Vietnamese, whether as immigrants or sojourners, have fled their country to escape war, persecution, or possible loss of life. In providing care to Vietnamese, health care providers must understand that they differ substantially depending on gender, religion, generation, reason for migration, enclave identity, educational level, and language preference. The terms Indochinese and Vietnamese are not synonymous. Indochina is a supranational region that includes Vietnam, Laos, and Cambodia (Central Intelligence Agency [CIA], 2007).

**IMMIGRATION AND RESIDENCE**

Approximately 1.2 million Vietnamese live in the United States. California has the largest number of Vietnamese residents, followed by Texas, Louisiana, Pennsylvania, Illinois, Minnesota, Washington, and Virginia, although immigration patterns are shifting to include Oklahoma and Oregon. Vietnam, located at the extreme southeastern corner of the Asian mainland, has a population of approximately 84.4 million (CIA, 2007).

The Vietnamese have immigrated to the U.S. in four waves. The first wave began in April 1975, when South Vietnam fell into the communist control of North Vietnam. At that time, many South Vietnamese businessmen, military officers, professionals, and others closely involved with America feared persecution by the new regime and sought to escape. American ships and aircraft rescued some, and these refugees were dispersed over much of the U.S., often in the care of sponsoring American families. Their expatriation was unexpected and unplanned, and for many, their departures were often precipitous and tragic (Museum Victoria Australia, 2007).

A third wave started in 1979 with the creation of the Orderly Departure Program, which provided for the entry of former Vietnamese seeking to reunite with family members already in America. Eventually, tens of thousands of ethnic Vietnamese and Chinese Vietnamese came to the United States (Museum Victoria Australia, 2007).

In 1987, a fourth wave began with the passage of the Amerasian Homecoming Act. This act provided for the entry of former
Southern Vietnamese military officers, other political detainees, children of American servicemen and Vietnamese women, and their close relatives (Museum Victoria Australia, 2007).

COMMUNICATION

Dominant Language and Dialects

The official language of Vietnam is Vietnamese. English is increasingly being favored as a second language, followed by French and Chinese (CIA, 2007). All words in Vietnamese consist of a single syllable, although two words are commonly joined with a hyphen to form a new word. Verbs do not change forms, articles are not used, nouns do not have plural endings, and there are no prefixes, suffixes, definitives, or distinction among pronouns. Contextually, the language is polytonal, with each tone of a vowel conveying a different meaning to the word. The language is spoken softly, and its monosyllabic structure lends itself to rapidity. Vietnamese is the only language of the Asian mainland that, like English, is regularly written in the Roman alphabet.

Ethnic Vietnamese speak a single distinctive language and consist of northern, central, and southern dialects, all of which are mutually understood. When an interpreter is needed, the Vietnamese report that the quality of the interpreter is very important. They also prefer gender-concordant professional interpreters rather than family members (Ngo-Metzger et al., 2003).

Communication Practices

One minor but perennial stumbling block with potential medical connotations is that the word for “blue” and “green” is the same. More important, the word for “yes,” rather than expressing a positive answer or agreement, may simply reflect an avoidance of confrontation or a desire to please the other person. For example, when confronted with a direct but delicate question, many Vietnamese cannot easily give a blunt “no” as an answer because such an answer may create disharmony. Self-control, another traditional value, encourages keeping to oneself, whereas expressions of disagreement that may irritate or offend another person are avoided. Individuals may be in pain, distraught, or unhappy; yet, they will rarely complain except perhaps to friends or relatives. Expressing emotion is considered a weakness and interferes with self-control. At times of distress or loss, they often complain of physical discomforts, such as headaches, backaches, or insomnia.

Health care providers may need to watch patients for behavioral cues, use simple sentences, paraphrase words with multiple meanings, avoid metaphors and idiomatic expressions, ask for correction of understanding, and explain all points carefully. Approaching Vietnamese patients in a quiet and unhurried manner, opening discussions with small talk, and directing the initial conversation to the oldest member of the group facilitates communication.

Non-Verbal Communication

Hugging and kissing are not seen outside the privacy of the home. Men greet each other with a handshake but do not shake hands with a woman unless she offers her hand first. Women do not usually shake hands. Two men or two women can walk hand in hand without implying sexual connotations. However, for a man to touch a woman in the presence of others is insulting.

Looking another person directly in the eyes may be deemed disrespectful. Women may be reluctant to discuss sex, childbirth, or contraception when men are present, and they demonstrate this unwillingness by giggling, shrugging their shoulders, or averting their eyes. Negative emotions and expressions may be conveyed by silence or a reluctant smile. A smile may express joy, convey stoicism in the face of difficulty, indicate an apology for a minor social offense, be a response to a scolding to show sincere acknowledgment for the wrongdoing, or convey the absence of ill feelings.

One aspect of time involves the treatment of age. A person’s age is calculated roughly from the time of conception; most children are considered to be a year old at birth and gain a year each Tet, the Vietnamese New Year. A child born just before Tet could be regarded as 2 years old when only a few days old by American standards. Because the practice of determining age is so different in Vietnam, immigrants who have difficulty stating their exact birth date are often given January 1 as a date of birth for official records.

