

PinkMonkey Literature Notes on . . .

The Spirit Catches You and You Fall Down

A Hmong Child, Her American Doctors, and the Collision of Two Cultures

by

Anne Fadiman

1997



MonkeyNotes Study Guide by Diane Clapsaddle

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KEY LITERARY ELEMENTS

SETTING

Merced, California
Laos, Southeast Asia
Mid 1960s to 1997

LIST OF CHARACTERS

Major Characters

Anne Fadiman - She is the author and narrator of the book whose experiences with the Lia and her family are re-told in intimate and tragic detail. She learns while others do not the importance of understanding the culture of the patient in order to properly treat his illness.

Lia Lee - She is the epileptic Hmong child who is at the center of this story. She eventually ends up in a vegetative state, because understanding her from the perspective of the whole patient was ignored.

Foua Yang and Nao Kao Lee - They are Lia's parents who love her very much and become totally committed to her care even after she enters the vegetative state. However, they are partially to blame, but nowhere nearly as much to blame for their child's medical condition as the doctors who treated her.

Neil Ernst & Peggy Philp - They are Lia's main doctors at the Merced Community Medical Center and unlike most of the physicians there, are open to understanding the Hmong culture. However, they never understand the concept of the soul in healing illnesses and for them, the bottom line is always about life.

Jeanine Hilt - She is the social worker who makes Lia her personal cause. She fights against the medical establishment whenever she can on Lia's behalf and truly cares for the Hmong as a culture.

Minor Characters

Dan Murphy - The family practice resident that was on the duty in the emergency room at MCMC the first time Lia was brought in for treatment. He is generally acknowledged to be the one who was the most interested in and knew the most about Hmong when they first came to Merced.

Bill Selvidge - MCMC's former chief resident, he was Anne Fadiman's old friend and the one who first told her about the Hmong of Merced. He was often more understanding of the concept of the culture of the patient as part of his cure.

May Ying Xiong - Fadiman's interpreter and cultural broker, she helped her cross numerous barriers into the Hmong community and the Lee family.

Sukey Waller - She introduced the author to the Hmong elders and other important people of the Hmong community.

Blia Yao Moua & Jonas Vangay - They are two Hmong men who very generously took the time to teach the author what it means to be Hmong. They are still answering her questions two decades later.

CONFLICT

The conflict of a plot is the major problem experienced by the protagonist.

Protagonist

The protagonist of a story is the main character who traditionally undergoes some sort of change. He or she must usually overcome some opposing force. In this story, the protagonist is Anne Fadiman whose experiences

with the Hmong in researching and writing this book is the basis for understanding the story. She examines every aspect of how Lia Lee's tragedy unfolded and becomes her champion when deciding where blame lies in the end.

Antagonists

The antagonist of a story is the force that provides an obstacle for the protagonist. The antagonist does not always have to be a single character or even a character at all. In this plot there are two antagonists: at times, the Lees are antagonistic when trying to deal with the doctors in Merced; however, their antagonism sincerely comes from the culture to which they are bound. The other antagonists are the doctors at MCMC who refused to accept that understanding a patient's culture is integral to treating his illness.

Climax

The climax of a plot is the major turning point that allows the protagonist to resolve the conflict. The climax occurs when Lia suffers the "big one," or the seizure that ultimately contributes to her vegetative state.

Outcome

Lia's brain impairment is never resolved and she is taken home by her parents to be loved and cared for by them. The doctors in Merced and other medical communities begin to realize that understanding the cultural differences of an immigrant must be considered when treating them as patients. However, in the end, they still believe that the bottom line means save the patient's life while the Hmong believed that it was the patient's soul.

SHORT PLOT / CHAPTER SUMMARY (Synopsis)

This true story involves the life of Lia Lee, a Hmong child who is epileptic. She suffers severe grand mal seizures and eventually, as a result, becomes vegetative for the rest of her life. The key point of the book, however, is not Lia's epilepsy as much as it is the cultural barriers that led to them destroying her brain. The proper treatment and so-called compliance with it becomes the basis of a tug-of-war for Lia's life between her doctors and her parents. The author uses this battle as a way of discussing Western and Eastern medicine and how each group views the patient in such different ways.

THEMES

The first and most important theme is: **cultural understanding**. The author uses the battle between the doctors of Merced and Lia's parents as a way of emphasizing that we, as Americans, need to be more sensitive to the various aspects of different cultures or we are no longer the melting pot we have always claimed to be.

The second theme is: **a little medicine, a little neeb, or soul**. This refers to the idea that the doctors needed only accept the idea that along with their medical treatment of the Hmong, they needed to accept that there must also be room for the Hmong concept of the soul. In other words, nothing works well without compromise.

A final theme tells us **when everything else disappears, there is always love**. The doctors held firm to their method of treatment while the Lees demanded respect for their culture. In the end, with Lia in a vegetative state, all that was left was love for her and care for her needs.

MOOD

The mood is one of frustration and stress throughout much of the book as the author attempts to explain how the collision of two cultures led to the tragedy of seven year old girl left in a vegetative state. There are moments of triumph when people learn from the mistakes of the past, but they are few and far between the tragic moments for little Lia Lee.

Anne Fadiman - BIOGRAPHY

Anne Fadiman was born on August 7, 1953 in New York and grew up in Southern California and Connecticut.

She graduated from Harvard University in 1975 and is married to George Howe Colt, also an author. They have two children and reside in Massachusetts.

After college she worked in Montana as a wilderness skills and mountaineering teacher.

Anne Fadiman began her writing career at Harvard, where she was a columnist on the *Harvard Magazine*. She has written for *Life* magazine and *Harper's*, served as the editor of Phi Beta Kappa's *The American Scholar* and was the editor of the Library of Congress Publication *Civilization*. She now holds the honor of the Francis chair in nonfiction writing at Yale University.

The Spirit Catches You and You Fall Down was her first novel, published in 1997. It was awarded many honors including:

A Salon Book Award Winner

Winner of the National Book Critics Circle Award for General Nonfiction

Los Angeles Times Book Prize for Current Interest

Boston Book Review 1997 Ann Rea Jewell Non-Fiction Prize

A New York Times Notable Book

Selected as "A Best Book of the Year" by several publications: People, Newsday, Glamour, Detroit Free Press

Finalist PEN / Martha Albrand Award for First Nonfiction

She has published two other books of essays:

Ex Libris: Confessions of a Common Reader (1998)

At Large and At Small: Familiar Essays (2007)

CHAPTER SUMMARIES WITH NOTES AND ANALYSIS

PREFACE

Summary

The preface prepares the reader for what will be told in each chapter by hinting at the basic conflict and how she became a part of it. Ms. Fadiman begins by discussing a carton of cassette tapes that sits under her desk and which she listens to from time to time. Some are the voices of American doctors and the rest are the voices of the Lees, a family of Hmong refugees from Laos who came to the United States in 1980. The author mentions one aspect that she likes to hear: the eight tones of the Hmong language. Listening brings her a whoosh of sense-memories: the coolness of the red metal chair, reserved for guests that was always set up as soon as she arrived at the Lee apartment; the shadows cast by an amulet that hung from the ceiling and swung in the breeze; and the tastes of the unusual Hmong food.

She had come there for the first time on May 19, 1988 – to Merced, California – when she had heard there were some strange misunderstandings going on at the county hospital between its Hmong patients and its medical staff. She says the doctors call these problems "collisions" as if two different kinds of people had rammed into each other, head on, to the accompaniment of squealing brakes and breaking glass. The encounters were messy, but rarely frontal. Both sides were wounded, but neither side seemed to know what had hit it or how to avoid another crash. Her intent in coming there had been to somehow position herself between the two adversaries and hope she didn't get caught in the crossfire.

This had all taken place nine years before this book was published when she had heard about the Lee's daughter, Lia, whose case had occasioned some of the worst strife the Merced Hospital had ever seen. After she got past the tendency to lay blame at one door or the other, she started to think less like an American and a little more like a Hmong. Ironically, during the year she was writing this book, she also had many medical problems emerge among her family members, and she spent a great deal of time in hospitals, herself. It allowed her to gnaw on two important questions: What is a good doctor? And what is a good parent?

She has now known the people of this book for most of her adult life, and she believes that if she hadn't met Lia's doctors, she would be a different kind of patient, and if she hadn't met Lia's family, she would be a different kind of mother. She says to end the preface that now and then, late at night, she imagines what the voices on the tapes would sound like if she could somehow splice them together so that the voices of the doctors and the voices of the Hmong could be heard on a single tape, speaking a common language.

Notes

This entire chapter foreshadows the conflict that Ms. Fadiman entered in 1988 – the clash of cultures. She introduces us to the two sides and implies that it perhaps was never resolved. She leaves the reader with a kind of poignant wish that she had found a way to create a common language the two sides might have spoken.

CHAPTER ONE - Birth

Summary

This chapter focuses on Lia's birth and all the Hmong customs that went along with the birth of any child. If Lia had been born in Laos, her mother would have squatted on the floor and pulled the baby out of her womb with her own hands. Even though she had a dirt floor, she would have been very careful to never allow her to touch the floor. She would also have labored in silence, so silent that her sleeping children lying on the floor around her would never have stirred until they heard the cries of their little sister. Lia's father, Nao Kao, would have cut the umbilical cord and tied it with string. When they still lived in Laos, Lia's mother, Foua Yang, had conceived, carried, and bore twelve children with ease. However, if she had had any problems, she had recourse to a variety of remedies commonly used by the Hmong. There was a *shaman* who was believed to have the ability to enter a trance, summon familiars, ride a winged horse, cross an ocean inhabited by dragons, and negotiate for his patient's health with spirits that lived in the realm of the unseen. There were also all kinds of precautions the Hmong took to avoid *the dab*, a malevolent spirit. Once a Hmong woman became pregnant, she knew she could assure the health of her baby by paying close attention to her food cravings.

After the baby was born, the father would bury the placenta in the dirt floor of their house under the parents' bed for a girl and a more honorable place for a boy – near the base of the central wooden pillar of the house where a male spirit held up the roof of the house and watched over its residents. The Hmong word for placenta is the same word for “jacket,” because it is considered one's first and finest garment. They believe that after death, one's soul travels back place to place, retracing the life's geography, to the house where its placenta is buried. It then puts on this first garment and continues on dangerous journeys until it is reunited with its ancestors and from where it can be reborn as a new baby. If it can't find its placenta, it is condemned to an eternity of wandering, naked and alone. Because the Lees are among 150,000 Hmong who fled Laos when the communists arrived, they have no idea if their house is still standing and whether the jackets of their children are still there. They believe that the souls of all their family will have a tremendous journey to undertake to find their jackets.

Although Mai, their thirteenth child was born in a refugee camp in Thailand, and her placenta was buried under their hut there, Lia was born in the Merced Community Medical Center and her placenta was incinerated. Foua never thought to ask for it as some Hmong women did and even if she had, they were living in an apartment with wooden floors and carpet. There would have been no way to bury it. Foua gave birth just like American women on a metal table with sterile drapes and no anesthetic. She also couldn't tell them her exact birth date, because the Hmong people never kept such records. She only knew that it was during the season when the opium plants were weeded for the second time and the harvested rice stalks were stacked – October. She had to invent the precise day in order to accommodate the American custom of recording every detail of a human life, and she willingly signed her name – the only American writing characters that she knew when she left the hospital. Foua found Lia's birth a peculiar experience, but she had few criticisms of how the hospital handled it. She was impressed with all the people there to help her, and how gentle and kind the doctor was. Her doubts about MCMC in particular and American medicine in general would not begin to gather force until Lia had visited the hospital several times. She was surprised to be offered ice water afterwards, because in Laos, she

would have drunk warm water to make the blood in the womb flow freely. She also refused the food, preferring the steamed rice and chicken boiled in water with five post-partum herbs that Nao Kao brought her.

Lia's name was officially conferred on her in a ceremony called *hu plig* or soul calling, three days after her birth. The Hmong believed that the most common cause of illness was soul loss. The life-soul was the necessary for health and happiness and that life souls of babies were especially prone to disappearance. As a result, their mothers dress them in intricately embroidered hats which when viewed by a dab seeking their souls from above will appear to be flowers and protect them from the evil spirits. Foua made numerous hats for Lia. The little girl's *hu plig* took place in the family apartment. A pig was sacrificed and roasted, and two chickens were killed and then retrieved from the cooking pot to see if their skulls were translucent and their tongues curled upward, both signs that her soul was pleased to take up residence in her body and that the name chosen for her was a good one. The guests would later eat both the chickens and the pig. Before the meal, the soul-caller would brush Lia's little hands with a bundle of short, white strings; each elder would then tie one of the strings around her wrist to bind her soul to her body. Foua and Nao Kao would promise to love her and the ceremony would end with the elders blessing her and praying that she would have a long life and that she would never become sick.

Notes

This chapter serves to show the reader the beginning of the cultural clash between the Hmong and American doctors by showing all the many symbolic aspects of birth among the Hmong people. The emphasis placed on the jacket or placenta of a Hmong baby makes the fact that Lia's was incinerated significant. It is also significant that the elders make such a point of blessing the child at her name-giving ceremony and praying that she never becomes sick when the basis of this book is all about her illness.

CHAPTER TWO – Fish Soup

Summary

In an intermediate French class at Merced College, the students were asked to give a five-minute oral report in French. The second student was a Hmong, who proceeded to speak about a recipe for fish soup. Although the assignment called for a five-minute speech, he spoke for forty-five minutes by starting from the very beginning – to prepare fish soup, you must have a fish – and continuing through the concepts of needing a hook, choosing the right one, knowing whether it is a fresh water or salt water fish and on and on and on. The professor who had told this story said that fish soup was the essence of the Hmong. The Hmong have a phrase – *hais cuaj txub kaum txub* – which means “to speak of all kind of things.” It is often used at the beginning of an oral narrative as a way of reminding the listeners that the world is full of things that may not seem connected but are. So the storyteller may be longwinded. To the author, this trait of the Hmong people helps her feel that what happened to Lia Lee and her family when they encountered the American medical system could only be understood by beginning with the *first* beginning of the world, like the Hmong would begin a story.

The history of the Hmong could also be longwinded, but the author only goes back to the time when the Hmong were living in the river plains of north-central China. The history of these people had been a marathon series of bloody scrimmages to which they responded by either fighting or migrating. They accepted no persecution or pressure to assimilate. They were mostly of Eurasian heritage with some stopover time in Siberia. The Chinese hated them and called them Miao or Meo which meant “barbarians, bumpkins, people who sound like cats, or wild, uncultivated grasses.” The name Hmong, which they prefer, means “free men, or like the Inuit, the people.” They called the Chinese the sons of dogs. The conflict between the Chinese and the Hmong was all about ruling over the Hmong on the part of the Chinese, but asking only to be left alone on the part of the Hmong. To assure this outcome, the Hmong would constantly migrate to more southerly latitudes and higher altitudes. The Chinese finally managed to crush the Hmong, but not without continuous migrations and rebellions. The Chinese even built the Hmong Wall, a smaller version of the Great Wall. They were contained for a time, but never controlled. They paid no tribute nor showed any obedience to the emperor.

By the beginning of the nineteenth century, the Hmong had had enough of the Chinese and migrated to

Indochina. About five million remained behind, but most left. They built their villages in places where no one else wanted to live, but still fought back if local tribes objected or demanded tribute. After the French established control over Indochina in the 1890s, the Hmong rebelled against their extortionate tax system with a series of rebellions. Only when the French finally granted them special administrative status in 1920 to avoid being driven crazy by leaving them alone, did the Hmong settle down to several peaceful decades.

The history of the Hmong provides several lessons to anyone who deals with them: they do not like to take orders; they do not like to lose; they would rather flee, fight, or die rather than surrender; they are not intimidated by being outnumbered; they are rarely persuaded that the customs of other cultures are superior; and they are capable of getting very angry. Those who have tried to defeat or control them come to hate them, but historians, anthropologists, and missionaries develop a great fondness for them. One anthropologist, Robert Cooper, described them as polite without fawning; proud but arrogant . . . respecters of personal liberties; those who do not steal or lie . . . without jealousy of outsiders. In his *History of the Hmong*, Father Mottinb says they have passed through the ages remaining what they have always wished to be: free men with the right to live in this world as Hmong. Who would not admire that?

One of the most recurring characters of Hmong folktales is the Orphan, a young man whose parents have died, leaving him alone to live by his wits. He is usually clever, energetic, brave, persistent, and a virtuoso player of the Hmong musical instrument called the *qeej*. Though he lives by himself on the margins of society, reviled by almost everyone, he knows in his heart that he is actually superior to all his detractors. This character is a symbol of the Hmong people.

Notes

Although this chapter may seem to be filled with unimportant details from the history of the Hmong people, it is important in understanding the conflict that will develop later between the Lees and the medical system at MCMC.

CHAPTER THREE – The Spirit Catches You and You Fall Down

Summary

Lia began having epileptic seizures when she was about three months old. Her older sister, Yer, slammed the front door of the Lees' apartment. The Lees knew immediately what had happened. Despite the careful installation of her soul during the *hu plig* ceremony, the noise of the door had frightened out of Lia's body, and it became lost. The resulting symptoms they recognized as *qaug dab peg* or "the spirit catches you and you fall down." This is, of course, translated as epilepsy. The Hmong regard this disease with ambivalence. They acknowledge that it is potentially dangerous and life threatening, but they also consider it to be an illness of some distinction, an illness in which a healing spirit enters the body. For example, Merced's congressman, Tony Coelho, was epileptic and was denied the right to become a priest by the Catholic Church, because he was seen to be unfit for divine office. However, the Hmong saw it as divine, because many of their shamans were afflicted with it. As a result, it conferred a great deal of social status in their community and marked the victim as a person of high moral character since a healing spirit would never choose someone of no-account. The Lees were no different than any other Hmong in their attitude toward Lia's illness – a mixture of concern and pride.

The Hmong are exceptionally well known for the gentleness with which they treat their children. They consider them as the most treasured possession a person can have. In Laos, the Hmong mothers are never apart from their babies, carrying them on their backs during the day and sleeping with them in their arms at night. They have continued to be just as attentive parents in the United States. It had been noted in more than one scientific study that Hmong parents hold and touch their babies far more frequently than Caucasian mothers. Lia had been nurtured this way as well. They were especially concerned that anything would compromise her health and happiness. Jeanine Hilt, a social worker who worked with the Lees, said that they considered Lia an anointed one and her illness more of a blessing than an affliction. The doctors at MCMC vaguely understood the concept

of the spirits that were a part of epilepsy for the Hmong, but she was the only one who had actually ever asked the Lees what they thought was the cause of Lia's disease.

