October	Kaum hli ntuj
November	Kaum Ib hli ntuj
December	Kaum Ob hli ntuj

Expressions of Time	Zimtxwv
hour	ib teev
minute	feeb
second	ib pliag
today	hnub no
tomorrow	taskis
yesterday	nag hmo
day after tomorrow	nag kis
day before yesterday	hnub hmo
this week	lim tiam no
this month	lub hli no
this year	xyoo no
last week	lim tiam dhau los
last month	lub hli dhau los
last year	xyoo dhau los
next week	lim tiam tom ntej
next month	hli tom ntej
next year	lwm xyoo
every day	hnub txhua txhua
once a day	hnub ib
twice a day	hnub ob
three times a day	hnub peb
four times a day	hnub plaub
before meals	pluag mov ntej
after meals	pluag mov ua qab

Numbers

Cardinal Numbers	
1	ib
2	ob
3	peb
4	plaub
5	tsib
6	rau
7	xya
8	yim
9	cuaj
10	kaum
11	kaum ib
12	kaum ob
13	kaum peb
14	kaum plaub
15	kaum tsib
16	kaum rau
17	kaum xya
18	kaum yim
19	kaum cuaj
20	nees nkaum
30	peb caug
40	plaug caug
50	tsib caug
60	rau caum
70	xya caum
80	yim caum
90	cuaj caum
100	puas
1000	ib txhiab

Ordinal Numbers	
first	thawj
second	thib ob
third	thib peb
fourth	thib plaub
fifth	thib tsib
sixth	thib rau
seventh	thib xya
eighth	thib yim
ninth	thib cuaj
tenth	thib kaum
eleventh	qib kaum ib
twelfth	qib kaum ob

Relatives (Kwvtij), Other People, Clans (Hmoob)

husband	txiv
wife	poj niam
mother	niam
father	leej txiv
child	menyuam
brother	tij laus, kwv tij
older brother	tij laug
younger brother	kwv yau
sister	maum
son	tub
youngest son	tub ntxawg
daughter	ntxhais
youngest daughter	ntxhais ntxawm
aunt	niam ntxawm
uncle	txiv ntxawm
cousin, male	npawg
cousin, female	muam npaws
grandmother	niam pog
grandfather	yawg
grandson	tub xeeb ntxwv
granddaughter	ntxhais xeeb ntxwv
nephew	tijlaug tub
niece	tijlaug ntxhais
mother-in-law	niam tais
father-in-law	yawm txiv
brother-in-law	yawm yij, txiv laus
sister-in-law	niam tij, tis nyab
son-in-law	vauv
daughter-in-law	tis nyab
friend	phoojywg
girl	ntxhais
boy	menyuam tub
girlfriend	ntxhais phoojywg
boyfriend	hluas nraug

Buddhist priest	haujsam
clan	xeem
clan members	caj ces
Clans:	Hmoob
Cha/Chang	Hmoob Tsab
Cheng	Hmoob Tseej
Chou/Tchou	Hmoob Tsu
Fang	Hmoob Faj/Faaj
Hang	Hmoob Ham/Haam
Her/Heu	Hmoob Hawj
Khang	Hmoob Khab/Khaab
Kong/Khong	Hmoob Koo
Ku/Kue	Hmoob Kwm
Lee/Ly/Li	Hmoob Lis
Lo/Lor/Lao/Lau	Hmoob Lauj
Moua	Hmoob Muas
Pha/Phang	Hmoob Phab
Thai	Hmoob Thaib
Thao/Tao/Thor	Hmoob Thoj
Txu	Hmoob Txum
Vang	Hmoob Vaj/Vaaj
Vue	Hmoob Vwj
Xiong	Hmoob Xyooj
Hmong Yang	Hmoob Yaj/Yaaj