Format for Names.

Most Vietnamese names consist of a family name, a middle name, and a given name of one or two words, always written in that order. There are relatively few family names, with Nguyen (pronounced “nwin”) and Tran accounting for more than half of all Vietnamese names. Other common family names are Cao, Dinh, Hoang, Le, Ly, Ngo, Phan, and Pho. There are relatively few middle names, with Van being used regularly for men and Thi for women. Some Vietnamese American women have adopted their husband’s family name. Children always take the father’s family name.

BIOCULTURAL ECOLOGY

Diseases and Health Conditions

Vietnamese women have the highest rate of cervical cancer of any female population that has been surveyed in the U.S., approximately six times the national average (Wright, 2000). The prevalence of the disease results from lack of education, reluctance to seek early treatment, fear that nothing can be done, low utilization of annual Pap smears, and failure to follow up on abnormal Pap smears. Cancer and other problems com-
Vietnamese refugees have disturbingly high rates of depression, generalized anxiety disorders, and post-traumatic stress associated with military combat, political imprisonment, harrowing events during escapes by sea, and brutal pirate attacks (Lin & Cheung, 1999). Many Vietnamese believe that mental illness results from offending a deity and that it brings disgrace to the family, and therefore, must be concealed. The term psychiatrist has no direct translation in Vietnamese and may be interpreted to mean nerve physician or specialist who treats “crazy” people. The nervous system is sometimes seen as the source of mental problems, neurosis being thought of as “weakness of the nerves” and psychosis as “turmoil of the nerves” (Purnell, 2008). To overcome these problems, Buchwald, Manson, Dinges, Kean, and Kinzie (1993) developed a Vietnamese depression scale, which uses terms that allow an English-speaking practitioner to make a cross-cultural assessment of the clinical characteristics of depressed Vietnamese clients. Health care providers working with Vietnamese clients may find this scale useful when providing mental health services.

Of immediate concern to health care providers working with Vietnamese refugees is the treatment of infectious conditions that jeopardize both the refugee and the resident population. Refugee screenings reveal a high incidence of tuberculosis, intestinal parasitism, anemia, malaria, and hepatitis B (Lonnroth, Thuong, Linh, & Diwan, 1999). Lung cancer is 18% higher and liver cancer is 12 times higher among Southeast Asian men than among European American men. The high rate of liver cancer is associated with the prevalence of hepatitis B. High rates of gastrointestinal cancer may be due to asbestos that is used in the process of “polishing” rice. Thus, imported rice should always be washed (Purnell, 2008).

Variations in Drug Metabolism

Little drug research exists specifically on the Vietnamese. Lin and Shen (1994) suggested that drug metabolism is comparable to that of other Asian groups with important common traits, such as genetic, cultural, and environmental influences. For example, the Chinese are twice as sensitive to the effects of propranolol on blood pressure and heart rate; experience a greater increase in heart rate from atropine; require lower doses of benzodiazepines, diazepam, and alprazolam because of their increased sensitivity to the sedative effects of these drugs; require lower doses of imipramine, desipramine, amitriptyline, and clomipramine; and are less sensitive to cardiovascular and respiratory side effects of analgesics (for example, morphine) but are more sensitive to their gastrointestinal side effects. Asians require lower doses of neuroleptics (for example, haloperidol) (Levy, 1993).

One precaution involves the continued extensive use of traditional herbal medicines by refugees. Some of these herbal drugs have active pharmacologic properties that may interact with psychotropic drugs. For example, some may cause atropine psychosis when ingested concomitantly with tricyclic antidepressants or low-potency neuroleptics. Ly are reserved for the rites of the dead (Purnell, 2008).

HEALTH CARE PRACTICES

Health-Seeking Beliefs and Behaviors

Vietnamese are accustomed to dependence on the family unit and traditional means of providing health needs, rarely seek care when they are asymptomatic, and may not seek outside assistance for illness until the family has exhausted its own resources.
is viewed as a last resort and is acceptable only when everything else has failed. With respect to mental health, Vietnamese do not easily trust authority figures because of their refugee experiences (Purnell, 2008).

Medical problems might be described differently from what might be expected; for example, a “weak heart” may refer to palpitations or dizziness, a “weak kidney” to sexual dysfunction, a “weak nervous system” to headaches, and a “weak stomach or liver” to indigestion (Hinton, Nguyen, Tran, & Quinn, 2005). Good health is achieved by having harmony and balance with the two basic opposing forces, am (cold, dark, female) and duong (hot, light, male). An excess of either force may lead to discomfort or illness. The terms hot and cold, rather than expressing physical feelings associated with fever and chills, may actually relate to other conditions associated with perceived bodily imbalances. The liver, heart, spleen, lungs, and kidneys are am, and the gallbladder, stomach, intestines, bladder, and lymph system are duong. Asian herbs are cold and Western medicines are hot. Am stores strength, and care must be taken not to use it up too quickly. Duong protects the body from outside forces, and if not cared for, the organs are thrown into disorder. Proper balance of these two life forces ensures the correct circulation of blood and good health. If the balance is not proper, life is short.