Lia was her parents' favorite child and they kissed, caressed, and loved her extravagantly. They always dressed her in exquisitely embroidered clothes. They later even blamed her sister, Yer, for her seizures since it was the slammed door that had seemed to initiate them. For a long time, they treated Yer differently than other children as well but at the other end of the spectrum than Lia. Over the first few months of her life, Lia had over twenty seizures which made her parents take her to the emergency room at MCMC three times. The problem at the MCMC was lack of financial support. They had to compete with two other larger hospitals for high paying patients, and to add to that, there were few if any interpreters to help with communicating with the Hmong patients. Doctors there came to the conclusion that with the Hmong they had to "practice veterinary medicine." This set up problems with Lia's illness from the beginning. The first two times she came to the hospital, she showed signs of cough and pneumonia (later realized to be the result of aspiration during the seizures), and the doctors just sent her home with antibiotics. However, the third time, she was in the middle of a grand mal seizure when her parents brought her to the ER, and Dr. Dan Murphy saw her. Murphy and his wife had come to Merced with no idea who the Hmong were. But they were interested in learning and eventually became actively involved with the Hmong community. At this ER visit, Murphy noted that the parents seemed frightened, but not terribly so, at least not as frightened as he would have been if it had been his child. He diagnosed the little girl immediately and realized why there had been problems on the previous visits. However, he had no way of knowing that Foua and Nao Kao had already diagnosed their daughter's problem as an illness where the spirit catches you and you fall down, and Lia's parents had no way of knowing that Dan had diagnosed it as epilepsy.

Dan had learned in medical school exactly what caused epilepsy and how there was no cure short of surgery whose risks consigned it to the category of last resort. He also had his own ambivalence about the disease, because so many people of renown and great artistic and literary talent had been epileptics. Like the Hmong shamans, these kinds of people "experienced powerful senses of grandeur and spiritual passion during their seizures and powerful creative urges in their wake." Nonetheless, Dr. Murphy was essentially a rationalist when it came to his view of medicine. Like Hippocrates, the great Greek physician, he saw epilepsy as a disease foremost, and as a result, when it came to Lia, he just wanted the seizures to stop. He admitted her to the hospital and ran every kind of test to try to determine what was causing her epilepsy. However, in the end, no cause was ever found, and she was discharged on March 11, 1983. Foua and Nao Kao were sent home with ampicillin for the pneumonia in her lungs and Dilantin for the seizures.

Notes

The important aspect of this chapter is the two-sided nature of epilepsy among the Hmong. The fact that it has a divine nature to them and the fact that the doctors see it only as a disease to be either cured or controlled foreshadows problems yet to come between the two cultures.

CHAPTER FOUR – Do Doctors Eat Brains?

Summary

IN 1982, Mao Thao, a Hmong woman living in St. Paul, Minnesota, returned to Laos and visited the Ban Vinai refugee camp. She was asked to speak to the people of the camp about life in the United States. The people assembled there en masse and spent four hours questioning her. Most of their questions concerned the American medical system. They wondered why Americans took so much blood, why doctors, after death, opened the patient's head and removed his brains, why doctors eat livers, kidneys and brains, and why dead bodies were cut into pieces and sold for foods. The general drift of these questions suggest that the information about the medical system in America had filtered back in a less than enthusiastic manner to Laos.

There was obviously a great difference between American doctors and Hmong shamans. A shaman might spend eight hours in a Hmong home while an American doctor demanded the patient come to the hospital where the

doctor might only see him for twenty minutes; shamans never asked the rude questions American doctors did; shamans could render an immediate diagnosis while the doctors had to run many tests and then sometimes didn't know what was wrong anyway; shamans never undressed their patients; doctors even put their hands and fingers into body orifices; shamans knew you had to treat the soul as well as the body; shamans could not be blamed for their patients not getting well, because it was the fault of the spirits; doctors were blamed in America for the patient's death.

Besides the differences between doctors and shamans, there was a feeling among the Hmong that doctors' procedures were actually more likely to threaten their health than to restore it. The Hmong believe that there is only a finite amount of blood in the body, doctors are continually taking it. When people are unconscious, their souls are at large, so anesthesia may lead to illness or death. Surgery is taboo and so are autopsies and embalming. The only form of medical treatment that was gratefully accepted by the Hmong was antibiotics. They had no fear of needles and frequently practiced dermal treatments like acupuncture, massage, pinching, scraping the skin, heating a cup to the skin or even burning the skin. Catherine Pake, a public health nurse, spent six months in a refugee camp where the Hmong taught her about twenty medicinal plants which were used in various forms to treat or cure all kinds of ailments. Wendy Walker-Moffat, an educational consultant who spent three years teaching and working on nutritional and agricultural projects in the refugee camps, suggested that the one reason the Hmong avoided the camp hospitals was that so many of the medical staff were excessively zealous volunteers from Christian charitable organizations who were also there to convert the Hmong to Christianity. They soon discovered that converting them to Western medical habits was all but impossible.

In 1985, the International Rescue Committee assigned Dwight Conquergood, a young ethnographer with a special interest in shamanism and performance art, to design an environmental health program for the Ban Vinai camp. He noted that the medical staff never tried to work in cooperation with the shamans, but instead did everything they could to disconfirm them or undermine their authority. As a result, the Hmong totally underutilized the hospital services. So, one day, after spending the night in a Hmong hut, he awoke to see an old woman singing folk songs with stars and moons stickers on her face. The stickers were used to tell illiterate patients whether to take their medicine during the day or night. Conquergood saw this as creative rather than non-compliant and also saw it as a way to create cooperation between the two sides. When a rabies scare cropped up, to get the Hmong to bring in their dogs for vaccines, he organized a Rabies Parade in which there were three characters – a tiger, a chicken, and a *dab* – which told the people by loudspeaker to bring in their dogs. The next day, the Hmong brought their dogs in so fast that the health workers had their hands full. He considered his relationship with the Hmong to be a form of barter where neither side dominated or won outright. The doctors and nurses saw the relationship as one-sided with the Westerners holding all the knowledge. He felt as long as the Westerners held this attitude they would continue to be rejected, because the Hmong would not be coerced.

Notes

This chapter is a further examination of the uneasy relationship between the Hmong and western medication. It is once again a foreshadowing of the problems that will crop up between the doctors at Merced and the Lees.

CHAPTER FIVE – Take As Directed

Summary

Between the ages of eight months and four and a half years, Lia was admitted to MCMC seventeen times and made more than one hundred out patient visits to the ER and the Family Practice Center. Foua and Nao Kao knew when a seizure was coming on, because Lia knew. The aura, a sense of premonition common to all epileptics, could be seen in Lia in a strange, scared expression, and they would pick her up and gently lay her down on a mattress in the living room, placed there just for that purpose. Sometimes there would just be twitching, staring spells, or hallucinations. However, more and more often Lia would experience a grand mal seizure which involved rigid muscle contractions and thrashing. This would affect her lungs and cause her mouth and nail beds to turn blue. Sometimes, she would gasp, foam at the mouth, vomit, urinate or even

defecate. This is what the doctors at the ER feared most – “status epilepticus.” It demanded massive amounts of anticonvulsant medications administered intravenously. It was difficult to insert the needle on Lia and the longer it took, the more her brain was being deprived of oxygen. Because she was there so often, there was no group of family practice residents in the US who, by the end of their three-year program, were so familiar with the management of pediatric grand mal seizures.

Peggy Philp was the physician whom Dan Murphy consulted after Lia’s first admission to the ER. She and her husband, Neil, were the physicians who served on the faculty of the family practice residency program and soon came to care for Lia at any hour of the day or night. She wrote in Lia’s chart that it was worthwhile to keep her on Dilantin therapy to suppress the grand mal and that this treatment should help insure Lia’s intellectual development. All seemed optimistic at the time, but Lia’s chart eventually grew to five volumes. Looking back on the earliest entries years later, Peggy would wonder whether the course of Lia’s life might have changed if the hospital had offered her optimal treatment right from the beginning. As a husband and wife team, they had come to Merced to help people who needed better services than they could afford. They were always though of as “Neil apostrophe n apostrophe Peggy,” because they worked to well together. Few other people could have gone to the lengths they did to provide good medical care to Lia.

Lia’s other problem which contributed to her epilepsy problems was her obesity. It made intravenous access difficult and threatened her life, as a result. However, her father especially liked her fat, because a plump Hmong child was perceived as healthy and especially well cared for. To add to the difficulty caused by her weight, when a vein was finally found to hold up for any length of time, it was important that Lia move as little as possible. Unfortunately, Foua and Nao Kao would pick her up or untie her hands and allow her to sleep beside them. They saw the doctors who insisted she be tied as unnecessarily sadistic. The nurses eventually responded to the parents moving their child by rigging a net over her bed and caging her out of their reach. “It took all the autonomy of a being a parent away, even for folks who have had a lot of medical experience. It would be that much harder if you were from another culture and didn’t understand the purpose of these things.”

Then came another problem – Lia’s far from commendable behavior. The nurses prayed when they heard she was in the ER that she wouldn’t be admitted. However, she usually was admitted and then, when she began to feel well, she would become the horror of the floor. She was a little Houdini who could get out of any restraint and her attention span was quite short. She was physically demonstrative and constantly demanded hugs, and she was bold without fear of anyone. She also hated swallowing her medications and often had to be restrained physically to force it down her throat. This was all utterly confounding to the Lees as well.

The greatest problem, for both the Lees and the hospital, was Lia’s medication. Most of the time, she was on a combination of Phenobarbital, Dilantin, Tegretol, and Depakene along with antibiotics, antihistamines, and bronchodilating drugs. By the time she was four, she had changed prescriptions 23 times. Add to this the fact that Foua and Nao Kao were illiterate in both English and Hmong, so they often forgot what the doctors told them. The doctors never assumed anything other than that the Lees would give Lia her medicines properly, but time soon proved that Lia’s mother especially was either confused or lying about how she administered the medicines. The doctors were even more confused, because to determine if the medicines were working correctly, it was necessary to observe their levels in Lia’s blood. However, these were inconclusive, because there was no way to know if her seizures were caused by too much or too little of the medication in her system. For Peggy and Neil, Nao Kao was a stone wall and seemed deliberately deceitful while Foua was a “looney bird,” because her answers usually made no sense. Neil said it felt as if there was a thin layer of Saran Wrap in between the doctors and Lia’s parents.

One solution to these problems was to send a nurse to the Lees’ home along with a Hmong interpreter to help with Lia’s medication regimen. Unfortunately, it became a series of nurses, because they all burned out. As for the Lees, the doctors got the general impression that they really felt the medical staff was an intrusion and if they could just do what they thought was best for their own child, that child would be fine. The nurses did soon

come to the realization that the Lees were non-compliant, because they didn't understand the instructions and they also didn't want to give the drugs. They had come to the conclusion that the medicines were causing the seizures and also Lia's fever. The doctors found they could not take for granted the attitude that they were prescribing this medicine in good faith and had no intention of hurting Lia. They had to understand that if they pushed their western ideas too hard, they risked running up against the stubborn strain in the Hmong character that for thousands of years had preferred death to surrender. The key was to find a way to allow the parents to back down without loss of face.

One night while Lia was in the ER for the umpteenth time, Dan Murphy questioned her parents about the anticonvulsant medication. He discovered that Foua didn't think you should take a medicine forever and stopped it altogether. Dan felt some sympathy for them, because he believed they believed they were doing what was right for their children. He said, "I remember having a little bit of awe at how differently we looked at the world. "The Lees looked at the world as one that was not always in their control, while Western medicine was determined to find a way to achieve that control. On January 20, 1984, Dan Murphy ended up dealing with the worst grand mal seizure Lia had ever had and that he had ever had to deal with. It was the result of Foua and Nao Kao discontinuing all medications three months before. He had to administer three massive doses of Phenobarbital before getting the seizure under control and then that inhibited her breathing so he had to intubate her. Then, she had to be transported to another hospital, because MCMC was not equipped with a respirator for babies. The admitting resident was told through translation confusing information and noted in Lia's chart that he was not entirely sure if all her history was reliable.

Two months later, Peggy noted in her report that a conclusion she had been dreading for some time may be coming to pass – Lia was a victim of developmental delay. She was showing a regression in the number of words she used, and they saw a steady decrease in intellectual capacity if the parents didn't begin to follow directions in administering Lia's medications. Of course, Peggy and Neil never visited Lia at home and the visiting nurses saw a completely different child at home. Unfortunately, testing her intelligence was difficult, because of her hyperactivity. Then, when Lia turned two, a consulting neurologist recommended that she be started on Tegretol, continued on Dilantin, and gradually weaned off Phenobarbital, because it was causing her hyperactivity. Just as before, the Lees were non-compliant, both because they didn't understand and didn't trust the doctors' orders. They showed signs of giving one medication in double the amount while not giving the other at all. It was Foua who was the greatest problem and Neil was enraged by her attitude. He was angered by her obstinacy, but both he and Peggy were angrier because of their fear. Add to that the fact that "Lia's family had never paid a penny for the hundreds of hours of care she received – and yet the Lees failed utterly to appreciate the generosity of Medi-Cal and of Neil and Peggy's services." They never showed the same deference that Americans showed their doctors. It was as if all the knowledge the two doctors possessed was utterly meaningless to them. The worst part about it all was the agonizing feeling that any conscientious physician would feel watching Lia fail. However, no matter how frustrated they felt, they never considered abandoning the case.

IN June of 1984, Neil and Peggy learned that Foua was pregnant again with her fifteenth child. Her age was unknown, but they had assumed she was past childbearing years. They dreaded how this baby was going to turn out and how much more difficult it would be for the doctors at MCMC to deal with two sick children. Fortunately, the new baby – a girl named Pang – was born healthy and vigorous, but Foua was totally overwhelmed now what with Lia's medications and breastfeeding two children. By May 1, 1985, it was clear that the Lees were now refusing the Tegretol in any form whatsoever and later, they even stopped the Phenobarbital. Neil felt he had no choice and referred Lia's case to the health department and child protective services. He recommended she be placed in a foster home so that compliance of medications could be obtained. The Superior Court of the State of California immediately acted on his request and declared that Lia should be removed from the custody of her parents.

Notes

This chapter documents the constant problems that existed between the Lees and the medical staff at MCMC over Lia's medication regimen. Both sides obviously care deeply for the little girl, but the loss of her life is a great possibility when Neil Philip steps in and says enough.

CHAPTER SIX – High-Velocity Transcortical Lead Therapy

Summary

The Hmong in the refugee camps in Laos told terrible stories about the dangers of life in America, but in reality, their deepest fears about life in the United States fixated on doctors. The question for the author was – why? It soon became apparent to her that medicine was religion, religion was society, and society was medicine. She concluded that the Hmong preoccupation with medical issues was nothing more than a preoccupation with life and death and life after death. A Hmong walking into MCMC complaining about a stomachache was actually complaining about an imbalance in the universe. With this, there was no way for the young residents to succeed in satisfying the Hmong. None of them had had a single hour of instruction in cross-cultural medicine. “What the doctors viewed as clinical efficiency the Hmong viewed as frosty arrogance.” And no matter what they did, the Hmong inevitably interpreted it in the worst possible light. ‘

The author interviewed the most educated and most Americanized segment of Hmong society, the segment most likely to understand and value Western medical care. They found nothing but fault with how doctors treated them. Their version of reality failed to match that of their doctors. The doctors certainly knew the Hmong did not like them and that rankled, because most of the residents had chosen family practice – a specialty that was the lowest paid and offered the most difficult hours – for altruistic reasons. It was Bill Selvidge, MCMC's former chief resident, who first told the author about the doctors' description of how challenging the Hmong were as patients. The doctors joked that the preferred method of treatment for them was “high-velocity transcortical lead therapy,” which meant the patient should be shot in the head.

Other problems that cropped up with the Hmong were the gongs, the chickens, the amulets, bringing their own food and medicine to the hospital, making a lot of noise and even trying to slaughter animals for their own purposes. Neil and Peggy also discovered quarter-sized round lesions on the abdomens and arms of the Hmong children. They called in Children's Services and were proceeding to remove the children from their parents until a San Francisco doctor explained that the lesions were the result of dermal treatments like cupping, a treatment common among Southeast Asian ethnic groups. This stopped the removal of the children from their homes. It made Dan Murphy and the other doctors realize how high the stakes were if they made a tactical error in dealing with the Hmong. They needed to bend over backwards to be culturally sensitive and that didn't always work!

Compared to other patients that came to MCMC, the Hmong were not only trickier, but also sicker. They had many more diseases and conditions dating from their time in Laos during war. Add to that the process of being screened for health problems when they came into this country. The process was so short and so cursory that it was one more reason for the Hmong to fear American doctors. Then, when they arrived in American, they were not required to see any doctor for post-immigration screening, so their first real experience with American medicine would be the ER. Merced's ER became responsible for dealing with problems that no one else in the community wanted to dirty their hands with. In addition, each year brought new residents to the hospital who had to learn and deal with the idiosyncrasies of the Hmong which the older residents had become used to.

When an interpreter was present in the ER, the doctor would try to interview the patient. “It was typically Hmong for patients to appear passively obedient – thus protecting their own dignity by concealing their ignorance and their doctor's dignity by acting deferential – and then, as soon as they left the hospital, to ignore everything to which they had supposedly assented.” When no interpreter was present, the doctor and the patient stumbled around in a dense fog of misunderstanding. Also the interviews between doctor and patient doubled or tripled in time involved, because the Hmong language had such long descriptions for simple words like *parasite* which is 24 words long in Hmong. However, the biggest problem was still the cultural barrier. They expected to

leave the ER with some kind of medicine even if it wasn't required. Meanwhile, the doctors who were dealing with a Hmong patient whose complaint was pain, tried to find out what kind of pain, only to be told repeatedly that "it hurts."

One of the greatest problems among the Hmong was that their complaints had no organic basis though their pain was perfectly real. They were feeling somatization, emotional problems expressing themselves as physical problems. As a result, the doctors prescribed the "Hmong Cocktail" – Motrin (anti-inflammatory), Elavil (an anti-depressant), and vitamin B-12. Unfortunately, this usually didn't work and the doctors at MCMC came to realize that because of the Hmong's underlying problems, there was no treatment that was in their power to offer. Then, of course, there was the problem of getting permission for surgery or any other invasive treatments. The Hmong would debate and debate and then refuse. "That attitude had been very culturally adaptive for the Hmong for thousands of years and . . . it is still culturally adaptive, but when it hit the medical community, it was awful."

The Hmong always married early and had many years where they were able to bear children. As a result, they often had as many none or ten children or more. They loved children and they viewed large families as proper and good. Unfortunately, that did not endear them to those staff members at MCMC who had strong ideas about family planning. The Hmong women also preferred to wait at home until the last moment before the birth and often gave birth in the parking lot or the elevator. They refused, however, to have their babies at home, because they believed the children would then not be an American citizen. The women made so little noise during labor that the doctors and nurse could not tell when it was time. It made the medical staff anxious and nervous. The author was struck at the staggering toll of stress the Hmong exacted on the doctors and nurses. They could not understand why the Hmong rejected what they had to offer, because it intimidated that what Western medicine had to offer was not much. However, the Hmong did have one doctor at the MCMC that found acceptable. His name was Dr. Roger Fife and he was not held in very high esteem among the other doctors. The Hmong liked him, because he didn't cut and he allowed the Hmong to practice all their own rituals when they wished. It was galling to the other residents and staff to realize that the Hmong overwhelmingly preferred a doctor whose standards of care they believed to be inferior to their own. Roger just believed that of his patients didn't comply with standard American medical practices, it was because "it's their body."