Descriptive Terms, Clothing

Descriptive Terms	
high	siab
low	qis
fat	rog
thin	yuag
heavy	hnyav
light	sib
open	qhib
closed	qi
pain	mob
many	ntau
some	puav
few	tsawg
smooth	du
rough	ntxhib
regular	li ib txwm
irregular	hloov
hard	tawv
soft	phom
hot	kub
boiling	npau
cold	no, txias
wet	ntub
dry	qhuav
weak	ntshaus
strong	muaj ceem
better	keem
worse	phem tshaj
alive	ciaj
dead	tuag
healthy	roj ntshav zoo
sick	mob
sweet	qab zib
sour	qaub
bitter	iab

Clothing/Khaub Ncaws	
belt	siv
blouse	tsho poj niam
coat	tsho sov ntsab
dress	tiab
hat	kaus mom
jacket	tsho sov
nightgown	tsho ntev hnav pw
pajamas	ris tsho hnav pw
shirt	tsho
shoes	khau
shorts	rws ceg lov
skirt	tiab
slacks	rwg
slip	tiav hauv qab
slippers, sandals	khau khiab
socks	thom khwm
stockings	vuam txwv ntev
sweater	tsho plaub
underwear	ris tsho hauv qab

Foods

apple	txiv apple
asparagus	zaub qwv qws
bananas	txiv tsawb
beans	taum
bean sprouts	kaus taum
beef	nqaij nyuj
beets	zaub ntug hauv paus liab
bitter melon	dib iab
bread	ncuav ci
butter	roj pleev ncuav ci
cabbage	zaub qhwv
cake	ncuav mog qab zib
candy	qhob noom
carrots	zaub ntug pauv paus
cereal	khaub noom
cherries	txiv ntoo qab zib
chicken	nqaij qaib
chocolate	qhob noom xim kasfes
coffee	kas fes
cream	qab zib
dessert	khoom noj qab zib
egg	qe
eggplant	txiv lws ntev
fish	ntses
fruit	txiv
grapes	txiv quav ntsw nyoos
grapefruit	txiv kab ntxwv qaub
honey, syrup	zib ntab
lamb	nqaij yaj
lemon	txiv qaub
lime	txiv qaub ntsuab
meat	laj
melon	dib pag
milk	kua mis
noodles	mij, peev choj
oats	qib
olive	txiv roj
onion	dos
orange	txiv kab ntxwv
peach	txiv duaj
peanuts	txiv laum hauv xeeb
pear	txiv moj coos
peas	taum mog
pepper	kua txob liab
pickle	dib qaub
pie	ncuav qab zib
pineapple	txiv puv luj
plum	txiv moj mab
pork	nqaij npua
rice (cooked)	mov
rice (sticky)	mov nplaum
rice bowl	ntim
rice cake	ncauv
rice noodles	peev choj
salt	ntsev
spices	txuj lom
spinach	zaub
sprouts	txhawv
strawberries	txiv pos nphuab
sugar	piam thaj
tea	tshuaj yej
tomato	txiv lws suav
turkey	qaib ntxhw
vegetables	zaub
vegetables (sour)	zaub tsib
vegetarian	neeg tsis noj nqaij

Eating, Personal Hygiene

Terms Related to Eating

knife	riam
fork	diav rawg
spoon	diav nplooj
chopsticks	rawg tais
glass	vaso
cup	khob
dish	khob iav
napkin	ntawv so tes
tray	phaj nqa zaub mov
breakfast	pluag tshais
lunch	su
supper, dinner	pluag hmo
snack	noj xob yem
diet	cov khoom noj
eat	noj
drink	haus dej
hungry	tshaib plab
thirsty	nqhis dej
dietician	neeg ua zaub mov hauv tsev kho mob
enough	txaus

Personal Hygiene

bathe	da
wash	ntxuav
wash cloth	ntaub so tais diav
towel	phuam so cevv
bathroom	hoob nab
bath	dab da dej
shower	da dej saum tus kais dej
soap	xum npum ntxuav cev
shampoo	tsuaj zawv plaub hau
deodorant	tshuaj ua kom txhob tsw phem
washbasin	dab ntxuav muag
hairbrush	zuag ntsis plaub hau
comb	zuag
powder	hmoov
toothbrush	txhuam hniav
toothpaste	tshuaj txhuam hniav
handkerchief	phuam so ntswg

