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Chapter Twenty-One

Expectations, Skepticism, and Language Barrier

A Brief Journey

Anna Yang

Considered one of the newest Asian groups to immigrate to the United States, the Hmong people brought with them their language, traditions, and spiritual belief systems. Although America is considered the land of many opportunities, the children of Hmong refugees had strict guidelines to follow. They were expected to succeed in higher education and obtain prestigious jobs but not alter their cultural behaviors. This caused much conflict as current generations of Hmong Americans struggled to keep their native tongue alive, which was oftentimes seen as the bridge that connected them to their native culture. The language barrier, coupled with a culture entrenched in a Shamanic belief system, caused distrust between the older Hmong people and Western medicine.¹ In the midst of all of this, younger Hmong Americans had to navigate a field where they were stuck between inheriting Hmong values and accommodating American views. In this chapter, I will attempt to paint a picture of the expectations and factors that first-generation Hmong Americans face from my own cultural, educational, and professional journey.

IN THE BEGINNING

I wonder what my life would've been like if my parents had never immigrated to the United States back in October 1986. I would most likely be married and farming somewhere in the hills of Laos, carrying my fourth child on my back. My marriage might've been arranged and my house would be nothing more than bamboos and binding ropes. I would most likely be uneducated and ignorant of the world, only thinking about my family and the next meal. However, with the outbreak of the Vietnam War and my father's sudden draft into the army, my future, like hundreds of thousands of other individuals, changed. The war decimated villages, killed thousands, scarred millions, and separated families and neighbors into different countries. My family fled to the United States after the war with the hope of something better than a thatched roof and a life of farming.

A DREAM REALIZED

If you were to ask parents of first-generation Hmong Americans what they would like their children to grow up to be, you would get three very common answers: doctor, teacher, or nurse. This way of thinking could be attributed to the fact that Hmong people were historically a poor farm-working ethnic group. Living in rural villages in the mountains of Southeast Asia, Hmong people did not have access to an education, health care, and jobs. Typical Hmong children who went to school were from more wealthy families, while poorer families couldn't afford for a farmhand to be missing. Health care was miniscule. My mother would tell me stories of people being sick one morning and dying the next day, simply because there was no hospital or there was no money for medication. When all of this is taken into consideration, having a job as a doctor, nurse, or teacher is highly respectable and sought out because these were the types of commodities that a typical Hmong residing in a village could not afford or access.

My own story started with me being in the eighth grade and telling my mom that I wanted to become a librarian. She was shocked. She discouraged me from pursuing an obscure career, urging me that such a profession would earn no income. She told me at that time that I should look toward becoming a doctor or a teacher. These were considered highly respectable jobs that would produce a good and stable income. Being raised by my immigrant widowed mother who did not speak English, I put my initial dreams of librarianship on the shelf and set forth on becoming a teacher or a doctor.

My attempt at becoming a doctor was joining the Health Academy in high school. This lasted only about a year and consisted of me volunteering fifty hours at a hospital and wearing burgundy scrubs around campus. I learned how to wash my hands properly, change bedding, and listen for different codes over the intercom. My first day of volunteering landed me in the OR. In a high-stress environment, I was pushed to the side by many doctors and nurses. I sat by myself in a dimly-lit locker room, intensely aware that the only reason I was here was to fulfill my family's wish for me to become a doctor or nurse. I made up my mind that I couldn't go through with this wish. I rode out the rest of the fifty hours, eager to escape to a place where no one was dying and where I at least wanted to be.

Becoming a teacher meant entering college as a liberal studies major and working as a tutor for a private nonprofit organization called Behavioral Intervention for Autism. I spent a year in my undergrad, taking prerequisites and volunteering at an elementary school. The classes were easy and I enjoyed working with the children at my tutoring job; however, I found myself doubting if this was what I wanted. Doubting my intentions for becoming a teacher led me to understand and accept that I couldn't be a teacher. Even though it was fulfilling and oftentimes fun, I didn't feel that it was my dream. When I realized it did not belong to the twenty-one-year-old me in college, but to the me who was a child growing up, I knew I had to change courses again.

In front of the DS570 section at the Henry Madden Library, I concluded that I wanted to be a librarian. I knew the pushback that I would receive from my family because in their mind, their sister or daughter was going to become a teacher. I was an undergrad majoring in liberal arts, I volunteered at an elementary school, and my job consisted of me being a tutor. I was on track to being a teacher one day. I knew I had to do my homework before I broke the news to my family. I started researching how to become a librarian. I pored through tons of librarian blogs, library organizations, and job opportunities. I even reached out to a librarian at the college I was attending. During our meeting, she advised me that in order to work in most libraries as a librarian, you had to have a master's degree from an ALA-accredited program.