Diseases and other debilitating conditions result from either cold or hot influences. For example, diarrhea and some febrile diseases are due to an excess of cold, whereas pimples and other skin problems result from an excess of hot. Countermeasures involve using foods, medications, and treatments that have properties opposite those of the problem, and avoiding foods that would intensify the problem. Am and duong forces are also represented by foods, have nothing to do with temperature, and are only partly associated with seasoning. Rice, flour, potatoes, most fruits and vegetables, fish, duck, and other things that grow in water are considered cold. Most other meats, fish sauce, eggs, spices, peppers, onions, candies, and sweets are hot. Tea is cold, coffee is hot, water is cold, and ice is hot. Hot foods and beverages, used to replace and strengthen the blood, are preferred after surgery or childbirth. During illness, certain foods are consumed in greater quantity, such as light rice gruel (chao) mixed with sugar or sweetened condensed milk, and a few pieces of salty pork cooked with fish sauce. Fresh fruits and vegetables are usually avoided, being considered too cold. Water, juices, and other cold drinks are restricted. Nutritional counseling should take into consideration these factors and other aspects of the usual Vietnamese diet because advice to eat certain kinds of American foods may be ignored.

The belief that life is predetermined is a deterrent to seeking health care. Invasive procedures are frightening. The prospect of surgery can be terrifying. Loss of blood from any route is feared, and the Vietnamese may refuse to have blood drawn for laboratory tests. The patient may complain, though not to the health care worker, of feeling weak for months. A Vietnamese patient in America may feel that any body tissue or fluid removed cannot be replaced, and the body suffers the loss in this life as well as into the next life.

Folk and Traditional Practices

A number of folk and traditional practices are used by Vietnamese Americans. Major practices are listed below.

- Cao gio, literally meaning “rubbing out the wind,” is used for treating colds, sore throats, flu, sinusitis, and similar ailments. An ointment or hot balm oil is spread across the back, chest, or shoulders and rubbed with the edge of a coin (preferably silver) in short, firm strokes. This technique brings blood under the skin, resulting in dark ecchymotic stripes, so the offending wind can escape. Health care professionals must be careful not to interpret these ecchymotic areas as evidence of child abuse. However, dermabrasion may provide a portal for infection.

- Be bao or bar gio, skin pinching, is a treatment for headache or sore throat. The skin of the affected area is repeatedly squeezed between the thumb and forefinger of both hands, as the hands converge toward the center of the face. The objective is to produce ecchymoses or petechiae.

- Giac, cup suctioning, another dermabrasive procedure, is used to relieve stress, headaches, and joint and muscle pain. A small cup is heated and placed on the skin with the open side down. As the cup cools, it contracts the skin and draws unwanted hot energy into the cup. This treatment leaves marks that may appear as large bruises.

- Moxibustion is used to counter conditions associated with excess cold, including labor and delivery. Pulverized wormwood or incense is heated and placed directly on the skin at certain meridians.

- Acupuncture, acupressure, and acumassage relieve symptomatic stress and pain.

- Herbal teas, soups, and other concoctions are taken for various problems, generally in the sense of using cold measures to overcome hot illnesses. Xong, an herbal preparation, relieves motion sickness.

- Eating organ meats, such as liver, kidneys, testes, brains,
and bones of an animal, is said to increase the strength of the corresponding human part. Gelatinized tiger bones are used to gain strength, and taking powdered rhinoceros horn reduces fever.

Case Study
After his wife died two years ago, Tran Van Kha, a 76-year-old Vietnamese man, came to the U.S. to live with his son as part of the Amerasian Homecoming Act. Soon after arrival, his son noticed that his normally quiet father became more reserved than usual, was drinking only ice water, and was making frequent trips to the bathroom. He requested organ meats for dinner every night. When questioned by his son, he reluctantly admitted to “fire in his urine” but refused to go to the female physician at the neighborhood clinic. One morning, his son found his father lying in a fetal position and sweating. Mr. Tran reported that he had been unable to urinate since the night before. Mr. Tran was taken to the local emergency room where they inserted a urinary catheter and admitted him to the urology unit with plans for prostate surgery. On the evening of admission, Mr. Tran’s son and six other family members were visiting and encouraging Mr. Tran to consent to having surgery. He was very fearful of having his body cut. As the hospital chaplain was making rounds, he stopped by Mr. Tran’s room. As the chaplain entered the room, Mr. Tran’s daughter-in-law forcefully told the chaplain to leave the room because her father-in-law was not ready to die yet.

Why was Mr. Tran asking for organ meats for dinner every night and only drinking ice water? His fear of surgery is not uncommon for traditional Vietnamese. What does having surgery mean to them? If Mr. Tran consents to surgery, what foods might he request to balance am and duong forces? Why did Mr. Tran’s daughter-in-law react so forcefully to the chaplain? How might this have been prevented?

References

Additional Reading