Polite Expressions

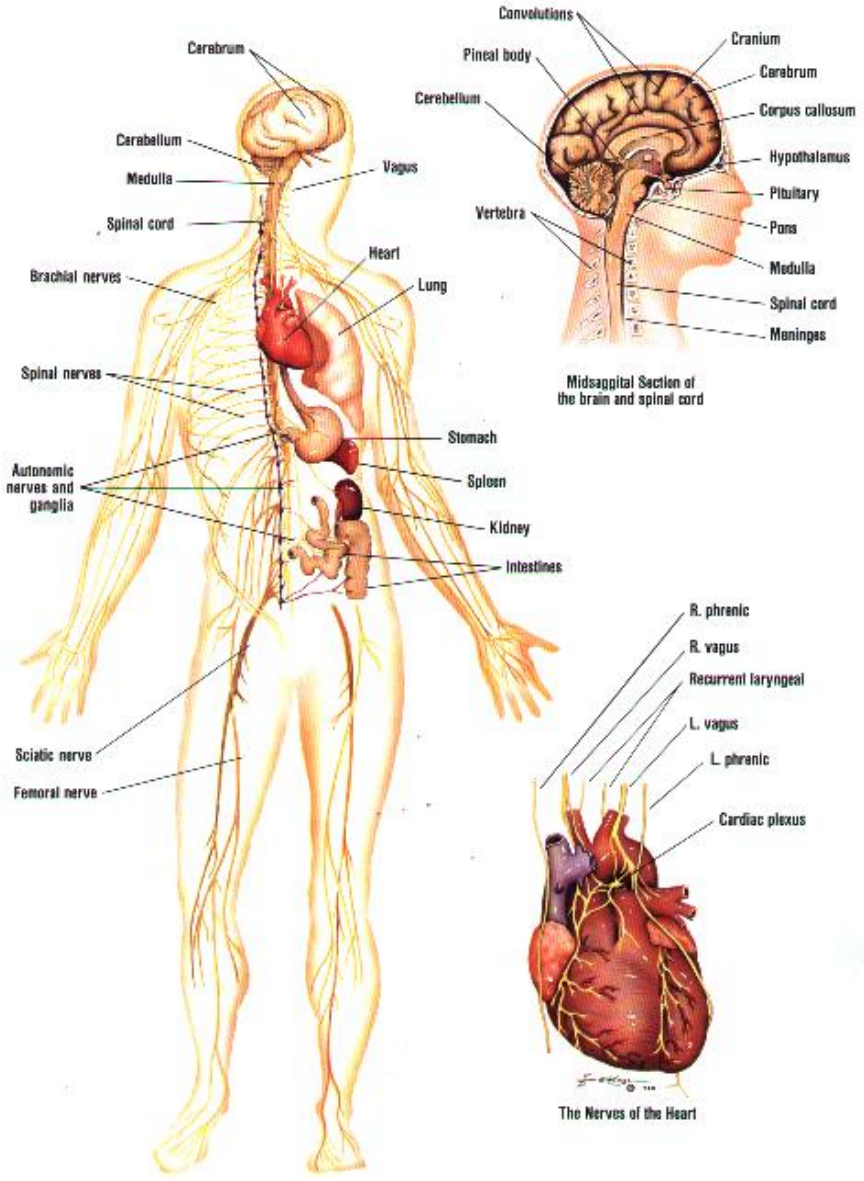
Hello.	Nyob zoo.
Goodbye.	Sib ntsib dua.
How are you?	Koj puas nyob zoo?
I am fine.	Kuv nyob zoo.
What is your name?	Koj lub npe hu li cas?
My name is_____.	Kuv lub npe hu ua_____.
Do you need an interpreter?	Koj puas yuav tus txhais lus?
Please.	Thov.
Thank you.	Ua koj tsaug.
You are welcome.	Tsis ua li cas.
No.	Tsis kam.
Yes.	Yog.
I am happy.	Kuv zoo siab.
What are you doing?	Koj tabtom ua dabtsi?
What is this?	No yog dabtsi?
Who?	Leetwg?
What?	Dab tsis?
Where?	Qhov twg?
When?	Thaum twg?
Why?	Vim li cas?
here	ntawm no
there	nyob ntawd

