

An Introduction to Vietnamese Culture for Rehabilitation Service Providers in the U.S.

Peter Cody Hunt



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Culture Brokering: Providing Culturally Competent
Rehabilitation Services to Foreign-Born Persons

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Rehabilitation Service Providers in the U.S.**

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Center for International Rehabilitation Research Information and Exchange

University at Buffalo
The State University of New York

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AN INTRODUCTION TO VIETNAMESE CULTURE FOR REHABILITATION SERVICE PROVIDERS IN THE U.S.

Preface

In the second half of the twentieth century, Vietnam was a country very much in the American consciousness. Although many Americans have been to Vietnam and a large number of immigrants have come to the U.S. from Vietnam since the war, Vietnamese culture is not widely understood in the U.S.

The culture is complex, having been influenced by many foreign invaders over the centuries. It has foundations in Confucian and Buddhist philosophies. Its collectivist worldview values group harmony over individual goals. Since Vietnamese behavior reflects patterns of respect that differ from those of most Americans, recent immigrants from Vietnam often misunderstand American behavior and speech and vice versa.

The purpose of this monograph is to help rehabilitation service providers in the U.S. to understand some of the main elements in Vietnamese culture, especially those that relate to disability. The author of this monograph, Peter Hunt, is well qualified for this task. Mr. Hunt is of Chinese origin, but was born and raised in Vietnam and came to the U.S. when he was nine years of age. His interest in rehabilitation services stems from his own personal experiences as a person with an acquired disability. Over the years he has taken responsibility for arranging services for two other family members with disabilities. As a result, he is aware of the deficits and shortcomings in the health care delivery system and rehabilitation services, especially as they apply to cultural minorities with disabilities.

Hunt holds a Masters of Public Health degree from Boston University. As a fellow at the Centers for Disease Control, he participated in research on disability among minority populations, particularly cultural influences on self-identification of disability status. He has also worked at the National Institute for Disability and Rehabilitation Research (NIDRR) as special assistant to the director, where he also was a NIDRR Research Scholar and Research Fellow. He is currently enrolled in the doctoral program in rehabilitation science and technology at the University of Pittsburgh.

This monograph on Vietnamese culture is part of a series developed by CIRRIE -- the Center for International Rehabilitation Research Information and Exchange -- at the University at Buffalo, State University of New York. The mission of CIRRIE is to facilitate the exchange of information and expertise between the U.S. and other countries in the field of rehabilitation. CIRRIE is

supported by a grant from the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education.

In addition to developing this monograph series, CIRRIE conducts workshops on providing disability services to foreign-born persons. We hope that this monograph will be useful to you in your work with persons born in Vietnam. We welcome your comments that will help us to deepen our understanding of ways to increase the effectiveness of rehabilitation services for persons born in other countries.

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AN INTRODUCTION TO VIETNAMESE CULTURE FOR REHABILITATION SERVICE PROVIDERS IN THE U.S.

INTRODUCTION

To many Americans, the word "Vietnam" conjures images of the devastating war that took place in remote villages of Southeast Asia some 30 years ago. The media portrayal of Vietnam suggested it was made up of only scattered thatched-hut-villages amidst the burning fire of jungle warfare. Few Americans, especially those in the post-Vietnam War generation, are aware of the rich culture and history of Vietnam.

Vietnam nestles on the eastern shore of the Indochinese peninsula, and paradise-like beaches stretch from one end of the country to another. The land is fertile and abundant with untapped natural resources. Its people are gentle and blessed with an expansive civilization and affluent culture. These are the reasons why Vietnam has been much coveted by foreign invaders over the centuries. Appendix A provides a summary of current geopolitical statistics.

The aim of this monograph is to provide rehabilitation providers in the U.S. with basic information on Vietnam's history, culture, people and disability issues so that they can better serve Vietnamese with disabilities in the U.S.

GENERAL BACKGROUND

Historical Background

Civil warfare and battles against foreign invaders are not unknown to the Vietnamese people. Their 4,000 years of history are filled with tales of the battlefield.