Notes

This chapter is so intriguing, because it presents not only the frustrations of the Hmong with American medicine, but also the terrible stress it created within the medical staff. It was the most terrible of cultural clashes.

CHAPTER SEVEN – Government Property

Summary

Neil Ernst constantly questioned himself over whether his uncompromising standard of care had actually compromised Lia's health. He wondered which would have been more discriminatory – to deprive Lia of optimal care that any other child would have received or fail to tailor her treatment in such a way that the family would have been most likely to comply. A decade before when Lia had first come to him such thoughts would never have entered his head. His job, as he saw it, was to practice good medicine and the Lees' job was to comply. To fail to comply was, as he saw it, child endangerment, and a form of child abuse. That thought was what made him finally decide that he had no choice but to request that Lia be placed in foster care. He said, "I felt it was important for these Hmong to understand that there were certain elements of medicine that we understood better than they did and that there were certain rules they had to follow with their kids' lives. I wanted the word to get out in the community that if they deviated from that, it was not acceptable behavior." (pg. 79) The truth was that in US law, Neil might have committed a crime himself if he hadn't filed a report about Lia. This idea dated from a 1943 Supreme Court decision where the state has the right – indeed has the obligation – to remove children from parents who fail to comply with a life-saving treatment. Justice Robert

Jackson wrote, "Parents may be free to become martyrs themselves, but it does not follow that they are free, in identical circumstances, to make martyrs of their children."

Neil had never had any intention of prosecuting Lia's parents, and so legal action was ever taken against them. However, on May 2, 1985, Lia was temporarily placed in a foster home. It was run by two Mennonite sisters who would strap her into her car seat whenever she became too active. So, after two weeks, she was returned home, and her parents were given one more chance. Unfortunately, on June 26th, Lia was once again removed from her home into placement that was intended to last six months. The CPS workers along with an interpreter arrived without any advance notice to Foua or Nao Kao. Foua was visiting relatives and Nao Kao became infuriated at the interpreter, Sue Xiong, who he said had lied to the doctors and made Lia government property. He almost killed her.

Interestingly, Neil had told no one else at MCMC that he had brought CPS into Lia's case. All of them disagreed with his decision, thinking it was the first time they had ever heard of child being taken away from good caretakers. As for the Hmong community, everyone knew what had happened and realized that it was just as they had suspected – doctors were not to be trusted and that they were in league with other coercive authorities. As summarized by Kathleen Ann Culhane-Pera, the Hmong believe parents are responsible for their children's welfare and deciding their medical treatment. Physicians cannot make these decisions, because they are not family members. The conflict as it existed was confined to differences in belief systems. Once the police and CPS were called in, Lia's case escalated to another level. Then, the differences became about power. Nonetheless, the judge approved CPS's petition to detain Lia. Her parents were granted weekly visits which did not start until after she had been in foster care for one month. She would be reunited after six months only if the court was persuaded that her parents would comply with the medication regimen. If after a year, the court was not persuaded that this order was being followed, it would permanently remove her from the Lees' home.

Then, CPS had to find Lia a home which had specialized foster care which could facilitate Lia's health in all sorts of areas, especially behavioral ones. Lia had failed the checklist for proper behavior for her age other than giving and accepting affection. So, Lia was placed into the home of Dee and To Korda. They had four children of their own and were expecting a fifth. They were the perfect choice, because they were so eager to help care for children no one else wanted. When the author met them for the first time, she was amazed at how positively they spoke about Foua and Nao Kao. No one else ever had. Unfortunately for them, life with Lia was difficult from the beginning. She cried continuously for ten days, calling out for her mother. The only thing that helped was constant physical contact, so Dee carried Lia on her back and her own baby in a pouch on her front. She also breastfed Lia right along with her own child. However, there were still many problems that required constant supervision. Jeanine Hilt, a CPA worker, successfully petitioned the court to pay the Kordas \$1000 a month just because of all the problems Lia presented.

Dee Korda took Lia to the doctors between two and five times a week, but the little girl was still seizing; in fact, she was seizing more with them than she had at her own home. When she was hospitalized in the Korda's hometown, Dee felt everything was well. However, when she was transferred once to MCMC, Dee became angry with how Lia was treated. She claimed the nurses never spoke to her softly or quietly, and they always tied her down. Dee felt it was demeaning. The doctors in Dee's home hospital began eliminating her meds and trying them in various combinations. Dee said the combination of Phenobarbital and Tegretol was the worst for little Lia, who seemed to be in a drunken state all the time.

The relationship which developed between the Lees and the Kordas was very positive, because the Kordas tried to understand the Hmong culture. Dee even came to the point where she left her own baby with the Lees when she had to take Lia to medical appointments. It did not take the Kordas long to realize that CPS had made a mistake in taking Lia away from her mother and father. She was the only foster child for whom she ever had recommended reunification. The Lees believed that Lia became even sicker, because she missed them so much.

After the six-month period in which Lia was in foster care, the court decided the Lees had still not shown they had the ability to comply with her medication regimen. So Lia remained in foster care. Two reasons were given for this decision – the Lees had refused to sign a Social Services Plan which stated where they must comply. Second, when Lia had been permitted a weeklong visit in her home, the Lees had failed miserably. They had opted for traditional healing methods and had “trashed the meds.” Four days after she returned to the Kordas, she had three grand mal seizures and six petit mal seizures after which her developmental deficits became more pronounced. Nonetheless, Jeanine Hilt became determined to educate the Lees and spent dozens of hours working with Foua. It helped that her drug regimen for the epilepsy was finally reduced to just one drug: Depakene. Because it tastes of cherries, it was easier to get Lia to swallow. Lia practiced with the syringe until she had it just right. As a result, she and Jeanine began to develop a friendship although Nao Kao was still wary of her. Furthermore, he was still infuriated with Su Xiong, the interpreter. He didn’t trust her, because she had married an American and the Hmong almost never married outside of their clan. He also believed, because she scolded him, that she was not accurately translating what he said. He told the CPS workers to keep the woman out of his home or he’d beat her to death. When questioned about Nao Kao’s threats, Sue Xiong, who spoke the most elegant English, denied she even knew them at first and then finally said that the Lee family didn’t appreciate her services and so she had left.

Jeanine Hilt made sure the threats Nao Kao made didn’t affect Lia’s return, and the little girl finally came home on April 30, 1986.

Notes

This chapter explains the consequences when the CPA takes Lia away from her parents at the suggestion of Neil Ernst. She didn’t do well even in a good foster home, and her developmental delays became more pronounced. Her seizures increased and only the hospital in Turlock, where the Kordas lived, was finally able to reduce her medication and stabilize her enough that she went home. The unfortunate aspect of this situation is that Lia almost seems like a guinea pig upon whom the American medical system was trying to find its way through medical and cultural problems while the Hmong were just trying to be respected and taken seriously.

CHAPTER EIGHT – Foua and Nao Kao

Summary

The author tells the reader at the beginning of this chapter that the doctors at MCMC told her that it was not worth investigating Lia’s case, because the Lees would almost certainly refuse to let her see Lia’s medical and legal records or to talk with them herself. She talked again with Bill Selvidge who told her that even an anthropologically-oriented Peace Corps veteran had never been invited into a Hmong home, so what chance did she have? Her first meeting with the Hmong community was set up by a Lao woman who worked as a nurse’s aide at MCMC. Because she was hospital connected, this guaranteed a chilly reception for the author. Every question she asked was debated among the elders and the answer was always, “No.” So the author began to fear that the Hmong community was impenetrable. Then, she met Sukey Waller, a psychologist at Merced Community Outreach Services. She described herself on her business cards as a “fixer of hearts, “because psychological problems did not exist for the Hmong, because they did not distinguish between mental and physical illness. Everything was a spiritual problem.

Sukey introduced the author to five Hmong leaders and because she was in Sukey’s company, she was received warmly. Sukey quickly disabused the author of two notions: she didn’t have to walk a razor sharp edge of etiquette. She said she had made a million errors and always followed one rule. Before she did anything in a Hmong presence, she always asked if it were okay. The second notion was the need for an interpreter. Instead, she said she told her she needed a cultural broker and the one she found for the author was May Ying Xiong who was a clerk-typist in the Merced County Office of Refugee Services. Her name meant Opium Poppy and her beauty had helped her win the Miss Hmong Pageant held annually in the Fresno Civic Auditorium.

After meeting May, the author decided to try to meet Lia's parents. Together, as two women, they were in an advantageous position, because they were of low status and that would determine that the Hmong did not feel belittled. "With May Ying at her side, she was not an official, not a threat, not a critic, not a person who was trying to persuade the Lees to do anything they did not wish to do, not even someone to be taken very seriously. Her insignificance was her saving grace." (pg. 97) Once the meeting had been arranged by the powerbrokers, the author was introduced to the Lees. Within thirty seconds, she could see that she was dealing with a family that bore little resemblance to the one the doctors described.

Foua and Nao Kao were a good-looking couple. Foua was about forty-five and Nao Kao ten years older. They were both short and solidly built. Foua had glossy black hair that she usually wore in a bun, but which sometimes came loose when she was talking absently and rolled down her back. Nao Kao wore nerdy glasses, and they both wore comfortable American clothing most of the time. They still had seven children at home and the nine of them lived in a three-room apartment. Foua had a collection of medicinal plants growing in the parking lot in five gallon buckets and discarded motor-oil cans. The author was to spend hundreds of hours in this apartment where the Lees refused to allow her to take notes, but were very open to a tape recorder. They unhesitatingly allowed her access to Lia's medical and legal records. However, after reading them, the author realized that asking May Ying to ask questions which involved time was not helpful. The Lees did not tell time in the same way hospital record-keepers did. Years were described as "when the spirits caught Lia and she fell down" or "the year Lia became government property." They also had no calendar, but followed the lunar cycles and how they affected agriculture, their traditional work.

The Lees were more than willing to answer the author's questions, but they also had their own agenda: to explain Hmong culture so she could understand and explain it to the doctors." Ideas would come to them that they wanted to explain at all hours of the day, and Foua especially wanted to explain "soul loss." She concluded her explanation by making the author aware that Lia needed a little medicine and a little *neeb* or soul in her encounters with malevolent *dabs*. The doctors, she said, wouldn't let them give even a little of their own medicine, because they didn't understand about the soul. The longer the author spent with the Lees, the more firmly Foua took her in hand. She improved her manners; she taught her how to cure headaches; and she decided to get the author married. When her boyfriend visited her in Merced, Foua saw her chance. Her plan was to transform the author into a Hmong bride. On a sweltering summer day, Foua began to work her magic. With the help of her daughters, she dressed the author like a little doll in the many layers of a Hmong wedding gown and hat which were kept from generation to generation and worn by all the daughters in the family. Foua's plan worked, because George, the author's boyfriend was stunned by how beautiful she looked in the traditional Hmong garb, and a week later, asked her to marry him.

When the author later complimented Foua on her beautiful embroidery, she agreed that she had done well, and the Hmong were proud of her. This was one of the few times that the author ever heard Foua say anything complimentary about herself. Usually, she said such things as, "I am very stupid." When the author questioned her about this feeling, she explained how she felt she didn't have anything in America. The language was so hard, she couldn't read or write, she forgot how to do many things even after her children showed her, and she got lost in many of the buildings she entered, like the hospital. She said that too many sad things had happened to her, and her brain was not good anymore. The author then asked her to describe a typical day in the village where the Lee family had lived. She explained everything step-by-step, and while she was narrating her life there, her daughter May walked in, dressed in shorts, a T-shirt that said "Time for the Beach" and pink plastic earrings. She had been only three when the Lees left Laos, so this was all new to her. She sat down on the carper and listened intently to her mother. By the time, Foua finished her story, the author came to the realization that when Foua said she was stupid, she meant that none of her former skills were transferable to the United States except for the ability to be an excellent mother to nine surviving children. And this last skill had been legally contradicted by the American government which had declared her a child abuser.

The author asked Foua if she missed Laos. She was silent at first, and then she said, “What I miss in Laos is that free spirit, doing what you want to do. You own your own fields, your own rice, your own plants, your own fruit trees. I miss that feeling of freeness. I miss having something that really belongs to me.”

Notes

The author’s introduction to the Lee home is an eye-opener, not just for her, but for her readers as well. They are people of a different culture, but they are still human beings with feelings and dreams and need to be treated as such. It was not difficult for the author to see that Lia belonged with her parents and the doctors needed to take time to understand the Hmong culture.

CHAPTER NINE – A Little Medicine and a Little *Neeb*

Summary

When Lia returns home the family is overjoyed to have her in their beds once again. From the period of spring and summer 1986, around the time of her fourth birthday, Peggy Philp noted in Lia’s chart – nothing interesting – but for the Lees it was one of the richest periods in Lia’s life. The first thing they did was sacrifice a cow in her honor. Of course, these ritualized killings appall Americans, and many laws have been passed against any religious group performing such acts. However, the Hmong in Merced just disregarded any laws like this and regularly sacrificed many animals with the exception of dogs which they knew would cause the greatest upheaval among white Americans. However, the author knew that eventually it would all come to light about their sacrifices.

The Lees went ahead with their plans and purchased a cow which they had slaughtered. It was cut up into small pieces and transported to their home. The head was sitting on their front stoop while they performed the ritual chants. Then, the whole family, friends, and relatives sat down to eat many different dishes with beef as the main ingredient. One of the dishes included “doo-doo soup,” which was made of the cow’s intestine and anything that happened to be in it. It was considered a classic Hmong recipe.

However, the celebratory mood soon began to dissipate as the Lees realized that Lia had been returned to them in damaged condition. She didn’t know people she had known before, and she could speak very little. From their perspective, the courts and the foster care system had made her sicker, but of course, the doctors felt it was due to the damage done when the Lees failed to comply with their orders. They blamed the week she had been allowed to stay with her parents, and they had stopped all meds. This was followed by three grand mal and six petit mal seizures. The author had tried to explain that the Lees believed the doctors had taken Lia from them, because they were angry at the Lees. She also tried to explain the idea of a little medicine and a little *neeb*, but Peggy and Neil were just puzzled. As a result of Lia’s condition, the Lees stepped up her traditional medicine. The doctors at MCMC would have been surprised to learn that the Hmong actually took their children’s health seriously since they so readily spurned American care. They spent large amounts of their money on such things as amulets. They tried every known cure in their medical library even to the point of changing Lia’s name to Kou on the premise that the *dab* that stole her soul would be tricked into thinking she was someone else, and the soul could return. They even took her to a shaman in Minnesota for help.

When the author asked Bill Selvidge why the doctors never asked the Hmong how *they* treated their illnesses, he replied that because they dressed in American clothing, had American driver’s licenses and shopped in supermarkets, it never occurred to the medical staff that they might practice unconventional healing arts. Jeanine Hilt was the only one who ever asked the Lees how they were treating Lia’s developmental delays. She had secured them their disability money and so was held in high esteem. She never described them as closemouthed and dim and she was the only American before the Kordas that the author had ever heard call them Foua and Nao Kao. She knew the names of all their children, and her size at five feet one was less pretentious than that of Peggy and Neil who were both quite tall. She was able to make house calls and this kept the lines of communication open, and she used May, the Lees’ most Americanized daughter, as her interpreter. Her empathy for them may have been deepened by two factors: she understood what it was like to live with a

chronic illness, because she had asthma; she admired the closeness of Hmong families, because her relations with her own family, who were fundamentalist Christians, had been strained for years, because she was a lesbian. She also thought Lia, in spite of her behavioral problems, was a delight, and she enjoyed her time with her. Her involvement in the Lees' problems rapidly escalated to an obsession, and to Peggy and Neil, she became "a large pain in the ass." She harassed until she got what she felt the Lees deserved and was the best patient advocate Lia could have ever had.

One of the things Jeanine arranged was to have Lia bused three days a week to the Schelby Center for Special Education. Here, Lia's teacher, Sunny Lippert, recalled that Lia was very spoiled. Her parents saw her as a goddess or a princess and did everything for her, including special foods and carrying her everywhere. One of the first rules Sunny laid down was that *no one could pick up Lia*. She also posted a daily schedule for the Lees, believing some of her problems were the result of a lack of daily structure. Of course, the Lees never really were able to follow it, because they were oriented to the cock-crow system rather than the clock. Nonetheless, Jeanine achieved stunning success in getting the Lees to administer Lia's medication correctly. During her first four months at home, she only had one seizure. She attributed this success to the use of Depakene and no other seizure medication. The Lees thought it was because of the shaman they had taken her to in Minnesota.

Then, in September of 1986, Lia fell off a swing at the Schelby Center and went into status epilepticus, the condition dreaded by all her doctors, in which her seizures continued one right after the other. There were no intervals of consciousness. She was found to have adequate levels of Depakene in her system so non-compliance was not the issue. The Lees believed that the teacher had made her fall from the swing, and when she became afraid, her soul went away, and she became sick again. It was Lia's fourteenth admission to MCMC, and it was by far the worst. Besides the seizures, she aspirated food into her lungs and had to be intubated. The breathing tube irritated her trachea, and when they removed it, she still had a lot of difficulty breathing. So they re-intubated her and then she got an unusual infection of her airway. Lia's parents had to go along with a lot of invasive procedures and Nao Kao remembered it as a time when she had a lot of plastic all over her. The infection in her trachea was so unusual that Neil and Peggy co-authored an article for the *Pediatric Infectious Diseases Journal*. Not every doctor would have been willing to publish the fact that the tracheal tube had been inserted incorrectly, but Neil would rather expose the case of an inexperienced resident if it would help other doctors who might come across the same infection in another child. Also, this time the author was struck by the fact that Nao Kao was actually right: the hospital had made Lia sicker!

Only three weeks after Lia was discharged from the hospital, she was readmitted, despite adequate levels of the medication, with severe seizures and fever. The Depakene was no longer working. The doctors felt they were grasping at straws. They even considered surgery to cauterize her brain. By early fall, they began to get this feeling of doom. Neil said that they felt like there was a giant snowball coming down the mountain, and they were trying to hold it up there, but it kept pushing them down. He told Foua and Nao Kao that Lia's seizures were getting worse, and that someday she might have one they couldn't stop. He felt that Lia was going to die right before his eyes, and it was just a matter of when.