Words Related to Hospitalization

exit	chaw tawm
emergency exit	txoj kev tawm ceev
fire escape	txoj kev khiav hluav taws
emergency	xwm ceev
stretcher	uas nqa tibneeg tsaug mob
doctor	kws tshuaj
nurse	neeg xyuas neeg mob
examine	tshuaj xyuas
help	pab
machine	tshuab
temperature	cua kub cua txias
thermometer	tus ntsuas kub ntsuas ntxias
pulse	mem tes
blood pressure	ntshav dhia
swallow	nqos
weigh	hnyav
scale	teev
measure	ntsuas
results	tshwm li cas
move	tsiv
stretch	xyab
up/down	ped/nqis los
left	lauj
right	xis
exercise	dhia ua si kom muaj zog
support	txheem
stand	sawv nrug
walk	mus kev
turn	tig ib ncig
slip	luam

fall	ntog
crutches	pas txheem qhov tso
wheelchair	lub rooj tsheb
walker	tus pas plaub ceg txheem mus kev
comfortable	zooj
bed	txaj
mattress	daim txaj
raise	txhawb
blanket	pam
sheet	ntaub pua chaw
pillow	tog hauv ncoo
chair	rooj zaum
floor	npoo tsev
drapes	ntaub npog qhov rais
button	khawm txiv
light	teeb ci
urinate	tso zis
flush	lawv plab
specimen	tshem me me
jar	hwj lav
sterile	huv heev
liquid	kua
telephone	xovtooj
operator	neeg txuas xovtooj
visitor	qhua
No smoking.	Tsis pub haus luam yeeb.
volunteer	txaus siab pab dawb
social worker	tus pab tibneeg
hairdresser	kws caws plaub hau
barbershop	kws txiav plaub hau
drugstore	tsev muag tshuaj
book	phau ntawv

Medical Terminology and Abbreviations


Cerebrum
Cerebellum
Medulla
Spinal cord
Brachial nerves
Spinal nerves
Autonomic nerves and ganglia
Sciatic nerve
Femoral nerve
Vagus
Heart
Lung
Stomach
Spleen
Kidney
Intestines
Convolutions
Pineal body
Cerebellum
Vertebra
Cranium
Cerebrum
Corpus callosum
Hypothalamus
Pituitary
Pons
Medulla
Spinal cord
Meninges
Midsagittal Section of the brain and spinal cord
R. phrenic
R. vagus
Recurrent laryngeal
L. vagus
L. phrenic
Cardiac plexus
The Nerves of the Heart

Parts of the Body

abdomen	phiaj plab
ankle	cos taw
appendix	hnyuv tws
arm	npab
armpit	qhov tsos
artery	txoj hlab ntsha plawv
back	qaum
beard	hwjtxwv
bladder	lub zaiszis
blood	ntshav
body	lub cev
bone	txha
bone marrow	hlwb txha
brain	hlwb
breast	mis
buttocks	caj tw
cartilage	pob txha mos
cheek	plhu
chest	xubn tiag
chin	kauj tsaig
ear	pob ntseg
elbow	luj tshib
esophagus	hiab pas
eye	qhov muaj
face	muag
finger	ntiv tes
fingernail	rau tes
foot	ko taw
gall bladder	lub tsib
gland	cov kua dej yug luv cev
groin	puab tais
gums	pos hniav
hair	plaub
hand	txhais tes
head	taub hau
heart	plawv
hip	ntsag
intestines	hnyuv
joint	sib txuas
kidney	raum
knee	hauvcaug
leg	phab
lips	tawv tis ncauj
liver	lub siab
lung	lub ntsws
mouth	ncauj
navel	ntaws
neck	caj dab
nerve	leeg xaxov
nose	ntswg
ovary	tsev zausqe
pelvis	puab tais
penis	qau
prostate	taubqog phev
rectum	hnyuv tuamtxam
rib	tav
shoulder	xub pwg
skin	tawv nqaij
skull	txha taub hau
spinal cord	tus hlwb txha caj qaum
spine	txha caj qaum
spleen	tus po
stomach	lub plav mov
testes	noobqaus
throat	caj pas
thyroid	taubqog cajdab
toe	ntiv taw xoo
toenails	rau taw
tongue	nplaig
tonsils	cos nplaig
tooth	hniav
uterus	tsev menyuam
vagina	qhovpaum
vein	leeg ntshev
wrist	cos teg

