Hmong Interpretation: Full Disclosure or Greater Good?

One of the biggest disputes between the Lee family and the doctors of Merced Community Medical Center in Anne Fadiman’s book *The Spirit Catches You And You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* revolves around the use of Hmong healing methods versus Western medical practice. It could be argued that the misunderstandings that took place as the clash continued could have been prevented had an interpreter or someone who learned more about Hmong culture taken the time to explain medicines and procedures in a way that the Lees would have understood; however, with the difficulty of even translating the simplest medical jargon from English to Hmong, an interpreter would be forced to use Hmong ideas to communicate the purposes of Western medicine. Some would say that to restructure such sensitive information is simply lying – using trickery to make the doctors’ jobs easier. Others might argue that redefining medical terminology is a necessary course of action, and the only way to achieve peace of mind for both doctors and parents - that any “deceit” involved would be for the greater good, Lia’s health, and would be employed with the best of intentions. When do good intentions stop being helpful and start justifying manipulation, dishonesty and abuse of power in a social structure as vital and sensitive as the American medical system? Through analysis of the Lee family’s experiences with interpreters and questioning the process of cultural brokerage, the best course of action seems to be an integration of both practices and traditions instead of substituting one for the other.
Hmong culture links spirituality and religion very closely. As Fadiman explains, “although the Hmong believe that illness can be caused by a variety of sources…by far the most common cause of illness is soul loss.” (10). Sickness and faith are intimately intertwined – lack of faith or depression can cause illness, which can only be cured by the spiritual healing of tvix neebs, Hmong shaman healers. In the case of Lia Lee’s treatment for severe epilepsy, Foua and Nao Kao Lee were initially willing to use American medical practices to treat Lia’s disorder (which they knew only as the illness that happens when “the spirit catches you and you fall down”) before they began to try to understand what Western treatment entailed – however, Hmong ideas about human anatomy and what is respectful or disrespectful treatment are very specific and important to their culture. American doctors failed to realize that “Txiv neebs knew that to treat the body without treating the soul was an act of patent folly; doctors never even mentioned the soul.” (33). This quote provides a good summary of the lack of connection between the Lees and Lia’s doctors. The Lees weren’t reluctant to see that Lia was treated; they merely did not believe that the source of her illness or the way in which it should be treated was what the American doctors thought. If an interpreter were to take on the Lees’ case, the hardest part of solving the communication problems would be bridging this divide of ideals – the spiritual treatment of the Hmong and the scientific treatment of American medicine.

For many of the Lee family’s trips to MCMC, no interpreter was present. Even when a Hmong-speaking person participated in conversations with MCMC patients, “the duration of every diagnostic interview automatically doubled” (68). However, even if an interpreter with full knowledge of Hmong language had been there to translate for the Lees, the medical prognoses that the doctors were explaining would have been just as foreign to them. American and Hmong views of health and wellness are two vastly different practices and concepts – while they both
strive to achieve similar results (maximum wellness for their patient), their ultimate values and processes are not quite compatible. Understanding that paraphrasing cannot always be a solution would be essential to an interpreter; the Hmong as a whole are not uncompromising people, but their views about what will harm the soul more than heal the body are very specific and without strong knowledge of Hmong traditions and beliefs, attempting to interpret Western medical ideas would be useless.

Thus, if one were to make the intentions of Lia’s doctors clear to her parents in a way that would gain their cooperation (solely through verbal communication), one would have to translate American medical practice into Hmong medical practice. It would be a very convoluted translation, far from straightforward – as Fadiman explains, “most medical terms had no Hmong equivalents…In a recently published Hmong-English medical glossary, the recommended Hmong translation for ‘parasite’ is twenty-four words long; for ‘hormone’, thirty-one words” (68). This long, confusing process has proven, if only through the Lees’ case, utterly impractical and counterproductive. If a broker attempted to translate American medical terms to Hmong without the aforementioned paraphrasing, complicated medications would need to become healing medicines that were for not just the body, but the soul – and labeling a medication as something that would bring back a soul would be incredibly complicated ethically. Telling the Lees that their daughter was receiving treatment that would chase away the evil spirits from her soul, while it might gain more trust and cooperation from the parents, would not be full disclosure of medical information as the United States would define it. It would be deception – taking advantage of the Lee family’s misunderstanding of the treatment their daughter was getting, and not bothering to try to teach them to receive the same information American families would get for a child in a similar situation. However, it would undoubtedly make more sense to
the Lees to explain their daughter’s condition in this way; one might argue that the Lees would rather they didn’t receive information the way Americans would want it – they would prefer Hmong healing terminology.