Notes

The poignant aspect of this chapter is that the Lees were finally able to grasp how to medicate Lia, and she had a period when she turned four where she only had one seizure. Then, their world turned upside down again when she fell from the swing. Now Lia's death is, in the eyes of the doctors, inevitable.

CHAPTER TEN – War

Summary

This chapter explains how the Hmong figured into the Vietnam War and American troops fighting there. The Hmong had always been Montagnards, mountain people. Their character proceeded from that. At the time of the war in Southeast Asia, they lived in Laos about 400 meters above sea-level. The lowland Lao may have been richer and politically more powerful, but the Hmong peered down on their masters like eagles looking at

mice and so maintained a sense of superiority. Their ethnic identity remained pure, and they also traded little, because they were always so self-sufficient. They had their very own pure language that was filled with lyrical two-word expressions that onomatopoeically described various sounds. They lived close to the land and so were traditionally farmers. They had no class system. No one knew how to read, so no one felt deprived.

The Hmong grew better than any other group in Laos the opium poppy. This had been the case since the end of the eighteenth century when the British East India Company introduced the poppy to China, and the Hmong became the master growers. In Laos, the French colonial government encouraged them to pay their taxes in raw opium in order to supply the official lowland network of government-licensed opium dens. The Hmong complied with ease. Surprisingly, however, few Hmong aside from the chronically ill and the elderly were addicts. They kept less than 10% of what they yielded for their own use and sold the rest. It was their only cash crop. Because opium production equaled wealth, the parents of the author's interpreter, May Ying, which means Opium Poppy, believed that was the most beautiful name they could give their daughter.

The Hmong grew their crops using the slash-and-burn method which agriculturally was known as "swidden." This involved cutting away the forest underbrush and felling the trees. Then, they would sprint down the hillsides, igniting the piles of vegetation with torches. When the debris had chilled, the Hmong would work together to clear the debris before they planted, leaving only boulders and tree stumps. The topsoil would be briefly enriched with wood ashes, but after four or five years of monsoons, it would wash away and the remaining soil would be so exhausted that it would take twenty years before it was once again productive. It was estimated in the 1950s that they were burning away more than 400 square miles of land a year, causing enough erosion to alter the course of rivers.

This practice – swidden – is inextricably intertwined with the migrant identity of the Hmong. Once the land was no longer producing good crops, the Hmong would move – as a group – to some other area where they would begin growing crops in the same manner as before. They always moved in groups which ensured that their clan structure, their religion, and their cultural identity always remained intact. Once war arrived in the 1960s and 1970s, their migrant heritage was even more necessary, causing them to leave their own borders and move eventually far beyond them. In 1961, the king of Laos declared his nation a peaceful one and insisted they were neutral, but they had no natural boundaries to protect them and they were too poor to build an army. As a result, their neutrality was not likely to last long. Soon a struggle broke out between the communist Pathet Lao and the Royal Lao government. At this point, the United States stepped up its involvement in the region. President Eisenhower told President Kennedy the day the younger man took office that if Laos were to fall to communism, it would only be a matter of time before South Vietnam, Cambodia, Thailand, and Burma fell as well. Unfortunately, the US was bound by a treaty signed at the Geneva Conference of 1961-1962 to honor Laos' neutrality and not send troops into the region. The question then became how our country could get around that problem. This was where the Hmong entered the picture. They created the Hmong Armee Clandestine. It was the biggest CIA operation in the world, but few people ever knew anything about this army until 1987 when Christopher Robbins published a book called *The Ravens: the Men Who Flew in America's Secret War in Laos*. The Hmong were chosen because the Lao in the lower plains had too many shortcomings while the Hmong had special assets. The Lao were too peaceful and found it difficult to shoot at the enemy. The Hmong, on the other hand, had a four-thousand-year-long reputation as scrappy fighters. They had already proven their ability as guerilla fighters during WWII, so the CIA organized a network of Hmong guerrilla fighters originally organized by the French.

The Hmong had their own reasons for defending the Royal Lao government, and thus, collaborating with the United States. They feared that the communists were more apt to threaten their autonomy. They knew the y wouldn't approve of swidden agriculture and because the Hmong had sided with the French, they fear reprisals. Furthermore, the Hmong knew the region like the backs of their hand and were indispensable as a result. The greatest aspect of the Hmong involvement for the US was that it was cost-effective both in the amounts of supplies they had to produce, but also in American lives. Hmong lives came cheap. They were trained as pilots

as well. For them, unlike the American pilots, there was no end to the war, no R and R, just “fly until you die.” So the mortality rate for Hmong pilots was ten times as high as American soldiers in Viet Nam.

Not all the Hmong became soldiers of their own accord. Some were forced to abandon their field by battles and other warfare, and some were coerced. General Vang Pao, the CIA-supported Hmong leader, often punished those who wouldn't join his troops by cutting their food supplies and even sending his troops to attack villages that refuse to send their men into war. He was both the cornerstone of the war and its most cryptic figure. He was the sort of man who would never be held back by such petty impediments as rules. The CIA considered him as a charismatic, passionate, and committed man, and a patriot without a country. He was the one who realized the best way to guarantee Hmong collaboration was to support their opium trade, so CIA planes picked up blocks of opium for distribution, and they gave Vang Pao his own airline which flew opium from the Hmong military base to South Vietnam where it helped addict an estimated 30,000 American soldiers to heroin.

The CIA marveled at how quickly the Hmong, accustomed to crossbows and flintlocks, mastered the technology of modern warfare. They learned to use M-1 rifles in a day and were adaptable to any environment where they were asked to live. In the United States, the conflict in Laos was called the “Quiet War” – as opposed to the noisy one in Vietnam which had turned the Laotian civil war into a free-for-all. Younger and younger soldiers had to be recruited as the casualties mounted. In 1960, between 300,000 and 400,000 Hmong lived in Laos and it is believed as many as half of them died in the war. Ninety percent of the villages were affected – i.e. the inhabitants suffered casualties or were displaced, or both. By 1970, forced to adapt their migratory habits to wartime, more than a third of the Hmong in Laos had become refugees within their own country. In the provinces of Hou Phan and Xieng Khouang, the war has reached into every home and forced every individual to make the agonizing choice of flight or death. Today, more than 200,000 people live in settlements and military bases, confined to a mountainous strip of only 50 to 90 kilometers. The rest of the provinces are in total desolation.

For the most part, the experience of “internal refugees” was a chaotic and involuntary crash landing into the 20th century for the Hmong. One reporter described the situation for the Hmong when they came to the United States as “people being transplanted from the Stone Age to the Space Age.” However, that is a gross underestimation of the complexity of traditional Hmong culture as well as ignorance of the immense social, cultural, and economic changes that many Hmong had already gone through during the course of the war itself. Their way of life had been irreversibly altered. One Hmong described it as “everything going upside down . . . with everyone moving round and round and round . . . there were no longer any forests.” The Hmong had seen during this war for the first time cars . . . flashlights . . . canned food . . . and cigarettes. They were forced to leave their villages to live in temporary relocation sites. Swidden farming was moribund and a market economy began to rise and they were quite unfamiliar with not being self-sufficient. Even their language was forced to adapt when many of their traditional onomatopoeic expressions expanded to make room for new associations. For example, *plij ploj*, the sound of bamboo breaking, gained the additional meaning of “bullet impact.”

The most drastic change bred by the war was the loss of the single asset the Hmong prized most highly: their self-sufficiency. They had come to depend on the airlifts and parachute drops of rice. As one pilot put it, “There is a whole generation of Meos who are going to be damn surprised when someone tells them that rice doesn't grow in the sky.” Unfortunately, they no longer had any choice about how to live.

In January of 1973, the US signed the Paris Agreement pledging to withdraw all its forces from Vietnam. They withdrew support of Laos as well. The Pathet Lao crossed the cease-fire line and announced that the Meo (Hmong) must be exterminated down to the root. As a result, between 1,000 and 3,000 Hmong – mostly high ranking army officers and their families were airlifted by American planes to Thailand. They fought to board the aircraft to the point that some planes became overloaded and they had to physically throw some of the passengers off the planes. More than 10,000 Hmong were left on the airfield, fully expecting planes to return for them. Of course, they never did, and a collective wail rose from the crowd and echoed against the mountains. A

long line of the Hmong the formed and, carrying their children and old people, they began to move across the plateau, heading toward Thailand.

Notes

This chapter at first seems absolutely unnecessary to understanding Lia's condition and how it was treated by American doctors. However, once the reader understands how the entire Hmong culture in Laos was decimated, he can begin to see how it would affect the attitudes and resentment of the Lees. Americans had been partially responsible for the loss of their culture and once they were in the US, the Hmong faced further problems of understanding from American doctors. Is it no wonder that they feared and resented everyone who tried to help Lia?

CHAPTER ELEVEN – The Big One

Summary

On the day before Thanksgiving, Lia had a mild runny nose, but little appetite. Just after she finished eating, her face took on the strange, frightened expression that always preceded a seizure. The Lees placed her on the mat on the floor where they always placed her at these times. They expected that it would last ten minutes or so, and then she would get up and begin to play again. However, this time she was so sick that Nao Kao had his nephew who spoke English come over and call 911. This, in retrospect, might have been a mistake. They feared if they took her to the ER themselves – a three block run from their apartment – they wouldn't be taken as seriously. However, an ambulance was always taken seriously. Nao Kao was generally correct in this case, but the ER would have triaged Lia immediately ahead of any other patients given her situation. Nao Kai thought of the doctors in the ER as *tsov tom* people, or "tiger bite people." Because the tiger represented in Hmong folktales wickedness and duplicity, this was a very serious curse.

Unfortunately for Lia, the EMT, who took care of her from home to hospital, was in way over his head. She was on the verge of death. He used forced oxygen and attempted to insert an IV line, but failed time and time again, because Lia's veins were so blown, and she was so fat. She was immediately taken to the cubicle in the ER reserved for the most critical cases. It took twenty minutes to insert a butterfly needle to the top of her foot, but any movement could cause them to lose that line. Valium was given in large doses, but had no effect on Lia's seizures. In fact, they got worse. She aspirated her vomit which compromised her ability to breathe, and her blood oxygen levels were so low that she was essentially asphyxiating. Finally, one of the residents was able to insert a breathing tube and she was placed on a hand ventilator.

Neil Ernst was called at 7:35 on Thanksgiving Eve and as soon as the ER explained Lia's condition, he knew it was the big one. When he arrived, Lia was literally jumping off the table. Steve Segerstrom, an ER doctor, thought it was worth trying a saphenous cutdown which meant he would use a scalpel to cut into Lia's vein and insert the necessary tubes to get medicine into her system. It worked! The atmosphere in the cubicle was now charged as people literally lay on Lia's legs to keep her on the table. They gave her lots and lots of medicine, and Lia finally stopped seizing.

This was Lia's sixteenth admission to the ER. The tests showed that her parents had been giving her the medicine correctly. They also showed that she had an elevated temperature, diarrhea, and a low blood platelet count. Even though these statistics were noted on her chart, no one ordered antibiotics, because no one suspected an infection. She had seized for two straight hours when a twenty minute continuous seizure is continued life-threatening. She had to be transferred to Valley Children's Hospital in Fresno. In all that time, no one had said a word to Fous and Nao Kao. They had to have seen what was going on as people ran in and out of the critical care cubicle, but still no one stepped out to comfort them.

Through the interpretation of the nephew, Neil tried to explain the situation to Fous. He thought when he finished explaining about the transfer that they understood the reason why and agreed. However, they had an entirely different understanding of what he said. "The Lees believed their daughter was transferred, not because

of her critical condition, but because of Neil's vacation plans, and that if she had stayed at MCMC, he would have restored her to health, just as he had on every other occasion. As for Neil, he felt terrifically sad, because he didn't know what Lia was going to be like when she came out of this. He was pretty sure she wasn't going to be the same.

During the seventy minute drive to Fresno, Lia got worse. When she arrived, she was in the throes of another grand mal seizure. It's hard to imagine a more difficult or unpleasant case than Lia's must have been during her admission. A huge team of doctors was necessary for her care, and they worked so hard to save her that the lead doctor didn't even notice that she was a girl, referring to her as "he." This is American medicine at its best and worst. The doctors was able to disregard her as an individual in order to concentrate on saving her life, but she no longer was Lia Lee, just a body which was dying. As soon as Dr. Kopacz saw her, he diagnosed her condition as "profound shock, probably of septic origin." This meant that the septic bacteria had invaded her bloodstream, and her organs were now shutting down. The mortality rate for this kind of bacteria is between forty and sixty percent. In Lia, everything was going wrong at once. She was loaded down with medicines and tubes were going in and out of her everywhere. She was being given every known test and every medical instrument that could help her was being utilized.

However, at 11:00AM on Thanksgiving Day, Lia crashed. The ability of her blood to clot had gone haywire. The doctors stopped this crisis with a double volume exchange blood transfusion. It finally worked. Then, they gave her a spinal tap to find out if the sepsis had passed from her blood to her central nervous system. But this really distressed Nao Kao, because he believed that by sucking her backbone like that they had lost Lia. Lia also went through a number of diagnostic tests like an abdominal ultrasound and a Gallium scan which introduces radioactive tracing material into the bloodstream to identify the infection.

In the meantime, her parents lived in the waiting room, sleeping in chairs for nine consecutive nights. They were only allowed one ten-minute visit every hour. They had no money to pay for a motel or food. Their relatives brought them rice once a day and that was the only food they had. They remained baffled by what was happening and when the doctors explained that they needed to perform two more invasive tests, the Lees had no idea what these procedures were and thought they were giving Lia "sleeping shots."

The same day, Lia was sent for a CT scan and an EEG to see how her brain had weathered its prolonged oxygen deprivation. She had no gag reflex, no corneal reflexes, and no response to deep pain stimulations. It couldn't have been a more tragic diagnosis: Lia was effectively brain-dead. Then, Jeanine Hilt was called and told the doctors were preparing the family for Lia to die. The doctors wouldn't even look at Foua and Nao Kao, but would speak to Jeanine, seeing her as smart and white. One of her critical care nurses noted in her chart that Foua and Nao Kao had asked that Lia be given medicine to fix her brain. Foua cried and chanted at Lia's bedside. Then, one of the critical care doctors walked in and disconnected Lia's intravenous lines and told Foua that she was doing it because Lia was going to die. Foua interpreted it as the doctor wanting to take Lia's medicine away and give it to someone else. The doctor was merely following Dr. Terry Hutchinson's orders and he thought the family had agreed to discontinue life sustaining measures so that Lia could die as naturally as possible. One social worker even suggested a local mortuary in an attempt to help the family cope. However, Nao Kao refused to listen and insisted that she be brought home. He had to sign papers again for his own daughter to die among family. Jeanine arranged the court order to allow the Lees to bring little Lia home. She still needed some supportive care, so they agreed that she could be taken to MCMC even though they really wanted her to come back to their apartment. And so Lia began to make her last journey.

Notes

This is the saddest chapter so far when the reader sees that the big one predicted by Dr. Neil Ernst comes to pass. It seems as if Lia had no chance to ever live her life happily and well, because of so many cultural differences early in the life. It comes down to taking this little girl home to die.

CHAPTER TWELVE – Flight

Summary

This chapter examines what happened to the Hmong after the United States left Southeast Asia. Lia's sister was three and a half when her family and all its relatives decided to move to Thailand. They walked all the way, and it was one of the scariest times they had ever experienced. Soldiers were everywhere, and there was also a great deal of shooting. When shots would ring out, the parents would grab their children, put them on their backs or in their arms, and run for their lives. They often had to throw away what was valuable to them, because the lives of their children were more important. This occurred in 1979 although they had tried once before to flee and were captured by North Vietnamese soldiers. They were herded back to their village at gunpoint, and one of their children died there soon after their return. They spent three years in the village under intermittent guard. The villagers were regarded as traitors, because they had supported the French and Royal Lao government. The Vietnamese treated them so poorly that they often had no food, and one of the Lee children, a baby son, died of starvation, because Foua had no milk to give him.

One month after the baby's death, the clan decided to try to escape again. They had their own gunmen who walked on all sides of the people as they moved along. Then, the Vietnamese began to burn the vegetation all around them. Somehow, the group managed to escape the fire and then, they chose to take a path of escape that the Vietnamese were not expecting. They walked for twenty-six days and spent a year in two different refugee camps before being cleared to emigrate to the United States. Unfortunately, another child, a daughter, Ge, died in the first camp. The Lees never considered staying in Laos. They were among the immemorial Hmong preference for flight, resistance, or death over persecution and assimilation. Unfortunately, the communist government of Laos viewed them as enemies of the state. Whenever they were seen fleeing, the Pathet Lao troops would open fire on them, because they believed there was no reason to allow the Hmong to live. The communists did everything they could to torture the Hmong: killing them, forcing them to live in the lowlands, burning everything in their villages; making them change their names so as to destroy the clans; and making them stop speaking Hmong. They did everything to wipe out the Hmong culture, but after two thousand years, they were still Hmong.

The Lees considered themselves lucky to be allowed to return to their village. However, it was not all good for other Hmong who were forced to relocate to the lowlands. There, they were exposed to disease that they had never encountered in the highlands. As a result, many died of malaria and other tropical diseases. Also, for the Lees, life in the village was, at times, trying especially when they were forced to allow to communist soldiers to live with them. They couldn't then even talk as a family, because whatever they said would be reported to the government. Those who were declared reactionary by what they might have said were often sent to seminar camps which combined forced labor and political indoctrination. In many cases, the camps completely broke the personalities of the people who lived there. There was some armed rebellion at first. A resistant movement organized and began a system of furious retaliation whenever they heard of the communists torturing or hurting the Hmong. Sporadic resistance exists even today two decades after the war.

The most widespread Hmong response to the terrors of post-war Laos was migration. Most feared retribution, though some were motivated more immediately by famine. Every Hmong has an exodus story. Some were airlifted, but still had to leave behind everything of value to them, including family. Most of the Hmong walked, and there was never a Hmong who fled alone. It usually took about a month to walk to Thailand with the parents and other relatives carrying their children on their backs. This was also a problem, because babies and children cry, and silence was essential. They would often mix a little opium in water to put their children to sleep. Sometimes, however, they mixed too much, and then the child died. "The horror of the opium overdoses was not the only such things that happened to the Hmong, but they happened to frequently that, far from driving a nation into mourning, they never made headlines, never caught the world's ear, never reached beyond a community of families that numbly accepted them as a fact of life." Able-bodied adults usually took turns carrying the elderly, the sick, and the wounded until they were no longer able to do so. Then, through the process of triage, the burdensome relatives were left by the side of the road with a little food and a little opium.

When judging this story, the reader must be aware of how the Hmong revered their elders and how it crushed them that they could not properly bury them.