Diseases, Medical Conditions, Procedures, Drugs

abcess	rwj
ache	mob
addiction	tiv lawm
allergy	khauv thuas*
Alzheimer's	tsis nco qab
amputate	txiav ib qho tawm
anorexia	muaj mob noj tsis taus
antibiotic	tshuaj tiv thaiv kab mob
aspirin	tshuaj noj zoo mob tau hau
autopsy	soj ntsuam xyuas
asthma	hawb pob*
astigmatism	plooj plooj
bandages	ntawb qhwv mob
bee sting	muv plev
blind	dig muag
blister	hlwv*
bloated	tsam
blocked	thiav
boil	rwj
bruise	doog ntshav
bulimia	noj txuj txom thiab ntuav tawm
cancer	cancer
canker sores	qhov ncauj tawm
chicken pox	ua qoob, qhua maj
cholera	mob plab zaw
circumcision	txiav daim tawv noov
cold	mob khaub thuas
color blind	tsis pom cov kob zoo
contagious disease	kab mob txawj kis
cough	nqu
cramps	tu leeg
dandruff	plhaws plaub hau
deaf	lag ntseg
dehydrated	tsis muaj dej
depression	nyuab siab
diabetes	ntshav qab zib
diarrhea	zawv plab
diphtheria	kab mob ua paug rau caj pas los ntawm kev sib kis
disability	kev tsis taus
dysentery	mob plab zaw
epidemic	phaum
epilepsy	qaug dab peg
exhaustion	qaug zog
faint	tsaus muag
fast	yoo
fat	rog
fever	ua npaws
fracture	xwb pleb
gall stone	tsib muaj pob zib
germ	kab mob
gonorrhea	mob uav
handicap	kev tsis taus
headache	mob taub hau
head lice	ntshauv
healthy	roj ntshav zoo
heart attack	plawv nres
heartburn	kub siab
hemorrhage	los los ntshav
hernia	hlauv hnyuv
herpes	mob tawv nqaij
hiccups	ua nros
hoarseness	hawb
immunize	txhaj tshuaj tiv thaiv kab mob

Diseases, Conditions, Drugs, cont.

incurable	kho tsis tau
indigestion	kem plab
infection	npuag*
influenza	khaub thuas
injection	kev txhaj tshuaj
injury	raug mob
itch	khaus
jaundice	daj daj ntseg
leprosy	ruas
leukemia	kab mob ntshaw dawb
malaria	mob npaws
measles	ua qhua taum
menopause	tsis coj khawb ncaws
menstruation	ua poj niam*
miscarriage	nchuav menyuam
mole	tias
morning sickness	quag qav
mumps	ua qog
nausea	xeev siab
numb	loog loog
obese	rog
ointment	kua tshuaj
pain	mob
phlegm	qeev
physical exam	kev tshuaj xyuas lub cev
pink eye	mob muab liab
pneumonia	kab mob ntsws
pregnant	muaj menyuam
rash	ua pob khaus
ringworm	kab mob txhab txaig los sis nyuj taug yaim
saliva	qaub ncaug
scab	kaub
scar	qaws pliav
seizure	dab peg
shaky	thawv
sickness	muaj mob
skinny	ntxaug
smallpox	qhua taum
spasm	huam cheej
sprain	txhauj
sterile	muaj menyuam tsis taus
stomach ache	mob plab
sty	mob rwj muag
sunstroke	tuag tshav
swelling	o tuaj
tetanus	mob txhav tes taw
therapy	kho mob rau teeb meem hlwb los sis raug mob
tremor	co, deeg
tuberculosis	mob ntsws qhuav
ulcer	rwj, khiav txhab
unconscious	feeb
vaccinate	txhaj tshuaj
venereal disease	muaj kab mob los ntawm kev sib dee
virus	kab mob
vomit	ntuav
well	noj qab nyob zoo
worm	cab, vaim