Up to that point, I honestly never even knew that one needed to have a master's degree to be a librarian. It astounded me and intrigued me even more. The librarian explained to me that librarians do more than just check out books. Many librarians are subject specialists and are liaisons to different departments in universities. After I walked out of her office and slept on it, I went straight to my advisor and requested for a change in my major. I could've stayed as a liberal studies major but when I found out that I could get my bachelor's in almost anything and still apply to get into the master's program for library science, I quickly jumped at getting my undergraduate degree in history. I filled my head with the idea that one day I could be some kind of cryptologist discerning symbols, working for the Smithsonian Libraries. I would be able to combine my love of history and literature in a way that made me feel that it was solely my choice. Suddenly, a big blue sky that I always knew existed opened up and showed me a solar system of endless possibilities. For the first time, I realized my dream.

When I made this career shift, my mother was devastated. She asked me why I would give up such a stable and honorable career path for something

unheard of. In the few weeks that followed this, my mother talked very little to me. It was heartbreaking, to say the least, since my mother always had something to say. I thought for a brief moment in time that I had failed her. I spent a year convincing her that although librarianship was not a common career choice of most Hmong individuals, it was a path that I had chosen. I explained to her the prestige of getting a master's degree, working in an academic university, and the possible annual income. When that still didn't work, I told her that this was my dream and my choice. She was wary of my decision but liked the idea that I was pursuing a master's degree. She saw some prestige in that and it was enough for her to let me explore. During my three years in the MLIS program at San Jose State University, I don't think she was 100 percent convinced about my choice until I got a job working in a library. I think only then was she more open to the idea that there was more to a working life then being a doctor, nurse, or teacher.

For most Hmong families, having a child succeed in higher education is incredibly prestigious in itself, especially considering that only about 3 percent of Hmong individuals pursue a postgraduate degree.² Coming from a family of nine, my older sister and I have pursued our dreams of higher education and took on career paths that weren't imaginable to our parents. My sister works as a school psychologist in Monterey, California, and I work as a health sciences librarian in Clovis, California. When I hear my mom talk on the phone and praise my sister and me, I feel very proud of our accomplishments; however, what's even more satisfying is hearing her tell people that if their kids don't want to be doctors or teachers, they can be anything else as long as they are motivated. She'll talk to them about the various career opportunities that are out there and use my sister and me as examples. I truly think that the only way we can alter the views of expected career paths is to be the example ourselves. By providing a positive outlook on what else is out there, we can, in time, change the perceptions of the Hmong community.

LANGUAGE AS A BARRIER

With current generations questioning their own identity and trying to assimilate, we also see a huge decline in the fluency of the Hmong language. One of the main attitudes that I have observed within the Hmong community is the displeasure at how fast the current generation is losing the language. I have watched my younger nieces and nephews try to communicate with my mother, a survivor and refugee of the Vietnam War. My mother would laugh and smile warmly at their clumsy broken words. They have lost the language and now struggle to say even the simplest things such as "I'm hungry," "Help me," or "I love you, Grandma." Although they are also first-generation like myself, they struggle to understand some of the simplest terms because the exposure and use of the language is not there anymore.

My mother only spoke Hmong in the house, which is how my siblings and I could retain the language. My siblings speak both English and Hmong at home, making it easier for my nieces and nephew to adopt an easier language, like English, to become their main and oftentimes only language of choice. Lisa Franzen-Castle and Chery Smith concluded in their study that the loss of language can be attributed to the decline of interactions with the native culture.³ This could happen in a number of ways: less requirement of children of English-speaking parents to speak Hmong at home, replacing traditional practices with more Americanized practices, and changing one's belief system.⁴ Language is still arguably one of the main indicators of cultural identity. To lose that aspect of an individual, as seen through the eyes of the elders within the Hmong community, is to lose your connection to your own ethnic heritage. This means that current and future generations wishing to preserve the culture must actively seek to preserve the language; it may not be second nature anymore.

SHAMANISM AS A FORM OF HEALING

Within the Hmong community, there are two main belief systems: Christianity and Shamanism. Christianity is considered the "new way" (kev cai tshiab) while Shamanism is considered the "old way" (kev cai qub). Those individuals who identify as Christians will more likely turn to modern medicine for their illnesses, while those who follow Shamanism will turn to spiritualistic and animalistic healing. Regardless of religious beliefs, it is common for the Hmong to use herbs and massage as a form of healing. However, there are Hmong people who rely heavily on Shamanic healings and techniques. If there is an ailment, most traditional Hmong individuals who follow the Shamanic belief system will attribute the cause of that ailment to a bad spirit. In order to "get rid of" the bad spirit, Shamans are sought for various ceremonies.⁵ This often relegates Western medicine to a secondary or alternative option. Moreover, if a medication prescribed by a Western doctor for an illness does not "cure" it directly, the doctor or the medication is completely disregarded as effective.⁶ As you can see, this can be quite complicated when there are certain diseases or conditions like cancer or diabetes that aren't currently curable. There is a huge skepticism about modern medicine within the Hmong community. This skepticism and distrust in the health care system can be a combination of the language barrier and the Shamanic belief system. One of the ways we can tackle this wall is to have Hmong-speaking individuals who work in the health field help inform the Hmong community on certain health issues.