The Hmong families walked through villages that were abandoned and fields that were untended. Foua herself had been forced to discard her dowry. The Lees had been fortunate that they could cross into Thailand on foot. But most of the Hmong had to cross the Mekong River when they didn't know how to swim. It was such a nightmare that most of the Hmong in the United States couldn't forget the horror. Many of the babies and children strapped to their parents' back drowned in the crossing when the parents used any floatation device they could find to make the crossing. Later, many of the Hmong refused to give up the floatation devices that had carried them across the river. They held on to them even into the hospital doors where they were taken for treatment. Sometimes, the communist soldiers would allow one group to cross safely and then open fire on the next. Relatives would have to stand on one side and watch the ones they loved die.

The author once made the statement to one Hmong elder in America about the cohesiveness of the Hmong community. The man agreed but pointed out that there was a great deal of guilt among them after the Mekong crossings. This was due to the individual desire for survival. They were not the same people when they made it to the other side, and as the elder said, "When you try to restick this thing together, it is like putting glue on a broken glass." Most of the Hmong, upwards of half the population who left Laos, died en route. Then, those who reached Thailand were often robbed and raped by Thai bandits and eighty percent were found to be suffering from malnutrition, malaria, anemia, and infections.

At first, they were placed in makeshift camps near the Lao border, but eventually were consolidated into one large camp in southeast Thailand, fifteen miles from the Mekong River. It was called Ban Vinai, and it was, in effect, a large-scale charitable institution that continued the job of eroding Hmong self-sufficiency. The camps didn't allow anyone to do anything of value and so the people spent their time eating and living and eating and dying. To add to the terrible conditions, camp officials held the Hmong responsible for their own conditions. In fact, Westerners really disliked the Hmong, calling them filthy, difficult, backward, and rigid. It was a perfect example of Western expatriates' uneasiness when confronted with different ethnicities.

Many of the Hmong began to emigrate to the United States, even though most of the disparaging comments made about them in the camps were made by Americans. . They came because Vang Pao, their former leader, had settled in Montana. The best-educated Hmong came in the first wave and the least-educated came in later waves. They grew accustomed to lying to immigration officials to ensure that all of their family gained admittance. It was understood that every refugee problem had three "durable solutions": local integration, voluntary repatriation, and resettlement in another country. The Lao government did not want the first; the Hmong did not want the second and later even the third. They did not want to emigrate at first to the US, because they feared the rumors they heard about life in America, especially the doctors. Furthermore, Ban Vinai was powerfully Hmong and especially the elderly were reluctant to leave. However, in 1992, Thailand closed Ban Vinai, and so the Hmong had only two choices left: settle in another country or return to Laos. At that point the Hmong came up against anti-immigration feelings in the US and were often now rejected. As a result, many of the Hmong were forced by the Thai government to return to Laos where some were persecuted or killed. Some Hmong simply said no to both choices and fled right through the fingers of the Lao soldiers. It was obvious that once again, like so many times before, the Hmong found ways to get out of tight spots.

Notes

The entire immigration problem for the Hmong brings to mind how difficult life became for them after the war ended. No one wanted them, and yet, their culture had been nearly decimated and someone *should* want them. Their differences made them, at once, unique and difficult to understand. Unfortunately, no one wanted to take the time to understand them.

CHAPTER THIRTEEN – Code X

Summary

The author, after hearing the Lees' story about their escape from Laos and their march to Thailand, commented that it must have been terrible. Foua responded that it was nowhere near as sad as after Lia went to Fresno and got sick. At first she wondered if she had misunderstood the little girl's mother, but then she realized that "violence, starvation, destitution, exile and death were, however horrific, within the sphere of the known, or at conceivable tragedies. What had happened to Lia was outside that sphere."

Lia was transferred to MCMC by ambulance on December 5, 1986. Lia was admitted to the pediatric unit. When Peggy Philp saw her, Lia seemed in pain, and the doctor thought that she couldn't go on like this, exhausting herself. She was mad at Dr. Terry Hutchinson for sending her such a horribly afflicted child when she had made that same child stable. Neil Ernst found it harder to see Lia and took three days before he entered her room. He saw her as being in a vegetative state, but said she was one angry vegetable. To the author, calling Lia a vegetable was just one more form of avoidance.

Foua cared for Lia herself, sitting by her bed around the clock. The hospital was open to the mother caring for the little girl, and Peggy even allowed her to pour some noxious green liquid down the child's nasogastric tube on the belief that Lia was going to die. The Hmong New Year fell during Lia's stay at MCMC, but Foua said that it was the only time in their lives that her family didn't celebrate it. They were just crying all the time. Instead of Lia being able to wear new clothes for the celebration, "Foua brought a different set of clothes to the hospital: funeral garments. Of course, the nurses said she couldn't wear the jacket, because it interfered with their access to the child, but when they weren't in the room, Foua would replace the jacket." In addition, there were people in her room all the time, which annoyed the nurses, who felt they had answered the same questions ten times over and had to face attitudes where nothing they did was ever right.

On Lia's second day back at MCMC, Nao Kao demanded that Lia's subclavian line be removed, and her medications be discontinued. The hospital agreed, and Peggy believed that they just wanted Lia to die with dignity. However, the Lees actually believed the medicine and the hospital was making Lia sick and that's why they wanted to remove her from there. Jeanine stepped in on their behalf to assure that Lia had everything she needed in her final days, including home nursing. Foua signed the papers that said she understood all the instructions about the feeding tube, but she had no intention of leaving the tube in. Nao Kao was asked to sign something that was not included in Lia's chart, but it probably had to do with their decision to take her home.

The hospital claimed that they told him he had to wait two hours before she could be released, but Nao Kao insisted that a nurse came in and had him sign a paper that said she was going to die in two hours. This was an offensive comment within Hmong culture and had been uttered frequently over the previous two weeks. They believed that a doctor should never say that. So the Lees perceived the doctors' comments as threatening. As a result, when Nao Kao was being forced to sign a piece of paper that said his daughter was going to die, he did what the Hmong have done for centuries: he fled. He grabbed his daughter and ran. Security was called and a Code X was instated. Also Dr. Dave Schneider was paged. He had had a difficult week and was as low as he had ever been in his life. So he was in no mood for the situation with Nao Kao. He told the author that they had already agreed to send Lia home, but in the proper manner with an NG tube to allow food to be given to her. But Nao Kao had run with the child and had even pulled out the tube. He said, "We were going to let them take her home anyway, but *they just couldn't fucking wait!*" The nasogastric tube had to be re-inserted and then X-rayed to make sure it was in the right place. It took four more hours for that to be accomplished, and then, Lia was ready to go home. No one considered reporting Nao Kao, and Lia left MCMC in her mother's arms. When they got her home, they boiled some herbs and washed her body. She had been sweating constantly in the hospital, but after washing Lia's body, the sweating stopped and she didn't die.

Notes

Once again we have a chapter in which the doctors and the Lees struggle for control of Lia. The Lees eventually

win and bring their daughter home to begin caring for her in the Hmong fashion. In spite of the doctors' belief that she would die in a few hours after leaving the hospital, the Lees began to use their own medicine – boiled herbs – and Lia didn't die. The reader is left to wonder just exactly who knew more.

CHAPTER FOURTEEN – The Melting Pot

Summary

This chapter deals with the Lees and other Hmong as refugees in the United States. The Lees arrived on December 19, 1980, and spent two years in Portland, Oregon before moving to Merced. The airplane flight for most of the Hmong was fraught with anxiety and shame, because they became airsick and didn't know how to use the toilets, and they thought they had to pay for their food, and they had no money. The first week in Portland which followed was miserably disorienting. The Lees' relatives had to show them how to do everything. They also had to rely on their children a great deal in this strange country. Seventeen years later, not much has changed for the Lees. They still speak only Hmong and practice only Hmong traditions. During their eighth year in the US, they had only ever invited one American adult into their home: Jeanine Hilt. "It would be hard to imagine anything further from the vaunted American ideal of assimilation, in which immigrants are expected to submerge their cultural differences in order to embrace a shared national identity. *E pluribus Unum*: from many, one."

In the early 1910s and 1920s, immigrant workers in the Ford automotive plant in Dearborn, Michigan, were given free, compulsory "Americanization" classes. At their graduation ceremony, there was a giant wooden pot which the teachers stirred with ten-foot ladles. The students would walk into the pot wearing their traditional costumes, singing folk songs from the country of their origin, and walk out of the pot in suits, ties, and dresses, singing the US National Anthem. They had come to America with the hope of assimilating into mainstream American society. The Hmong came for the same reason they left China: because they were trying to *resist* assimilation. As a result, the Hmong became known as "involuntary migrants."

What the Hmong wanted here was to be left alone to be Hmong. General Vang Pao had suggested that the United States provide them with a little land to call their own, but it was a proposal that was never seriously considered. The author wondered what the comparison would be of the cost of his land proposal scheme to what the government has actually spent over the years on the Hmong's needs. The actual logistical details of the Hmong's resettlement were left up to VOLAGs or national voluntary resettlement agencies. Of course, this was a bureaucratic agency, and the Hmong were not known for holding bureaucrats. They described their experiences with this agency as a more serious problem than either war memories or separation from family. They also had problems, because many of the VOLAGs had Christian religious affiliations and were always trying to convert the Hmong. As a result, it was described, the Hmong were more likely to require psychiatric treatment after associations with such people.

Another situation that was extremely unfamiliar to the Hmong was the flat land and the freezing winters. Then, the government, to encourage assimilation, adopted a policy of dispersal rather than clustering. They wanted to stir the Hmong into the melting pot in tiny, manageable portions. Group solidarity, the cornerstone of Hmong social organization for more than two thousand years, was completely ignored. As a result, some were resettled in cities while some nuclear families, unaccompanied by any of their extended relatives, were settled in isolated rural areas. They began to exhibit unusually high levels of anxiety, depression, and paranoia. One example was a father suffering from Post Traumatic Stress Disorder hung himself and ordered his wife and children to do so as well. At the last minute, the wife changed her mind and cut the family down. Unfortunately, she couldn't save their only son or her husband. In hindsight, Lionel Rosenblatt, the former United States Refugee Coordinator in Thailand, conceded that the resettlement had been catastrophically mishandled.

Like their Hmong brothers and sisters, the Lees had some of the same anxious, depressed and paranoid experiences. The customs they were expected to follow seemed so peculiar, the rules and regulations so numerous, the language so hard to learn, and the emphasis on literacy and the decoding of other unfamiliar

symbols so strong, that many Hmong were overwhelmed. Just as the United States seemed incomprehensible to the Hmong, so they seemed incomprehensible to Americans. They were referred to as the most primitive group in America, and inaccuracies about them were in no short supply. To add to all these problems, the leading cause of death among young Hmong men was AIDS, or cardiac failure triggered by a bad dream.

It could not be denied that the Hmong were genuinely mysterious. Hardly anyone knew that they had a rich history, a complex culture, an efficient social system, and enviable family values. This then was ideal blank surface for which to project xenophobic fantasies. This included the xenophobic mode of rumor in which the Hmong were said to run a white slave trade; they forced their children to run in front of cars to get big insurance settlements; or they sold their daughters and bought wives. The Hmong also became prime marks for predators who stole from them and often beat them for any number of reasons, but often because of resentment over what was perceived as preferential treatment. One Hmong whose son was shot and killed by three men who forced his family's car off the Interstate and demanded money, said, "In a war, you know who your enemies are. Here, you don't know if the person walking up to you will hurt you."

One thing in all the instances of violence against the Hmong stands out; the Hmong didn't fight back. It was clear that they weren't the docile, passive Asians of popular stereotype if one looked at their past. Why then didn't they fight back against Americans? In the United States, many were too proud to lower themselves to the level of petty criminals they encountered, or even to admit they had been victims. They also felt that nothing here in the United States was worth defending. There were exceptions, but they were rare. Most Hmong kept an apprehensive distance from everything that may bring them in contact with the American penal system. In their villages in Laos, there were no prisons, and the Hmong sense of justice was pragmatic and personal: how would incarceration benefit the victim? Corporal punishment was unknown. Instead, various forms of public humiliation were employed as deterrent to crime. In the final analysis, if the Hmong felt persecuted, they always turned to their time-honored alternative to violence: flight. Between 1982 and 1984, three quarters of the Hmong population in Philadelphia alone simply left town and joined relatives in other cities. This became known as the "secondary migration," and it definitively sabotaged the government's attempt at assimilation. There were also other reasons for migrating: moving to states that provided welfare benefits or they moved to agricultural states such as California where they might be able to farm. By the far the greatest reason for migration was to reunify with their clans.

Unfortunately, the most popular areas of secondary resettlement all had high unemployment rates, and they got higher. They had to compete with out-of-work Americans for even the most unskilled jobs, and the dream of farming fizzled because the Hmong only knew how to farm through slash-and-burn techniques. They didn't know much at all about American farming. This didn't halt the migration. "The more Thaos or Xiongs there were in one place, the more mutual assistance they could provide, the more cultural traditions they could practice together, and the more stable their community would be. Americans, however, tended to view secondary migration as an indication of instability and dependence. It became a gulf between the American ideal of rugged individualism and the Hmong idea of group interdependence." The government tried to stop the migration to welfare state and offered enticements to get the Hmong already there to leave. They resettled eight hundred families in such places as Lancaster, Pennsylvania, where they fared well. They became self-sufficient and had jobs in manufacturing plants or local trades. When asked what they thought of Hmong workers, eight-six percent of Americans in these areas rated them very good. The Hmong bought homes and settled into the community and their children became lawyers, doctors, dentists, engineers, and other professionals.

However, for the Hmong who remained in the high unemployment areas, the success of those 800 families resettled was moot. They had no jobs at all. To Americans, they were unsuccessful, because they failed the economic test, but in other areas such as crime, child abuse, divorce, and illegitimacy, they rated far higher than their American counterparts. Furthermore, the contradictions of the American welfare system made it almost impossible for the average family to become independent. For example, a man with seven children would have to make \$10.60 an hour and work forty hours a week to equal his welfare stipend. Few Hmong had the skills to

get a job with this kind of paycheck, so even this example was impossible for them to obtain. "Few things galled the Hmong more than to be criticized for accepting public assistance. For one thing, they felt they deserved the money. Every Hmong had a different version of what is called 'The Promise': a written or oral contract, made by CIA personnel in Laos, that if the Hmong fought for the Americans, the Americans would aid them if the Pathet Lao won the war." They had risked their lives for the Americans, and then, they were betrayed. The first betrayal came when high-ranking officials were airlifted out of Laos while the rest of the Hmong were left behind. The second betrayal came when the refugees in the Laos were not automatically admitted to the US. The third betrayal came when they found when they came to the US that they were ineligible for veterans' benefits. Fourth, they were condemned for being on welfare, and finally they were betrayed when the government declared that welfare would stop.

The truth was that none of the Hmong wanted to be on welfare. What right-thinking Hmong would choose to be yoked to one of the most bureaucratic institutions in America? What Hmong would want to be addicted to a ways of life that some clan leaders likened to opium? And what Hmong would choose to be a dog waiting for scraps? The truth was that the Hmong, when stacked up against other Southeast Asian immigrants, fared the lowest: most depressed, most psychologically dysfunctional, least educated, least literate, and less likely to cite "a better life" for coming to America. The Hmong characterized themselves as having "difficult livers," or damage through soul loss. Dr. Bill Selvidge had a patient complaining of a bad back, but Selvidge realized that he was suffering from depression. The man had become agoraphobic, afraid to leave his house, because he thought if he walked more than a few blocks, he'd get lost. It was the perfect metaphor: he had seen his entire immediate family die in Laos, he'd seen his entire country collapse, and he never was going to find his way home again. He was an example of a malady called "profound loss of home," and the ache of homesickness can be incapacitating. One Hmong was taken to visit Plymouth Plantation and the Pilgrim village. He asked after he sees the thatched houses and free-running chickens whether he could move there and make it his home.

Many Hmong said they dreamed of Laos every night, but they never dreamed of America. They longed to go home, but home was pre-war Laos, which no longer existed. So their psychological reality was both full and empty: full of the past and empty of new ideas and life experiences. They have found it especially hard to deal with present threats to their old identities. In Laos, the elderly always stood first in line of family hierarchy, but in the US, the youngest knew more about the customs and culture of America and so they became more valuable to the family trying to adjust. This was termed by psychologists as "role loss," and of all the stresses in the Hmong community, this was one of the most corrosive. As a result, the Hmong still view any earmarks of assimilation as an insult and a threat. However, they have begun to lose control of the respect accorded to the elderly by the young. As the Hmong children become more individually assimilated to American culture, the less respect they show the older generation. One of the most poignant questions ever asked by an older Hmong reflects this area of concern: "Why, when what we did worked so well for two hundred years, is everything breaking down?" But the author says that even though much has broken down, not everything has. The Hmong culture is probably the only one which has been so little eroded by assimilation. Even more crucially, the essential Hmong temperament has been eradicable. They have responded to the hardships in the United States by becoming even more Hmong. Their "ethnic durability can be attributed to six factors: religion; love of liberty; traditional costumes; refusal to marry outside their race; life in the cold, dry mountainous areas; and the toughening effects of war." (pg. 208)

Notes

This chapter deals with the Hmong's difficulty adjusting to American life. They have run the gauntlet of problems here, but today they are doing passably or better on the first four reasons for their ethnic durability.

CHAPTER FIFTEEN – Gold and Dross

Summary

Lia was carried by Foua or another older member of the family on the back in a *nyias*, an apron shaped baby carrier that Foua had embroidered and ornamented with bright colors and fuzzy pink pom-poms. They preferred

it to the pediatric wheelchair. “Lia was almost seven. For more than two years, her doctors had been waiting for her to die, and her parents had been confounding them with their ability to keep her alive. Although Lia was not dead, she was quadriplegic, spastic, incontinent, and incapable of purposeful movement. Her condition was termed a ‘persistent vegetative state.’ “ When the author first saw her, she couldn’t help feeling that something was missing. Her parents called it her *plig*, or soul. She had come home without a normal temperature, with irregular breathing, and no gag reflexes. Within days, all of those problems were resolved. The doctors attributed it to reduced swelling in her brain while her parents attributed it to the herbal infusion with which they bathed their daughter. They even eventually yanked out the feeding tube and started squeezing formula into her mouth with a baby bottle. Neil and Peggy made sure the family received large amounts of Similac meant to be dispensed as free samples for new mothers. One thing Medi-Cal refused to pay for was a pediatric hospital bed. The doctor who made the decision said the Hmong sleep on the floor anyway so they didn’t need it. Jeanine Hilt went berserk when she heard this, and she called the doctor a racist. She finally found a medical supply house that was willing to give the bed to Lia for free. Ironically, Foua and Nao Kao put Lia in bed with them and she never used it.

The first time Lia returned to MCMC for a check-up, it was a very emotional moment for Neil Ernst. He began to cry when he talked to Foua and apologized for what had happened to Lia. Foua willingly embraced him and actually thanked him for taking care of Lia. Nao Kao just scowled and remained silent. He had never stopped being angry at the hospital and everyone who worked there. “In Foua’s eyes, ‘the husband and wife doctors’ were guilty not of the mortal sin of destroying her daughter but of the lesser sin – a sin of omission – of going on vacation and leaving Lia in the wrong hands.”