Medical Abbreviations

Abbreviation	English Word	Translation
abd.	abdomen	phiaj plab
a.c.	before meals	ntej pluag mov
ad.	up to	mus txog
ad. lib.	freely, as desired	khoom
b.i.d.	twice a day	ob zaug hnub
B.M.	bowel movement	cov plob
B.P.	blood pressure	ntshav dhia
B.R.P.	bathroom privileges	tsim nyog chav dej
c	with	ntxuag
CA	cancer	No word for cancer in the Hmong language.
caps.	capsules	tshuaj ntsiav
DC, D/C	discontinue	ntses
h	hour	ib teev
H	hypodermic	koob
H2O	water	dej
inj.	by injection	ze ntawd koob
No. , #	number	naj npawb
noc	night	hmo
NPO	nothing by mouth	tsis mov losyog pas
O_2	oxygen	faub cua uas zoo siv rau kev ua pa
p	after	ua qab
p.c.	after meals	ua qab pluag mov
p.o.	by mouth, orally	ncauj hais
post-op	post-operative	ua qab kev phais mob
pre-op	pre-operative	ntej kev phais mob
p.r.n.	when necessary	raws li tseemceeb heev
pt.	patient	tub mob
Q or q	quantity	ib cov
QD	once per day	niaj hnub
Qh	every hour	txhua ib teev
Q4h	every 4 hours	txhua ib teev plaub
q.i.d.	four times a day	ntau hnub

Medical Abbreviations, cont.

Abbreviation	English Word	Translation
s	without	tseg
s.c., sub-q/subcut	subcutaneous	hauv qab tawv nqaij
SIG	directions	ncauj ke
sol.	solution	kev teb tau qhov teebmeem
S.O.B.	short of breath	txog siav
stat	immediately	tamsim no
tab.	tablet	ntsiav
TPR	temperature, pulse rate, respiration	cua kub cua txias, mem tes, ua pa
t.i.d.	three times a day	peb hnub
>	greater than	ntau tshaj
<	less than	tsawg dua

Abbreviations for Weights and Measures

g or gm	gram	gram
gr	grain	qoob loo
gtt	drops	nrog
lb	pound	ib phaus
min	minimum	yam tsawg kawg kiag
oz	ounce	hnyav li yim diav kasfe dej
wt	weight	hnyav

Symptoms and Medical Terms Used in Reporting Observations

abcess	twj
bleeding	los ntshav
chills	txias
convulsion	huam cheej
coughing	hnoos
cramps	tu leeg
depressed	tus siab
depression	nyuab siab
diarrhea	haw quav
discharge	puas
dislocation	txhauj
disoriented	yoob
dizziness	kiv tob hau
erosion	kev yaig
eruption	tawg tuaj
fatigue	qaug zog
fever	ua npaws
flushed	lawv plab
fracture	xwb pleb
headache	mob taub hau
hemorrhage	los los ntshav
hoarseness	hawb
incoherent	tsis meej pem
indigestion	kem plab
jaundiced	daj daj ntseg
lethargic	tsis muaj zog
nausea	xeev
nervous	tshee
pain	mob
pale	txheeb
rash	ua pob khaus
seizure	dab peg
shock	tom
sweating	nto hws
trembling	co
tumor	nqaij hlav
unconscious	feeb
vomiting	ntuav
weakness	si
wheezing	hawb pob
wounds	qhov nqaij

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