While reorganizing information in this manner to make it easier for Hmong parents and patients to understand, it also brings up the question of how far these kinds of methods can go without being exploitative and manipulative. If doctors can merely rename medications to make them seem more appealing to Hmong people, they can easily convince a Hmong patient to accept the use of treatment without giving them full knowledge of what they are agreeing to. If they did have full understanding of such treatments or procedures, they might feel differently. Besides, renaming the medicine without further explanation might backfire if the patient did not improve – when Lia entered a vegetative state, critical care nurses recorded “Family states ‘Wants medicine to fix brain.’” (151). The Lees were confused because Lia’s doctors, until then, had been reasoning with them that if they gave her the medicine, it could fix her – if an interpreter had the skills to explain that treatment is far more complicated than one or two remedies being used to restore health, the shock and devastation of Lia’s irreparable brain damage might not have the Lees the idea that doctors could have saved Lia, but did not. The idea of relabeling medicines and treatments also bring up the possibility of a huge abuse of power – the power to change fact into “consensual reality,” as Sukey Waller, a psychologist at MCMC explained (95). Consensual reality may be something that the Hmong prefer to scientific evidence, but it is something that the U.S. has always fought to abolish, especially in social structures as heavily relied upon as hospitals and medical care. The American ideas of freedom include having the right to be given information and having the power to make decisions for themselves, rather than having someone else decide what’s best for them or what the greater good is.
In a situation where the consequences of inaction and continued miscommunication are the deterioration of the health of a child, the choices that an interpreter makes are invaluable. For example, when Nao Kao attempted to run from the hospital room with his daughter after thinking he had been told that her death was imminent, the frustrated doctors and nurses told him again and again that she would now need to remain in the hospital longer without being discharged while her nasogastric tube was reinserted (178). This situation was chaotic and destructive, not only for the mental state of Lia’s parents and doctors, but for her health as well. If Nao Kao had been more aware of his daughter’s medical condition, he wouldn’t have jeopardized her health the way he did; nor would the hospital staff have needed to deal with such a disruptive incident. Better communication might have been achieved if an interpreter had been present who could have explained the situation and offered the opportunity for Hmong healing with a shaman present to accompany Lia’s treatments, allowing the Lee parents the peace of mind of knowing that their daughter was being treated in ways that they too could grasp.

Learning the ways of Hmong shamans is the most indispensable skill that an interpreter could learn. As Dwight Conquergood maintained, “no one is better qualified to span the gap between the medical and the spiritual” (267). Since all a tvix neeb’s work happens on a “metaphysical plane” (a fitting term Conquergood uses to describe the specialty of a tvix neeb, who goes about healing someone through communicating with their spirits and souls, not by physically interacting with the patient), there can be no ill effects on the patient the way traditional herbal remedies could potentially do more harm than good for a patient. As an interpreter, learning the ways of a tvix neeb could be the key to creating a symbiotic relationship between Hmong healing traditions and Western medicine in Hmong American communities. As Jeff Lindsay writes in his article “Culture Clash: The Hmong in America,” the only way to
bridge the gap between cultures is to open oneself up to learning about other practices: “We need more social ties across our cultures, more friendships and partnerships between all races” (3). By addressing the spiritual and psychological needs of a patient, doctors would be able to gain the trust needed to suggest modern American medical practices in place of Hmong remedies.

Incorporating both Hmong cultural beliefs and traditions into medicine is the only way to create a comfortable, functioning environment for Hmong patients with little understanding of Western medicine.

Finding a successful method of communication between non-English speaking Hmong families and American doctors would no doubt be difficult and extremely challenging for all involved. The most beneficial course of action for an interpreter to take in a situation like the one between the Lees and MCMC would be integrating shaman practices and Hmong traditions into hospital environments; not swapping one method for another or disguising American medicine as Hmong medicine, but allowing patients to experience a blend of the two types of treatment. In the end, this type of cultural brokerage would make doctors in Hmong American communities’ lives much easier, and it would help achieve more healing that Hmong can be satisfied with.
Work Cited


Lindsay, Jeff. “*Culture Clash: The Hmong in America.*” Dec. 12, 2012 : 8. JeffLindsay.com Web. 2 November 2013