As the months passed, Lia became, in some cockeyed sense, a radiantly vital child. Her brain damage had ended her epilepsy and as she grew taller and with her obligatory soft diet, she was no longer obese. As Peggy said, “She was perfect. A perfect little vegetable.” Also, to the hospital staff, her parents were transformed from abusers to model caregivers. Lia was always immaculate and beautifully dressed. She was constantly touched and loved by her parents and her siblings. However, to the Lees, their daughter had changed utterly, but their behavior as parents had not changed in the slightest. In addition, all the clamoring of MCMC of authority figures telling the Lees they were not good parents went silent, and all court orders were lifted. The Lees, though, still continued to fear that their daughter might once again become government property. Foua, therefore, stayed with Lia twenty-four hours a day to protect her from the police. She believed, like other Hmong, that deformities are the consequences of past transgressions on the part of the parents and this must be borne with equanimity and treated with kindness as a means of expiation.

So Lia assumed a place in the family that, if possible, was even more regal. She was constantly smothered with love, and she was the only Lee child who had birthday parties. At her party, they served Hmong egg rolls, steamed bananas, sacrificed chickens, and Doritos. She was still a beautiful child. She was kept perfectly clean and her hair was shampooed, and kept shiny. She always smelled delicious, because her parents treated her like a winsome baby. She was cuddled, stroked, rocked and bounced, sung to, and played with. Even the children loved her, giving her bear hugs and once her older and young sisters piling on her in a heap on the floor to make her part of their game. Her mother also continuously put her limbs through the range-of-motion exercises.

Sometimes the author thought that this was not so terrible for Lia. She lived at home, not in a chronic care facility, and she was a love object, not a pariah. Her teenage siblings never seemed embarrassed by her as American children might. But whenever she was lulled by this relatively rosy picture, she would be drawn up short by Mao Kao’s explosion of rage against the doctors or more frequently, Foua’s seepage of grief. She sometimes felt she did nothing but care for Lia and that she didn’t know anything except being alive. She would cry and say that she loved Lia too much. A half-finished bottle of Depakene syrup continued to sit on Foua’s kitchen shelf for years, not to be used, but because at one time the American doctors had considered it priceless, and discarding would have been like tossing out a pile of foreign coins that were no longer negotiable but had

not altogether shed their aura of value. They also brought in a shaman twice a year to perform a pig sacrifice over Lia and the child wore soul-binding strings around the wrists.

Once a year, the Lees would bring Lia back to the clinic at MCMC for a check-up. When they would miss an appointment, the computer would spit out a letter addressed to Lia telling her that she had not come to the clinic, and she needed to call to set up another appointment. Of course, Lia never called. Eventually, Lia was turned over to the services of a public health nurse named Martin Kilgore. He made house calls, and, because he was a champion of liberal causes including the Hmong, he thought that when he came to the home of the Lees, he would be accepted and that the questions he asked would be answered. He compared the relationship between the Lees and the medical providers to the myth of Sisyphus, the Corinthian king who attempted to cheat death by placing him in fetters. He was condemned by the gods to roll a rock up a hill only to have it roll back down after he got it to the top. Unfortunately, to the Lees, he fit into the mold as well. He was overly concerned by how they treated Lia's constipation. They preferred to give the little girl laxatives, but Martin told them it would be better to give them Metamucil or prune juice. Nao Kao and Foua just stared at him. For four years, they had been told to give Lia medicine they *didn't* want to give her. Now, they were being told not to give her medicine that they *did* want to give her. The two of them seemed to have entered a vegetative state themselves when it came to Martin. The author couldn't figure out what came over them. It occurred to her that these were the people that Peggy and Neil had been dealing with for years. No wonder everyone but Jeanine thought they were impenetrable and stupid. It was as if, by a process of reverse alchemy, each party in this doomed relationship had managed to convert the other's gold into dross. They seemed to have entered a vegetative state themselves when it came to Martin. The author couldn't figure out what came over them. It occurred to her that these were the people that Peggy and Neil had been dealing with for years. No wonder everyone but Jeanine thought they were impenetrable and stupid. It was as if, by a process of reverse alchemy, each party in this doomed relationship had managed to convert the other's gold into dross. Martin couldn't figure out why the meeting with the Lees had gone so bad? He tried so hard to be courteous and respectful. He said that he gave them his full shot and did the best he could. He likened Lia to a character in a Greek tragedy.

Notes

The title of the chapter is so applicable, because it shows how little Lia, who has lost her soul, had a life that is mostly good, because she is loved and cared for, even though she is unaware of anything around her. And yet, she is a child who had so much potential and because of two cultures that both seemed unwilling to understand the other, became a lost child.

CHAPTER SIXTEEN – Why Did They Pick Merced?

Summary

When the author first arrived in Merced, she saw no Hmong and had to stop at a gas station and ask where they lived. The attendant, a guy named Frank, told her where they lived. When she asked him why he thought they had chosen Merced, he replied with a Dumb Hmong story and laughed hysterically. She followed Frank's directions and found the Hmong on the wrong side of the tracks. She didn't know at the time, but she had landed in the most intensely Hmong place in the United States. The Hmong constituted a far greater fraction of the local population even though there were more Hmong in such places as Minneapolis. There were fourteen clans represented in Merced County, and they constantly drove from town to town visiting relatives. It also meant that young people had no problem finding marriage partners. Everything that meant anything to the Hmong was close by from shamans to qeejs, the musical instrument that was a Hmong life staple. When they couldn't find bamboo, they made their qeejs from pvc pipe. They believed that the qeej spoke to its audience – for example, giving travel directions to a dead soul – and this is not a metaphor. The qeej has six pipes and four of the six represent the tones of the Hmong language.

The anthropologist Eric Crystal loved Merced and the Hmong. He said that they test you every minute, but once you pass the test, they are fantastic. He thought they were on the best organized, most focused groups you could find on earth. This just made the author even more determined to find the answer to the question: How in

heaven's name could this have happened here? The answer could be found in two words: Dang Moua. He was the indefatigable grocer, interpreter, and pig farmer who had once been a clerk-typist at the American Embassy. He was to the Hmong what Daniel Boone bore to Kentucky. His pursuit of the American Dream was unbelievable. No one would ever be Dang's boss but Dang. He worked eighteen hours a day and in his spare time, when he lived in Richmond, he would go to the library to study climates and soil conditions and crop yields in other states. That's where, along with word from a brother who lived in Southern California, he learned about the Central Valley. So, the next day, he and his family left for California. They arrived in Merced with \$34. The first job he got was picking peaches and figs, and he could easily trap jackrabbits and squirrels for dinner. To Dang, worn beyond weariness by the journey from Laos to Thailand to Virginia to California, it was the long-desired terminus. Because of him, a favorable buzz arose in the Hmong community throughout the country, and so the Hmong began to migrate to Merced.

The migration became an economic catastrophe for Merced. It was already low in per capita income. Now the Hmong arrived and 79% received public assistance. They were not primarily or even solely responsible for Merced's fiscal crisis. There was also the accelerating transfer from agricultural work from people to machines; the double-digit unemployment rate; the 1995 closing of Castle Air Force base; and a 1992 restructuring of California sales and property taxes that returned more to the state and less to the county. Add to that Proposition 187, California's 1994 referendum that banned public services to illegal immigrants, and it was obvious that even legal immigrants would not be welcomed with open arms. However, there were some in Merced that welcomed the Hmong. Jeff McMahon, a young reporter at the Merced Sun-Star, felt their culture was a blessing to the community. The warmest welcome came when the Hmong, among other ethnic groups, became naturalized citizens in the Merced County Administration building.

There were, of course, many who felt differently. Dr. Robert Small told the author that he and his friends were outraged when the Hmong came to Merced. How could the government bring such nonworking people into their community? He was irate that these people seemed to know no shame, being on the dole and that they were happy that way. It was also a matter of racism. People sometimes showed their resentment of the Hmong as a race. Dang was asked by a man in a car why he hadn't just died in Vietnam instead of coming to Merced. He followed his father's advice which was to be kind to people who treat you like a beast. But the man didn't respond to his kindness. Dang wondered if he was a veteran and was convinced that Dang was the enemy. This was not far from the truth, because many people confused the Hmong with the Vietnamese, and sometimes, they were known by the derogatory name American soldiers had given the Vietcong – gooks. The Hmong took pains to explain that they had fought for the United States, but it usually made no difference. They even demonstrated against the new requirement that they work sixteen hours a week in public service jobs which the Hmong likened to slavery. They assumed that aid with no strings attached was no more than their proper due. They expected the Americans to be grateful for their help in the war while Americans expected the Hmong to be grateful for their aid. Sometimes, the author felt the Hmong of Merced were like one of those visual perception puzzles: if you looked one way at it, you saw a vase; if you looked another way, you saw two faces, and whichever image you saw, it was almost impossible to see, at least at first glance, the other.

As for the Merced school system, again, what you saw again depended on your point of view. From one perspective, the Hmong children were a disaster. They forced the school system to deal with sudden overcrowding and desegregation to keep schools from being almost entirely Asian. They had to come up with money to build new schools and buses to take the Hmong children to them. On the other hand, the Hmong children rarely caused disciplinary problems and regularly filled the honor rolls. Four of the Lees' children received Student of the Month awards. The parents would thank the teachers for teaching their child and would come to every meeting to make sure their children were fulfilling their duties. There were some Hmong children that didn't fit this example and joined gangs and carried guns. Nonetheless, once they reached adulthood, the Hmong had a low overall crime rate compared with other people below the poverty level.

The most frequent criticism the author ever heard was that the Hmong were terrible drivers. They also

consistently cheated on their driver's exam. Because they couldn't read the questions or fill in the correct X on the answer sheet, they learned to cheat through sewing! The women would embroider the Xs in the correct answer order on sleeves or button plackets so that the men could pass the test! The Hmong found this an ethical behavior, because they needed the car to stay close to their clans, so cheating was a way to keep the community together. The author liked the term "differently ethical" as a way to describe their behavior. The Hmong believed that rules and regulations were particularly breakable if they conflicted with the group ethic. They viewed it as the triumph of intelligence over bureaucracy.

The obligation to put the group before the self also had some negative consequences: stress, loss of privacy, a punishing sense of responsibility. Anyone who acted as a liaison for the community would be inundated with telephone calls and demands from so many for so much. Two of these included Blia Yao Moua and Jonas Vangay. Both had studied in France and had been offered jobs there. However, they believed if they stayed there, they would feel guilty, because of their obligation to the Hmong community. They had earned leadership roles in Merced, but little money and little peace of mind. They helped the community negotiate the public-assistance labyrinth and were part of a group of four or five people who had no private life whatsoever. Blia had an ambitious housing scheme – called Hmongtown - that involved the purchase of land and the building of houses that would remind the people of Laos. He thought it would boost their morale, and they would take good care of it. But when the author returned to Merced a year later, no one had heard of Hmongtown and Blia had left. He had burned out and stopped working for the community. As for Jonas, he agreed to have dinner one evening with the author, but was forty-five minutes late because he was helping a Hmong. The dinner was not a success, because the author didn't realize something about Jonas and other Hmong: they really only belonged in their own community. Jonas said, "I am the chameleon animal. You can place me anywhere, and I will survive, but I will not belong. I must tell you that I do not really belong anywhere."

Notes

This chapter is a basic interpretation of what brought an overwhelming number of Hmong to Merced. It analyzes how they migrate as a community even here in the United States and how they cling to each other over and above any and all else.

CHAPTER SEVENTEEN – The Eight Questions

Summary

Lia did not die, nor did she recover. She slept in her parents' bed a slight, silent husk. She lay suspended in time, growing only a few inches, gaining little weight, always looking far younger than her age, while her six siblings grew up around her. There were a few tremors as the Lee children passed through adolescence, but never the rifts that American families accept almost as a matter of course. One of their daughters, True, once said that this was the "coolest family ever," and she would never trade it for anything else in the world.

Because Foua's and Nao Kao's energies were waning, Jeanine Hilt eventually convinced them to allow Lia to attend the Schelby Center again, not to educate her, but to allow them some hours of respite. Because they trusted her, they agreed. While she was there, Dee Korda, Lia's foster mother. Frequently saw her. She could hardly bear to look at the little girl. Her entire family had taken Lia's neurological disaster hard.

Ironically, while Jeanine Hilt was vacationing at Disney World, she had an acute asthma attack, went into respiratory failure, and suffered oxygen deprivation so severe that she lost all brain function. She had suffered the exact same fate as Lia, only Jeanine died three days later. Foua said that when she heard Jenny was dead, her heart broke. She felt she had lost her American daughter. As for Neil Ernst and Peggy Philp, they developed an even greater understanding of the Lees when their own son developed leukemia. When Foua heard about their son's disease, she hugged Peggy, and they shed a few tears. "Sorrow of motherhood cut through all cultural barriers."

Unfortunately, since Lia's brain death, whatever scant trust Foua and Nao Kao had once had in American

medicine had shrunk almost to zero. Even when their daughter, May, broke her arm, they refused to allow the doctors in the ER to put it in a cast. Instead, they took her home, bathed the arm in herbs and wrapped it in a poultice for a week, and her arm regained its full strength! When Foua miscarried her seventeenth child, it took her falling unconscious on the floor before Nao Kao would consent to a D and C. Of course, he sacrificed two pigs while she was in the hospital. After Lia was vaccinated, she began to develop occasional seizure-like twitches. As a result, the Lees told Neil Ernst that they didn't want Lia immunized ever again, for anything. Dan Murphy once told the author that when you fail one Hmong family, you fail the whole community. "Lia's case had confirmed the Hmong community's worse prejudices about the medical profession and the medical community's worst prejudices about the Hmong."

However, at the hospital, Lia's case metastasized into a mass of complaints that grew angrier with each passing year. Especially the nurses were angry that the Lees were so ungrateful for the \$250,000 worth of care they received for free. They were angry that the Lees had been noncompliant and believed that Lia did not need to be in the state she was in. They believed the Lees just hadn't given her the medication. However, the author knew that Foua and Nao Kao *had* given Lia the Depakene. Furthermore, Bill Selvidge insisted that medication probably had nothing to do with Lia's final seizure. He believed that her brain had been destroyed by septic shock which was caused by the *Pseudomonas bacillus* in her blood. He had no idea how she had acquired it and probably never would, but he felt the bacillus caused the seizure and not the other way around. He also said that Lia's parents' noncompliance in the past had nothing to do with her final seizure. The Depakene might have compromised her immune system and made her more susceptible to the bacillus and that therefore, by following the doctors' orders, they had set her up for septic shock. He ended his commentary by saying to the author, "Go back to Merced and tell all those people at MCMC that the family didn't do this to the kid. We did." *She immediately realized that the Lees were right after all: Lia's medicine did make her sick!*

When the author took Selvidge's information to Neil Ernst, he said that if he'd thought that Lia was septic, he would have done a lumbar puncture. Bill didn't assign blame to Neil for not catching the sepsis. He believed her fate was sealed, because everyone at MCMC focused entirely on the seizures and Lia *was* her seizures. In fact, she continued to be her seizures because of the memory of those terrifying nights in the ER. They always spoke of Lia in the past tense, and to the author, it wasn't just absentmindedness. It was an admission of defeat. Lia was dead to her physicians, because medicine had once made extravagant claims on her behalf and had had to renounce them. The author asked Neil if he had ever wished he had never met Lia. He vehemently denied such a thing and told her that Lia had taught him that when there is a very dense cultural barrier, you do the best you can, and if something happens despite that, you have to be satisfied with little successes instead of total successes. You have to give up total control. Unfortunately, Foua didn't feel the same way. She said she just felt confused and wondered how the doctors could say that Lia would be in the same condition the rest of her life and not know how to change it. She worried about who would take care of Lia when she and Nao Kao passed away. She didn't want her daughter in an institution which she called a house for the dead. She believed that if that happened, Lia would want to die and would only suffer instead. She insisted that if this had happened in Laos, they could have cured her, but it happened in the US. Americans had done this to her, and their medicine now could not fix it. The author knew the truth: if the Lees had stayed in Laos, Lia would never have lived beyond her infancy, so, ironically, American medicine had both preserved her life and compromised it.

What was not clear to the author was who, if anyone, should be held accountable. She made a list of *what if* situations. When she presented them to Dan Murphy, he said he believed the gulf between the Lees and their doctors was unbridgeable, and that nothing could have been done to change the outcome. However, the author questioned whether it really was unbridgeable. She wondered whether the residents in the ER could have managed to elicit the Lees' trust at the outset – or at least managed not to crush it – by finding out what *they* believed, feared and hoped. After all, trying to understand Lia and her family by reading her medical chart was like deconstructing a love sonnet by reducing it to a series of syllogisms. But to all the medical staff who had cared for her, there was no guide except the chart.

The author then remembered that almost every discussion of cross-cultural medicine that she had ever read quoted a series of eight questions designed to elicit a “patient’s explanatory model.” It was developed by Arthur Kleinman, a psychiatrist and medical anthropologist who chairs the department of social medicine at Harvard Medical School. She began to think that they might actually be a work of genius. She told Dr. Kleinman that she had answered the eight questions the way she thought the Lees would have before any medicine had been administered. She thought he might have believed her answers were way too bizarre, but to each one, he answered affirmatively. From his perspective, a physician could encounter no more captivating a patient than Lia, no finer set of parents than the Lees. She then told him what had really happened and asked him for any retroactive suggestions for her pediatricians. He said he had three: get rid of the term compliance; second, instead of looking at a model of coercion, look at a model of mediation; and three, understand that as powerful as the culture of the Hmong patient and her family is on this case, the culture of biomedicine has its own set of interests, emotions, and biases, so how can you expect to deal successfully with someone else’s culture?

Notes

This chapter serves as a retrospective of Lia’s case and how so much could have done to make sure the outcome was different. That’s the tragedy when thinking of the potential of that little girl. So much could have been different.

CHAPTER EIGHTEEN – The Life or the Soul

Summary

The author begins this chapter with the assertion, “I do not know if Lia would be able to walk and talk today had she been treated by Arthur Kleinman instead of by Neil Ernst and Peggy Philp. However, I have come to believe that her life was ruined not by septic shock or noncompliant parents but by cross-cultural misunderstanding.” (pg. 262) She goes on to state that she had come across perhaps one hundred Hmong medical cases over the years. The imbalance that is still there is disquieting. For example, a child with a harelip did not receive the corrective surgery that she needed, because her father had killed, in Laos, a bird, but had not done so cleanly. The bird had suffered, and the Hmong believed that the spirit of the bird had caused the harelip in his child. To refuse to accept that punishment would be a grave insult. There were other bad outcomes, but there were also some good outcomes. For example, a Hmong man was hospitalized for an infection. He was asked on the general consent form, if he died, was he willing to donate his organs. As a result the man became highly agitated that the doctors were going to let him die and steal his organs. He wanted to leave immediately. When an interpreter was brought in and convinced the man that the doctors were honorable, he stayed and received successful treatment. After that, the hospital administrator fought to have the organ donation box removed from the consent form.