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OUTREACH IN HEALTH SERVICES AND SCIENCES LIBRARIANSHIP

The 2015 census indicated that an estimate of 299,191 Hmongs live in the United States with California holding the number one spot at 91,126.7 Of that estimate, about 29,851 are from Fresno County alone.⁸ My current position as the health sciences librarian at California Health Sciences University can enable me to bring health information literacy to the Hmong community in my region. Although our library and its resources are not open to the public, our college has events geared toward the community. One of our big events is our annual Community Health Fair. Started in 2015, the Health Fair has vendors and representatives from various health organizations in the Central Valley who come to help educate the community. The 2015 Community Health Fair had an attendance of 350 people, 197 total volunteers, and a total of twenty-two different languages spoken by volunteers. The 2016 Community Health Fair had an attendance of 350 people, 246 volunteers, and a total of nineteen different languages spoken by volunteers. Although the number of different languages decreased, the number of Hmong-speaking translators increased from 2015's fourteen to 2016's twenty-nine. My role is that of a translator. I was able to help translate the Health Fair fliers into Hmong and help Hmong-only speakers fill out their surveys.

The Community Health Fair at California Health Sciences University will continue to reach out to the Hmong community within Fresno County. This might include a group of our Hmong-speaking students going to locations where there is a high concentration of Hmong people. These places would be supermarkets, clothing shops, or the flea market. We would continue to promote the event on the Hmong TV and radio by sending two students to represent the school. This outreach was very successful this year as most Hmong participants said they heard about the event on the Hmong TV and radio stations, but I think the next route to take would be to directly go out to the community and explain the different services offered at our annual Health Fair.

MOVING FORWARD

My parents fled Laos in hopes that my siblings and I could achieve the American Dream. To my parents, the American Dream included an education, a prestigious job, an accommodating home, and a big family. What my parents, like most Hmong refugee parents, didn't understand was that balancing a need to stay Hmong and be American required a lot of sacrifices. This meant adopting the English language at the risk of losing the Hmong language and deviating from expected career paths. The older Hmong within the community began to fear that current and future generations were becoming too Americanized. The loss of the language can be seen as a direct loss of the culture. Mix this in with a different belief system and you are bound to have misunderstanding and distrust as the end product. The only way we can overcome this barrier is to have Hmong-speaking individuals be the ambassadors of providing health information education. Having translators present when health-related issues are being discussed can help make the process for both patient and health professionals more positive.

In conclusion, my own personal journey taught me that the American Dream was not a fancy car, a three-bedroom, two-bathroom house, or an 8:00–5:00 job. The American Dream is *hope*. It is the thing that gives me and every other Hmong American the opportunity to be and achieve something more than our situation in life. It is a chance to learn another language. It is the opportunity to pursue an education with a career of choice in mind. It is the freedom to be Hmong and be American. By building a mutual trust through language and cultural understandings, I believe we can bring health information literacy to the Hmong community.

NOTES

1. Sheryl Thorburn, Jennifer Kue, Karen Levy Keon, and Patela Lo, "Medical Mistrust and Discrimination in Health Care: A Qualitative Study of Hmong Women and Men," *Journal of Community Health* 37, no. 4 (2012): 822–29, doi: 10.1007/s10900-0011-9516-x.

2. Karthrick Ramakrishnan and Farah Z. Ahmad, State of Asian Americans and Pacific Islanders Series: A Multifaceted Portrait of a Growing Population (Washington, DC: Center for American Progress, 2014).

3. Lisa Franzen-Castle and Chery Smith, "Shifts in Hmong Culture: Competing Medical Frameworks," *Journal of Immigrant and Minority Health* 15, no. 4 (2013): 829–35, doi: 10.1007/s10903-012-9659-6.

4. Ibid.

5. Deborah Helsel, Marilyn Mochel, and Robert Bauer, "Chronic Illness and Hmong Shamans," *Journal of Transcultural Nursing* 16, no. 2 (2005): 150–4, doi: 10.1177/1043659604273553.

6. Thorburn, Kue, Keon, and Lo, "Medical Mistrust and Discrimination in Health Care."

7. United States Census Bureau, 2015 ACS 5-Year Estimates, table B02015, https:// factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_ B02015&prodType=table.

8. Ibid.

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Anna Yang thanks her Father, the Sky, who paints her the Dream of endless possibilities. To her Mother, the Earth, whose unconditional love keeps her steady. And to her family, whose warmth, laughter, and presence answer the questions of why in her life.

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