Introduction

Demographic changes in the Seattle area are having a profound impact on the local health care delivery system. Health care providers need to hear from ethnic communities about their experience in trying to access health care. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one’s own.

The Cross Cultural Health Care Program (CCHCP) at Pacific Medical Center works with health care providers, interpreters and community-based organizations to address these needs. Established in 1992, the CCHCP is funded by a grant from the W.K. Kellogg Foundation. This “Voices of the Communities” profile is one of a series developed by the CCHCP. The profiles and an earlier survey of 22 underserved ethnic communities are part of the CCHCP’s effort to provide a forum for underserved communities to interact with the health care community. These profiles were developed by and in consultation with members of the profiled community.

Location and ethnic groups

Laos is a landlocked country bordered by China, Vietnam, Cambodia, Thailand and Burma. The population consists of three main ethnic groups: Lao Lum (lowlanders), about half the population; Lao Theung (highlanders), including the Khmu; and Lao Sung (mountain people), including the Hmong and Mien. In all there are more than 30 tribes.

Languages

The tribes have their own languages and dialects. Lao or Laotian is the country’s official language. The Lao alphabet and many words were derived from Pali and Sanskrit, languages of ancient India. The Hmong have their own written language, but only a few are literate.

Religion

The principal religion of Laos is Theravada Buddhism, which was brought from India and is shared by Thailand, Cambodia and Burma. A different sect of Buddhism, Mahayana Buddhism, is practiced mainly by the Vietnamese and Chinese. Buddhism has long been a strong force of Lao culture. Most mountain peoples follow animist beliefs.
History
Laos was founded as Lanxang, the kingdom of a million elephants, in 1353. It was part of French Indochina from the late 19th century until after World War II. In 1975, the communists overthrew the government and formed the Lao People’s Democratic Republic. People who could not live under communist rule fled the country. By 1982, an estimated 300,000 people had fled. Most lived in refugee camps in Thailand for up to eight years before settling in other countries.

Population size and residence
The majority of Lao refugees in Washington State live in the Seattle area. The first wave of refugees arrived in 1976. These were families of high-ranking officials or military officers in the government the communists had overthrown. A second wave started arriving by the hundreds in 1979. These included soldiers, professionals, laborers and farmers.

There are now approximately 7,000 Laotians in King County. Most live in Capitol Hill and the Rainier Valley. Some have moved to other parts of Seattle and other cities in Washington.

Employment and family life
Laotians are hard workers and take pride in their work. They are often complimented by employers for exceeding minimum daily production with high quality. The new freedom in America has a heavy price, however. As women and children gain more freedom, men lose more and more of their social position. As families become financially better off, they also fall into debt. This leads to depression and stress.

Laotians are shy to ask for help. It is considered shameful to receive money from the welfare office, use food coupons, buy clothes from Goodwill, or have no shelter. Public help is considered to be for the elderly, the disabled, and the poorest poor.

Religious and community organizations
There are two Lao Buddhist temples in Seattle where people go to perform religious rituals. People also go to the temples for counseling and advice. Former animists such as the Khmu, Mien and Hmong now go to churches.

Community agencies serving Laotians include the Coalition of Lao Mutual Assistance Associations, Asian Counseling and Referral Service, Catholic Community Services, and Refugee Federation Service Center.
Religion
Buddhist and animist beliefs play an important part in health practices. When in danger, Laotians usually pray for protection to gods, angels or spirits, depending on their beliefs. Some people wear Buddhas as necklace chains for protection from evil spirits. The wearer must follow strict rules of behavior. Breaking these rules is thought to lead to nightmares, mental or physical illness, some form of danger, or losing the necklace’s power.

Traditional healing
Laotians, whether animist or Buddhist, believe that people who are ill have lost part of their spirits. The family elder follows a ritual of praying to the spirits of the patient’s different body parts. The elder promises to reward the spirits with rice wine and chicken, which are given to the patient when healed to feed the returning spirits.

Some Laotians believe that an illness can result from doing something offensive to the deceased ancestors. Birth defects or chronic illnesses in babies are believed to be caused by sins the baby or parents committed in their last life. A birthmark is seen as a mark from the baby’s parents in his or her last life.

Traditional medicine consists of herbal, root and animal remedies and consulting a medicine man. These medicines are taken in a variety of ways: applied directly to wounds or skin, taken orally, inhaled through mouth or nose or by taking a shower, bath or sauna. A sick person is put on a strict diet of grilled dry meat, some vegetables and fruits, and certain kinds of rice.

Medical care
In Laos infant mortality rates are very high. Life expectancy is about 50 years for men, slightly higher for women. Many people, especially those who live far from clinics, still go to the traditional medicine man for healing. Most clinics and hospitals do not meet Western standards. Many suburban areas still lack modern sewage and water facilities. Among the country’s major health problems are malaria, hepatitis, parasitic diseases, dysentery and tuberculosis.

Maternal and child health
Births usually occur at home, attended by a midwife. The mother and new baby stay at home for 30 days while relatives and friends help take care of the family. The mother sleeps on a special bed usually placed in the kitchen next to the fireplace, as she is to be kept very warm at all times. She is on a special diet and drinks herbal teas to help in producing more milk for the baby. At the end of the 30 days, relatives and friends gather for a celebration and give gifts to the new baby.

Newborn care includes warm-water baths, which are dried off with a sprinkle of baby powder, then wrapping the baby in a cloth diaper and blanket. Babies are breast-fed until about two years of age. Crushed rice is intro-
duced at about two months. No male or female circumcision is practiced by Laotians.

**Mental health**
Mental health issues are very sensitive for Laotians. It is considered shameful to be treated for a mental illness. In Laos, psychiatrists are solely for insane people. There are no professional counselors who deal with personal or family problems or depression. People with these problems may secretly seek help from their parents, elders, fortune tellers, medicine men or monks. Many believe that personal problems and mental illness are related to conflicts with spirits.

**Traditional healing**
While the majority of Lao immigrants believe that modern medicine and healing practices are superior to the traditional medicine and magic healing, many still believe in some superstitions. Many Laotians use traditional medicine as a complement to modern medicine. Although many herbal remedies are difficult to find in the United States, some may be acquired at an herbal medicine store near Chinatown or sent directly from abroad.

**Medical care and providers**
Laotians receive health care at Harborview, Providence, Swedish, Group Health and other facilities that accept their insurance or medical coupons. They prefer clinics with Asian medical staff, because they share a similar culture.

**Language and interpreters**
Laotians also prefer clinics that provide interpreters. Language is still a barrier to most middle-aged and senior Laotian patients.

**Gender**
Female patients are more comfortable with female interpreters, doctors and nurses. Male patients prefer male interpreters and providers.

**Suggestions**
- Distribute brochures listing sources of health care, in order to provide better information to Laotians. Brochures could be distributed through temples, churches, public schools and community agencies.
- Provide health education to the Laotian community through community agencies or groups. Sessions should target specific problems such as immunization, AIDS, high blood pressure, diabetes, alcoholism and depression.
- Make sure that interpreter services continue to be available to all patients.
- It is advisable for health care providers to ask patients if they use any traditional medicine at home.
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This profile is based primarily on interviews with 11 members of the Lao
community in the Seattle area and on information from the Coalition of
Lao Mutual Assistance Association, the Wat Lao Dhammacetiyaram (Lao
Buddhist temple) and the Lao Senior Association.

References include:


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