Francesca Farr did a number of things that generally weren’t done at MCMC: making a house call; taking along a cultural broker; working within the family’s belief system; not carrying her own belief system into the negotiations; never threatening, criticizing, or patronizing; and saying hardly anything about Western medicine. She truly like the Hmong and as a result worked successfully with them. However, the author learned that for doctors like Neil and Peggy, “their choice was morally satisfying, but whenever a patient crossed a compliance line, thus sabotaging their ability to be optimally effective doctors, cultural diversity ceased being a delicious spice and became a disagreeable obstacle.” (pg. 265)

Bruce Thowpaou Bliatout has suggestions for doctors such as these: female doctors should treat female patients and vice versa; involve the patient’s families; use bilingual or bicultural interpreters; enlist the support of family and community leaders; minimize blood drawing; allow relatives and friends in the room; allow shamans to perform ceremonies; encourage Hmong traditional arts; acknowledge the Hmong contribution to US military operations in Laos; promote clan reunification, never undercut the father’s authority; give refugees more opportunities; fuss over them less; and most importantly, integrate Western medicine with traditional healing arts. It was found when physicians followed this course, it actually improved the outcome. Bliatout actually felt that the shaman was the ideal collaborator. No one was better qualified to span the gap between the medical and

spiritual. He would always recognize the patient as a victim of an assault from outside powers or of an accidental separation from one part of his self. When this situation has identified and overcome by the shaman, health is recovered. So noncompliance could then be labeled as a form of the Hmong reaction to threat or blame: fighting or fleeing.

During the mid-eighties, the Nationalities Service of Central California in Fresno received a short-term federal grant of \$100, 965 to establish an integrated mental health delivery service. Their resulting project contained descriptions of eighteen healing ceremonies intended to help make the client amenable to recommended medical procedures. Unfortunately, the project died out for lack of renewable funding. So, immigrants, even if they can get to a hospital and have the money to pay for the medical services, may find mainstream health care inaccessible. Ten years ago, there were hardly any medical schools that included cross-cultural training. But about 1995, national guidelines for training psychiatry residents stipulated that they had to learn to assess cultural influences on their patient's problems. For example, at San Francisco General Hospital, all family practice residents are required to do a rotation at the Refugee Center. However, the author wondered whether any of this would trickle down to a place like Merced. As it turned out, it did much more than she expected. For example, Hmong were considered as employees who could be cultural brokers rather than lab assistants or nurse's aides.

Of course, change came hard. It was observed that residents were over-reliant on biomedicine. They regarded cross-cultural medicine as a form of political bamboozlement, an assault on their rationality rather than a potentially lifesaving therapy. They were the product of American medical schools which teach students how to separate themselves from their emotions. Stanford is trying to bring back the full humanity of the medical students. William Osler said, "ask not what disease the person has, but rather what person the disease has." The author believes that if there were more Osler-type generalists around, the Hmong, among others would stand to benefit. For example, a Hmong man being referred to a specialist did not ask the referring physician to get one who was skilled or famous. Instead, he asked if he knew someone who would care for him and love him. The author acknowledges that Western medicine saves lives, but she asks if it would be too much for doctors to acknowledge their patients' realities.

The author took Bill Selvidge and Sukey Waller to dinner one night, believing they would have a lot in common. They discussed many Hmong ideas over dinner where Bill insisted that he had to act on behalf of the most vulnerable person in the situation and that was the child. You had to do what was best for the child even if the parent opposed it, because if the child died, she wouldn't get a chance twenty years down the road to decide if she wanted to accept her parents' beliefs or reject them. Sukey responded with the question, "What if the parents see the medical procedure as a definite possibility of eternal damnation for their child if she died in surgery. So what was more important: the life or the soul? Bill said the life, but Sukey insisted it was the soul.

Notes

This chapter summarizes the definite cultural differences that might never be resolved in the United States. The medical establishment will always believe that the life of the patient takes precedence over anything else, while the Hmong will always turn to their cultural concept that the soul was all important.

CHAPTER NINETEEN – The Sacrifice

Summary

This final chapter describes a healing ceremony for Lia. The shaman arrived with his tools: saber, gong, rattle, finger bells. He also brought his own flying horse in imitation of Shee Yee, the greatest shaman. It was aboard about ten feet long and ten inches wide attached to a pair of sawhorse-like supports. To the Hmong, it was truly a flying horse, just like the bread and the wine in the Catholic mass are not symbols of the blood and body of Christ, but are the actual things.

The Lees had risen at dawn for the ceremony, because they believed that is when the soul can come back better.

They had purchased two pigs – a small female one for the family and a large male one for Lia. They had three aluminum pots boiling to singe the pig's bristles and bags of fresh vegetable and herbs to be ground up for the traditional festive dishes. There would be a feast following the *neeb* ceremony that would last far into the night. Nao Kao had prepared a large stack of spirit-money which would pay the pig for its soul and settle other spiritual accounts. The shaman spread his tools around him and the author, watching the ceremony, was reminded of some articles she had read that discussed the power and influence of the shaman, but she was taken aback to see him watching a Winnie-the-Pooh cartoon. He was very skinny, because like all shaman, he expended so much energy in his shaking trance. It was against his code of honor to accept any money for his services, but he would receive the heads and right front legs of the pigs. After eating the meat, he would allow the bones to dry outside his house and then ritually burn them at the end of the Hmong year. This would release the pigs' souls from their duties as proxies for Lia's soul and would allow them to be reborn.

The first step of the ceremony was to safeguard the health and well-being of the family. The shaman would tie a cord around the pig and then around the Lee family to bond their souls. Then, the pig would be killed with the hope that the spirits were present in the apartment. This was an uphill battle on the mere fact that the apartment had no similarity to their hut in Laos. The male relatives would carry the pig to the parking lot to examine the entrails. When they returned, the entire atmosphere of the apartment would have changed – everything would be candle-lit and much more serious. The shaman would be dressed in a special costume and his whole demeanor would have changed. Now it was Lia's turn. Her parents believed that her condition was probably beyond the help of the shaman, but they hoped by having the ceremony, she would be happier and stop crying at night. Of course, they never gave up that faintest flicker of hope that her soul would be found after all.

The shaman placed spirit-money on Lia's shoulder hoping to buy back her life-visa. A chicken was sacrificed and examined to see if Lia's soul had returned. She was surrounded by her entire family and more than twenty of her relatives. Their solicitude converged on her motionless form like sunlight focused by a magnifying glass until it burns. Dee Korda once said that Lia knew how to love and how to let people love her. This solicitude showed that whatever else she had lost, Lia still knew how to be loved. Then, Lia's pig was brought into the room and a cord was tied around it and Foua holding Lia. This linked Lia's soul to her mother's as well as to the pig's soul. Spirit-money was placed next to the pig, and the shaman brandished his saber to cut away Lia's sickness. He said, "There were waters of gold and silver. They will wash away the sickness clean." Then, they cut the pig's throat and held the spirit-money in the torrent of blood. Lia's back was touched with a finger bell dipped in the blood. She was now marked against any evil spirits touching her. Then, the shaman took the spirit-money from Lia's shoulder and placed in on the back of the dead pig. With the blood of the pig on her back, Lia could go anywhere in the world and still be recognized as a child who needed healing.

Now the shaman was ready for the most dangerous part of the ceremony. He placed a headdress on his head which kept him from seeing because a veil blocked his sight. This was meant to help him enter his ecstatic trance. Then, he sat on the winged horse. His assistant beat the gong to indicate that the journey was beginning. The shaman jumped backwards on the bench, and at this point, he was risking his life. He began to gallop on the narrow board and speak in a language that even the Hmong could not understand. They knew he was speaking to his familiar spirits and negotiating with evil spirits for the release of Lia's captive soul. The chicken was brought back in while the shaman continued his journey. The spirit-money was burned and sent to the realm of the unseen. The gong sounded and the shaman galloped faster and faster. The soul-caller began to chant, "Where are you? Where have you gone? . . . Come home to your house. Come home to your mother . . . Come home. Come home. Come home."

Notes

This final examination of Lia's life shows the Lees as a family that never loses hope that their little girl will come home someday. The irony is that Lia is forever lost.

OVERALL ANALYSES

CHARACTER ANALYSIS

Anne Fadiman - As a reporter and a researcher, it is apparent that Anne Fadiman entered this story prepared to believe that the doctors of Merced did the best they could under the circumstances. However, after she becomes acquainted with the Hmong community and the Lee family, we see that she comes to understand how truly tragic Lia's story is. She looks at every aspect of the cultural collision and the mistakes that were made by both sides that led to the destruction of Lia's brain. She comes to understand the concept of a little medicine and a little *neeb*, or compromise. She feels the frustration and stress created in the doctors when they must deal with the Hmong and the fear and the decision to flee on the part of Hmong when they see what the doctors are doing. In the end, she seems more sympathetic to the Lee family than to her doctors, but she also indicates that the doctors always had the little girl's best interests at heart.

Lia Lee - Although she is always too small or too sick to be seen from the perspective of her own viewpoint, Lia is a character who is very much alive and vivid to the reader. She is a spoiled child who is very demanding, and yet, she is also very loving and affectionate and always had time for hugs and kisses. Her disease was an unfortunate aspect of her character, because her beauty and her parents' love indicate that her potential was great. As an epileptic, she was actually worshipped as a princess, and it was believed that she would someday become a shaman. Her mother dressed her immaculately and decoratively, and even though she was overweight, it was because she was so loved. The tug-of-war over her and her health ultimately led to her tragedy: a child who would spend the rest of her life in a vegetative state.

Foua Yang & Nao Kao Lee - They are Lia's parents as well as the parents of sixteen children, eleven of whom survived. They are of Hmong, the mountain people of Laos who helped the CIA fight the communists in Southeast Asia. Their culture is one that Americans find very difficult to understand, and as a result, their child, Lia, became the victim of the collision between Hmong and American doctors. They deeply loved their children, especially Lia, because she was so beautiful and because she had the character traits of a future shaman. They would have preferred to raise their children in Laos where they could insulate themselves within their culture and their community; however, they ended up in America where they only asked for basic respect and some understanding of their cultural practices. They, too, are to blame for the sad outcome of Lia's brain impairment, but at least they would have accepted American medicine if only the doctors had learned to compromise with them.

Neil Ernst & Peggy Philp - They were two doctors, husband and wife, who first cared for Lia when she was brought to MCMC. Neither had ever had any experiences with Hmong, but accepted that they were dealing with a culture that was far different than any they had ever heard of. They were also willing to question their own practices and those of their colleagues if it meant better medical services for their patients. However, in the end, they still believed in the concept of patient compliance. In other words, they expected the patient to accept that they knew best and that not to accept their recommendations and orders would lead perhaps to the loss of the patient's life. They sincerely did not understand why they needed to include cultural differences into their course of treatment so as to compromise with the patient. They felt badly about what happened to Lia, but didn't really accept that they played such a huge role in her tragedy.

Jeanine Hilt - As a social worker, it was her job to defend the Lees from any and all outside forces that would have hurt them in a strange culture. However, Jeanine took her job above and beyond anything that might have been expected of her. She was one of the few people around the Hmong who really and truly like them, and she loved the Lees and Lia. She championed the child and defended the parents against the racism and condescension of the medical community in Merced. She helped the author cross bridges into the Hmong community and gave her insight into how the Hmong think. In the end, ironically, she died from the same brain impairment that left Lia a vegetable because of a severe asthmatic attack that left her oxygen deprived. Her loss was a great one not only for the author and Lia and her parents, but also for the Hmong community as a whole.

PLOT STRUCTURE ANALYSIS

The narrative begins with a preface in which the author discusses her carton of cassette tapes to which she listens at times to remind her of her experiences with Lia Lee and the clash between the Hmong community and American medicine. This is followed by nineteen chapters that explain how Lia was born and how she became epileptic. Lia's story is interspersed with chapters that discuss Hmong history and religious beliefs, their contribution to the Vietnam War and how they have come to be a migratory culture. The final two chapters are devoted to where blame could be placed for Lia's ultimate medical condition and the final healing ceremony that the author witnessed in an attempt to heal this little girl.

THEMES – THEME ANALYSIS

Cultural Understanding - The first and most important theme is cultural understanding. The basic premise of the book is that a collision of two cultures – Hmong and American – led to a medical tragedy for Lia Lee. The author investigated every aspect of the story: how the Lees were forced to immigrate to America; how their daughter was born her with epilepsy; how the Hmong flee when confronted with any authority that attempts to make them comply; how misunderstandings because of religious differences and language barriers led to problems with Lia's medication; and how all of these situations led to Lia's vegetative state. The author, of course, then questions where the blame must be placed for this tragedy and comes to the conclusion that it was probably unavoidable, but should not have been. She advocates the understanding of cultural differences as part of any patient's medical treatment and encourages doctors to ask the patient what he wants and what he perceives to be his problem.

A Little Medicine, A Little Neeb, or Soul - The second theme is a little medicine, a little *neeb*, or soul. The Hmong themselves had presented this idea to Ms. Fadiman as one way of understanding how Hmong think and what it means to be Hmong. It basically means *compromise* and refers to the fact that if the Merced doctors had taken the time to look into Hmong medical practices and beliefs, it is very possible that Lia would not have suffered as she did. Their refusal to see that they needed to understand the people with whom they were dealing and not dismiss them as savages ultimately led to Lia's final seizure and subsequent brain damage. In the end, the doctors saw the child's life as most important while the Hmong looked to the soul. They both needed to compromise and look at the favorable characteristics of the other side.

When Everything Else is Gone, There Is Love - A final theme tells us when everything else disappears, there is love. The doctors stood by life; the Hmong stood by the soul. There was no medicine meeting up with *neeb*, and as a result, there was the creation of a lost child – Lia. After she suffered brain damage, there was regret on both sides. The doctors, although they were unwilling to change their view too radically, realized that they were to blame for her affliction while her parents, even though basically vindicated, still understood that some of the doctors – specifically Neil and Peggy – cared about their daughter. So, in the end, it was all about love for Lia. They loved her for her lost potential (the doctors), and they loved her because she was their beautiful little girl and always would be (the parents). So, even though she was so badly damaged, Lia lived on, mostly because even when there was nothing more than the husk of a child left, her parents loved her.

AUTHOR'S STYLE

The style is difficult at times, because the author uses a sophisticated, academic style in writing the book. It is not always user-friendly, and at times, it can be decidedly difficult to read (like an academic publication). However, it is well-researched and evenly narrated from both the perspective of the doctors and the Hmong.

RISING ACTION

The rising action begins on July 19, 1982, with the birth of Lia Lee in the Merced Community Medical Center. It runs through her life and her experiences with epilepsy with some flashback to the history of the Hmong people and their culture. It ends with the climax of Lia's most severe epileptic seizure and her ultimate brain damage.

FALLING ACTION

The falling action involves the author's analysis of how the Hmong came to Merced in the first place, the collision of the two culture, and where the blame lies for Lia's vegetative state.

POINT OF VIEW

The point of view is first person throughout the narrative as it is told from the experiences of Anne Fadiman, the author, who investigates the cultural differences that led to Lia's condition.

OTHER ELEMENTS

FORESHADOWING

There are several literary devices that pop up at various times in the story. One of the most prevalent ones is **foreshadowing**, which frequently presents clues of something that will happen later in the novel. Some examples of foreshadowing include:

1. Fadiman says, to end the preface, that now and then, late at night, she imagines what the voices on the tapes would sound like if she could somehow splice them together so that the voices of the doctors and the voices of the Hmong could be heard on a single tape, speaking a common language. This foreshadows that they didn't speak a common language. and it led to tragedy.
2. The author says that Foua's doubts about MCMC in particular and American medicine in general would not begin to gather force until Lia had visited the hospital several times. This foreshadows that the family will lose confidence in the doctors.
3. A Hmong storyteller may be longwinded. To the author, this trait of the Hmong people helps her feel that what happened to Lia Lee and her family when they encountered the American medical system could only be understood by beginning with the *first* beginning of the world, like the Hmong would begin a story. This foreshadows how tragic the situation became.
4. The author says the history of the Hmong provides several lessons to anyone who deals with them: they do not like to take orders; they do not like to lose; they would rather flee, fight, or die rather than surrender; they are not intimidated by being outnumbered; they are rarely persuaded that the customs of other cultures are superior; and they are capable of getting very angry. This foreshadows how the Lees will react to the authority of the doctors at Merced.
5. The important aspect of this chapter is the two-sided nature of epilepsy among the Hmong. The fact that it has a divine nature to them and the fact that the doctors see it only as a disease to be either cured or controlled foreshadows problems yet to come between the two cultures.
6. Chapter Four is a further examination of the uneasy relationship between the Hmong and western medication. It is once again a foreshadowing of the problems that will crop up between the doctors at Merced and the Lees.
7. Lia's medical chart eventually grew to five volumes. Looking back on the earliest entries years later, Peggy Philp would wonder whether the course of Lia's life might have changed if the hospital had offered her optimal treatment right from the beginning. This foreshadows how terrible her life would become.
8. The Depakene was no longer working. The doctors felt they were grasping at straws. They even considered surgery to cauterize Lia's brain. By early fall, they began to get this feeling of doom. This foreshadows when Lia suffered the "Big One," or the profoundly disabling grand mal seizure.

IRONY

Another important element is **irony** – when something happens, or is seen, or is heard that we may know, but the characters do not, or that appears opposite of what is expected. Some examples of irony include:

1. To a Hmong, if a soul can't find its placenta, it is condemned to an eternity of wandering, naked and alone. Ironically, Lia's placenta was never buried and she became a lost soul as well.
2. In Lia's naming ceremony, Foua and Nao Kao would promise to love her, and the ceremony would end with the elders blessing her and praying that she would have a long life and that she would never become sick. This is ironic, because she lived a very sick life with no awareness of what was going on around her.

3. When the author asked Bill Selvidge why the doctors never asked the Hmong how *they* treated their illnesses, ironically, he replied that because they dressed in American clothing, had American driver's licenses and shopped in supermarkets, it never occurred to the medical staff that they might practice unconventional healing arts.
4. The author was struck by the fact that Nao Kao was actually right: the hospital had made Lia sicker instead of well!
5. In Laos, the French colonial government encouraged the Hmong to pay their taxes in raw opium in order to supply the official lowland network of government-licensed opium dens. The Hmong complied with ease. Surprisingly, however, few Hmong aside from the chronically ill and the elderly were addicts.
6. Vang Pao was the one who realized the best way to guarantee Hmong collaboration was to support their opium trade, so CIA planes picked up blocks of opium for distribution; they gave Vang Pao his own airline which flew opium from the Hmong military base to South Vietnam where it helped addict an estimated 30,000 American soldiers to heroin.
7. When Lia suffered the "Big One," she was so sick that Nao Kao had his nephew who spoke English come over and call 911. This, in retrospect, might have been a mistake. They feared if they took her to the ER themselves – a three block run from their apartment – they wouldn't be taken as seriously. However, an ambulance was always taken seriously. Nao Kao was generally correct in this case, but the ER would have triaged Lia anyway, immediately ahead of any other patients given her situation.
8. One thing Medi-Cal refused to pay for was a pediatric hospital bed for Lia. The doctor who made the decision said the Hmong sleep on the floor anyway so they didn't need it. Jeanine Hilt went berserk when she heard this, and she called the doctor a racist. She finally found a medical supply house that was willing to give the bed to Lia for free. Ironically, Foua and Nao Kao put Lia in bed with them and she never used it.
9. As the months passed, Lia became, in some cockeyed sense, a radiantly vital child. Her brain damage had ended her epilepsy and as she grew taller and with her obligatory soft diet, she was no longer obese. As Peggy said, "She was perfect. A perfect little vegetable." Also, to the hospital staff, her parents were transformed from abusers to model caregivers. Lia was always immaculate and beautifully dressed. She was constantly touched and loved by her parents and her siblings. However, to the Lees, their daughter had changed utterly, but their behavior as parents had not changed in the slightest.
10. At Lia's birthday party, they served Hmong eggrolls, steamed bananas, sacrificed chickens, and ironically, Doritos.
11. Once a year, the Lees would bring Lia back to the clinic at MCMC for a check-up. When they would miss an appointment, the computer would spit out a letter addressed to Lia telling her that she had not come to the clinic, and she needed to call to set up another appointment. Of course, Lia never called.
12. The Lees preferred to give the little girl laxatives, but Martin, the visiting nurse, told them it would better to give them Metamucil or prune juice. Nao Kao and Foua just stared at him. For four years, they had been told to give Lia medicine they *didn't* want to give her. Now, ironically, they were being told not to give her medicine that they *did* want to give her.
13. Ironically, while Jeanine Hilt was vacationing at Disney World, she had an acute asthma attack, went into respiratory failure, and suffered oxygen deprivation so severe that she lost all brain function.
14. The soul-caller in Lia's healing ceremony, began to chant, "Where are you? Where have you gone? . . . Come home to your house. Come home to your mother . . . Come home. Come home. Come home." Ironically, Lia would never come home, because her brain has been lost forever.

IMPORTANT QUOTES – QUOTATIONS AND ANALYSIS

The following quotations are important at various points of the story (Farrar, Straus, and Giroux, 1997):

1. Like the Hmong shamans, epileptics "experienced powerful senses of grandeur and spiritual passion during their seizures and powerful creative urges in their wake." (pg. 29; This quote connects Lia to the Hmong belief that epileptics were potential shamans.)
2. "It took all the autonomy of a being a parent away, even for folks who have had a lot of medical experience. It would be that much harder if you were from another culture and didn't understand the purpose of these

things.” (pg. 44; This quote refers to the way the medical establishment in hospitals treats the parents of sick children.)

3. “Lia’s family had never paid a penny for the hundreds of hours of care she received – and yet the Lees failed utterly to appreciate the generosity of Medi-Cal and of Neil and Peggy’s services.” (pg. 57; This was Neil Ernst’s attitude toward the Lees when he became frustrated at what he deemed their non-compliance.)
4. “It was typically Hmong for patients to appear passively obedient – thus protecting their own dignity by concealing their ignorance and their doctor’s dignity by acting deferential – and then, as soon as they left the hospital, to ignore everything to which they had supposedly assented.” (pg 68; This shows the cultural clash between the Hmong and the MCMC doctors.)
5. The Hmong would debate and debate and then refuse a medical treatment. “That attitude had been very culturally adaptive for the Hmong for thousands of years and . . . it is still culturally adaptive, but when it hit the medical community, it was awful.” (pg 71; This also shows how cultural differences made the relationship between doctor and their Hmong patients very difficult.)
6. Supreme Court Justice Robert Jackson wrote, “Parents may be free to become martyrs themselves, but it does not follow that they are free, in identical circumstances, to make martyrs of their children.” (pg. 80; This decision in 1947 made it possible for Neil to refer Lia to Child Services.)
7. “What I miss in Laos is that free spirit, doing what you want to do. You own your own fields, your own rice, your own plants, your own fruit trees. I miss that feeling of freeness. I miss having something that really belongs to me.” (pg. 105; Foua made this comment which shows how difficult her adjustment to America was.)
8. “The Lees believed their daughter was transferred to the children’s hospital, not because of her critical condition, but because of Neil’s vacation plans, and that if she had stayed at MCMC, he would have restored her to health, just as he had on every other occasion. (pg. 145; This bitter feeling came about after Lia lost brain function and nearly died.)
9. “Violence, starvation, destitution, exile and death were, however horrific, within the sphere of the known, or of conceivable tragedies. What had happened to Lia was outside that sphere.” (pg. 171; This shows the utter confusion the Lees felt when Lia became so sick.)
10. “We were going to let them take her home anyway, but *they just couldn’t fucking wait!*” (pg. 179; This is Neil’s frustrating remark after Nao Kao tried to take Lia out of the hospital before she was officially discharged.)
11. During their eighth year in the US, the Lees had only ever invited one American adult into their home: Jeanine Hilt. “It would be hard to imagine anything further from the vaunted American ideal of assimilation, in which immigrants are expected to submerge their cultural differences in order to embrace a shared national identity. *E pluribus Unum*: from many, one.” (pg. 182; This was the author’s observation about the life of the Lees in America.)
12. “Lia was almost seven. For more than two years, her doctors had been waiting for her to die, and her parents had been confounding them with their ability to keep her alive. Although Lia was not dead, she was quadriplegic, spastic, incontinent, and incapable of purposeful movement. Her condition was termed a ‘persistent vegetative state.’ “ (pg. 210; This is the medical world’s assessment of Lia’s condition after the “big One.”)
13. “In Foua’s eyes, ‘the husband and wife doctors’ were guilty not of the mortal sin of destroying her daughter but of the lesser sin – a sin of omission – of going on vacation and leaving Lia in the wrong hands.” (pg. 213; This summarizes the simplistic, but true, way Foua looked at the cause for Lia’s condition.)
14. “Go back to Merced and tell all those people at MCMC that the family didn’t do this to the kid. We did.” (pg. 255; This was Bill Selvidge’s assessment of where the blame for Lia lay.)
15. The author asked Dr. Kleinman for any retroactive suggestions for Lia’s pediatricians. He said he had three: get rid of the term compliance; second, instead of looking at a model of coercion, look at a model of mediation; and three, understand that as powerful as the culture of the Hmong patient and her family is on this case, the culture of biomedicine has its own set of interests, emotions, and biases, so how can you expect to deal successfully with someone else’s culture? (pg. 261; This summarizes how the idea of a little medicine and a little *neeb* could be achieved.)

SYMBOLISM / MOTIFS / IMAGERY / METAPHORS / SYMBOLS

Other elements that are present in this novel include **symbols and metaphors**. **Symbols** are the use of some unrelated idea to represent something else. **Metaphors** are direct comparisons made between characters and ideas.

These are examples of metaphors:

1. The author says the doctors call cultural problems “collisions” as if two different kinds of people had rammed into each other, head on, to the accompaniment of squealing brakes and breaking glass. The encounters were messy, but rarely frontal. Both sides were wounded, but neither side seemed to know what had hit it or how to avoid another crash.
2. The Hmong fleeing Laos were not the same people when they made it to the other side of the river, and as the elder said, “When you try to restick this thing together, it is like putting glue on a broken glass.”
3. Hmong mothers dress their children in intricately embroidered hats which when viewed by a *dab* seeking their souls from above will appear to be flowers and protect them from the evil spirits.
4. When a rabies scare cropped up, to get the Hmong to bring in their dogs for vaccines, he organized a Rabies Parade in which there were three characters – a tiger, a chicken, and a *dab* – which told the people by loud speaker to bring in their dogs.
5. A plump Hmong child was perceived as healthy and especially well cared for.
6. Neil said that when Lia’s Depakene stopped working, they felt like there was a giant snowball coming down the mountain, and they were trying to hold it up there, but it kept pushing them down.
7. In the early 1910s and 1920s, immigrant workers in the Ford automotive plant in Dearborn, Michigan, were given free, compulsory “Americanization” classes. At their graduation ceremony, there was a giant wooden pot which the teachers stirred with ten-foot ladles. The students would walk into the pot wearing their traditional costumes, singing folk songs from the country of their origin, and walk out of the pot in suits, ties, and dresses, singing the US National Anthem.
8. Dr. Bill Selvidge had a patient complaining of a bad back, but Selvidge realized that he was suffering from depression. The man had become agoraphobic, afraid to leave his house, because he thought if he walked more than a few blocks, he’d get lost. It was the perfect metaphor: he had seen his entire immediate family die in Laos, he’d seen his entire country collapse, and he never was going to find his way home again.
9. A half-finished bottle of Depakene syrup continued to sit on Foua’s kitchen shelf for years, not to be used, but because at one time the American doctors had considered it priceless, and discarding would have been like tossing out a pile of foreign coins that were no longer negotiable but had not altogether shed their aura of value.
10. Foua and Nao Kao seemed to have entered a vegetative state themselves when it came to Martin, the visiting nurse. The author couldn’t figure out what came over them. It occurred to her that these were the people that Peggy and Neil had been dealing with for years. No wonder everyone but Jeanine thought they were impenetrable and stupid. It was as if, by a process of reverse alchemy, each party in this doomed relationship had managed to convert the other’s gold into dross.
11. Martin, the visiting nurse, likened Lia to a character in a Greek tragedy.
12. The dinner the author had with Jonas Vangay was not a success, because the author didn’t realize something about Jonas and other Hmong: they really only belonged in their own community. Jonas said, “I am the chameleon animal. You can place me anyplace, and I will survive, but I will not belong. I must tell you that I do not really belong anywhere.”
13. After all, trying to understand Lia and her family by reading her medical chart was like deconstructing a love sonnet by reducing it to a series of syllogisms.

These are examples of Symbolism:

1. The Lees had a red metal chair for guests, that was always set up as soon as she arrived at the Lee apartment. The color and the fact that it was reserved for guests indicate it represented a respected spot in their home.
2. *The dab* represented a malevolent spirit.
3. The Hmong word for placenta is the same word for “jacket,” because it is considered one’s first and finest garment.

4. One of the most recurring characters of Hmong folktales is the Orphan, a young man whose parents have died, leaving him alone to live by his wits. This character is a symbol of the Hmong people.
5. It was Bill Selvidge, MCMC's former chief resident, who first told the author about the doctors' description of how challenging the Hmong were as patients. The doctors joked that the preferred method of treatment for them was "high-velocity transcortical lead therapy," which meant the patient should be shot in the head.
6. Nao Kai thought of the doctors in the ER as *tsov tom* people, or "tiger bite people." Because the tiger represented in Hmong folktales wickedness and duplicity, this was a very serious curse.
7. Later, many of the Hmong who crossed the Mekong River to escape the communists refused to give up the floatation devices that had carried them across the river. They held on to them even into the hospital doors where they were taken for treatment. These devices symbolized freedom and survival.

IMPORTANT / KEY FACTS SUMMARY

Title: *The Spirit Catches You and You Fall Down: A Hmong Child, her American Doctors, and the Collision of Two Cultures*

Author: Anne Fadiman

Date Published: 1997

Meaning of the Title: It refers to the description of epilepsy in the Hmong language.

Genre: nonfiction

Setting: Merced, California and Laos, Southeast Asia in the Mid 1960s to 1997

Protagonist: Anne Fadiman

Antagonist: The Lees and the doctors at MCMC

Mood: The mood is one of frustration and stress throughout much of the book as the author attempts to explain how the collision of two cultures led to the tragedy of seven year old girl left in a vegetative state. There are moments of triumph when people learn from the mistakes of the past, but they are few and far between the tragic moments for little Lia Lee.

Point of View: The point of view is first person through the eyes of Anne Fadiman

Tense: The story is told in the past tense.

Rising Action: The rising action begins on July 19, 1982, with the birth of Lia Lee in the Merced Community Medical Center. It runs through her life and her experiences with epilepsy with some flashback to the history of the Hmong people and their culture. It ends with the climax of Lia's most severe epileptic seizure and her ultimate brain damage.

Exposition: The author tells us the story of a little Hmong girl who is born in the United States and soon develops a severe case of epilepsy. Then, there develops a case of "collision" between the medical authorities at Merced and Lia's parents. As a result, she is never properly medicated and eventually had a grand mal seizure that leaves her brain dead. In the end, the author tries to show how such a situation could have been avoided with understanding and compromise.

Climax: The climax occurs when Lia Lee has a grand mal seizure that leaves her in a permanent vegetative state.

Outcome: The medical community comes to realize that they must understand the cultural differences of immigrant patients as part of their medical treatment, and the Lees come to the conclusion that Lia was damaged, because the doctors gave her too much medicine. In the end, one side favors life at all costs while the other side is more concerned with the soul.

Major Themes: Cultural Understanding; A Little Medicine, a Little *Neeb*; and When everything else disappears, there is always Love.

STUDY QUESTIONS – MULTIPLE CHOICE QUIZ

1. A shaman ties cords around a baby's wrist, because
 - a.) he wants to make the baby his.
 - b.) he wants to bind her soul to her body.
 - c.) he wants to place her name on it.
2. The Lees believed that Lia had her first seizure, because

- a.) she was invaded by a *neeb*.
 - b.) Yur dropped a book on the floor.
 - c.) Yur slammed the door.
3. The name Hmong means
- a.) the people.
 - b.) the shaman.
 - c.) the mountains.
4. The Lees were not upset about Lia's epilepsy, because
- a.) it was a sign that Lia could be a shaman someday.
 - b.) it was a sign of a long and happy life.
 - c.) it was a sign that she was a man born again into a woman's body.
5. The nurses didn't like the Lees or their daughter, because
- a.) they tied Lia into her crib.
 - b.) they made Lia sleep on the floor.
 - c.) they untied Lia from her crib.
6. When the Lees failed to give Lia a combination of medicines,
- a.) the doctors had them arrested.
 - b.) the doctors called in Children's Services.
 - c.) the doctors refused to treat Lia.
7. Dee Korda was Lia's foster mother who
- a.) was afraid of the Lees.
 - b.) was overworked and abused Lia.
 - c.) loved the Lees and Lia very much.
8. The Hmong had traditionally lived in Laos
- a.) in the lowlands.
 - b.) in the mountains.
 - c.) on the plain.
9. The Hmong attitude toward life was
- a.) to migrate whenever problems became unsolvable.
 - b.) to fight to the death.
 - c.) to assimilate into another culture.
10. Lia's parents believed that Lia got sicker at the children's hospital, because
- a.) the doctors didn't like the Hmong.
 - b.) Neil and Peggy went on vacation.
 - c.) they didn't know about her soul being missing.
11. After the Lees took a vegetative Lia home to die, she lived, because
- a.) they had her drink pig's blood.
 - b.) they complied with her medicine regimen.
 - c.) they bathed her in herbs.
12. The Hmong community migrated to Merced, because
- a.) Dang Moua had spread the word about the town.
 - b.) Vang Pao spread the word about the town.
 - c.) Jonas Vangay spread the word about the town.
13. Dr. Kleinman came up with a solution to help the two cultures understand each other which he called
- a.) the Qu'an.
 - b.) The Eight Questions.
 - c.) Transcortical Lead Therapy.
14. The biggest difference between the doctors and the Hmong was
- a.) the Hmong believed in shamans and the doctors believed in churches.
 - b.) the Hmong wanted to give the patients naming ceremonies and the doctors did not.
 - c.) the Hmong believed in soul and the doctors believed in life.
15. By having the healing ceremony for Lia that the author witnessed, the Lees hoped that
- a.) they could make Lia stop crying at night.

- The Spirit Catches You and You Fall Down* by Anne Fadiman - MonkeyNotes by PinkMonkey.com
- b.) Lia would return completely to normal.
 - c.) the *dab* would give back her soul.

ANSWER KEY

1.) b. 2.) c. 3.) a. 4.) a. 5.) c. 6.) b. 7.) c. 8.) b. 9.) a. 10.) b. 11.) c. 12.) a. 13.) b. 14.) c. 15.) a.

ESSAY TOPICS - BOOK REPORT IDEAS

1. Explain the meaning of the title.
2. In the history of the Hmong, they fought against a number of different peoples who claimed sovereignty over their lands. How did these upheavals affect the Hmong and what role has history played in the formation of their culture?
3. The author was struck by how stressed the medical personnel who cared for the Hmong were. Why did the doctors develop such stress?
4. Describe Neil Ernst and Peggy Philp. Why did the Lees not understand what they wanted? How could they have better cared for Lia?
5. Describe Lia's foster home. Was it ultimately beneficial or detrimental to Lia's health? Why or why not?
6. Describe the Lees' life in Laos. Was it better or worse than the United States? Why or why not?
7. How does the story of Shee Yee, the greatest of all Hmong folktales, reflect the Hmong culture?
8. Discuss the racism that was apparent when it came to dealing with the Hmong within Merced and within the hospital. Why did people feel that way? How could feelings have been changed?
9. What are the most important aspects of the Hmong culture? What do the Hmong consider their most important duties and obligations? How did they affect the Hmong's transition to the United States?
10. Lia Lee ended up in a vegetative state even though her doctors worked hard to prevent it and her parents loved her more than life itself. How then did this tragedy happen and how could it have been prevented?

COMMENT ON THE STUDY OF LITERATURE

The study of literature is not like the study of math or science, or even history. While those disciplines are based largely upon fact, the study of literature is based upon interpretation and analysis. There are no clear-cut answers in literature, outside of the factual information about an author's life and the basic information about setting and characterization in a piece of literature. The rest is a highly subjective reading of what an author has written; each person brings a different set of values and a different background to the reading. As a result, no two people see the piece of literature in exactly the same light, and few critics agree on everything about a book or an author.

In this study guide, we have tried to give an objective literary analysis based upon the information actually found in the novel, book, or play. In the end, however, it is an individual interpretation, but one that we feel can be readily supported by the information that is presented in the guide. In your course of literature study, you or your professor/teacher may come up with a different interpretation of the mood or the theme or the conflict. Your interpretation, if it can be logically supported with information contained within the piece of literature, is just as correct as ours; so is the interpretation of your teacher or professor.

Literature is simply not a black or white situation; instead, there are many gray areas that are open to varying analyses. Your task is to come up with your own analysis that you can logically defend. Hopefully, these booknotes will help you to accomplish that goal.

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