The saga began when the earliest settlers migrated from the Chinese Province of Kwang Si into the peninsula we now call "Indo China". They were known as the Lac and the Tay Au. In the 5th century B.C., the Viet and Yue people from the coastal provinces of China joined the earlier migrants and expanded their settlements southward. Along the way, these early Vietnamese also assimilated the people of Champa (Chiêm Thành) and Kmer (Thủy Chân Lạp) and adopted some of their culture and traditions. This migration continued southward for more than 15 centuries.

Until the Chinese conquest in 111 B.C., few historical records of earlier settlers were preserved; most "history" survived in the form of folklore embellished with myths and legends. The Chinese ruled Vietnam for the next 1,000 years and instilled in the Vietnamese China's Confucian philosophy and political culture. These, however, were unsettling years. Constant rebellions emerged as the Vietnamese tried to reclaim their land. They succeeded in 939 AD. This victory was credited to the most revered historical figures of ancient Vietnam history, the Trung sisters.

With their hard won independence, the Vietnamese continued to extend their settlements south to the Mekong Delta (Viets With a Mission, 2002).

In 1858, Vietnam fell prey to another foreign invader, the French. The French began their conquest in the south and by 1885 had usurped all of Vietnam. In the early 20th century anti-colonial sentiment again began to fuel a nationalist movement. This was the genesis of the modern-day communist movement led by Ho Chi Minh. In March of 1945 Japan invaded Vietnam and stripped the French of all power. Ho Chi Minh seized the opportunity and declared the independence of the Democratic Republic of Vietnam on September 2, 1945.

After WWII, the French refused to relinquish their colonial reign over Vietnam. War broke out between the communist-led Viet Minh (predecessors of modern-day Viet Cong), and the anti-communist Vietnamese who sided with the French. The defeat of the French at Dien Bien Phu in May 1954 ended this eight-year war and led to the first Geneva peace talks. The Geneva agreement was a temporary division of Vietnam at the 17th parallel. The north was given to the communists and the south was allocated to the non-communists. The two sides were to reconvene in 1956 for a general election that would bring the two provisional zones together as a unified country. Instead, on October 26, 1955, South Vietnam declared itself the Republic of Vietnam.

Determined to unify the country, northern communists aggressively recruited new members and reconnected with its former networks in the south. This new force became known as Viet Cong, which led an underground, armed campaign against anyone who refused to support the cause of reunification. In 1961, in the face of internal political turmoil, South Vietnamese President Ngo Dinh Diem requested the aid of the United States. President Kennedy sent military advisers. They were followed by U.S. combat forces sent by President Johnson to help crush the Viet Cong campaign, thus initiating the Vietnam War.

The war reached its turning point on the Vietnamese New Year's Day in 1968, an effort known the Tet Offensive. The north and south again agreed to hold peace talks in Paris. The talks dragged on at an agonizing pace, while the war continued to take its toll. A peace agreement was finally reached in January 27, 1973. The U.S. agreed to withdraw its troops from Vietnam, but military advisers

remained behind. On April 30, 1975, the communists finally took over Saigon and completed their mission to reunify the country.

Even after reunification, war continued to break out on the borders of Vietnam. In December of 1978, Vietnam declared war against its western neighbor, Cambodia. China, a long time supporter of Cambodia's Khmer Rouge regime, retaliated against Vietnam by attacking its northern border.

In the mid 1980s, there was a drastic change in the communist party agenda with a new focus on economic reform. The result was impressive. Vietnam became one of the fastest-growing economies in the world, with an 8 percent annual GDP growth from 1990 to 1997. Vietnam's inflation rate fell from 300 percent in 1987 to 4 percent in 1997. Per capita income rose from \$220 in 1994 to \$372 in 1999.

The 1990s was a decade of growth and prosperity. Vietnam became a member of the World Bank, the International Monetary Fund, the Asian Development Bank, the Association of South-East nations and the Asia-Pacific Economic Cooperation Forum. The U.S. normalized its relationship with Vietnam in 1994. The country currently has observer status in the World Trade Organization and is applying for membership. Vietnam expanded trade with neighboring countries and European markets. The culmination was the signing of the Bilateral Trade Agreement between the U.S. and Vietnam in July 2000, which grants normal trade relations status for Vietnamese goods in the U.S. market (Bureau of East Asian and Pacific Affairs, 2001).

Culture

Over the centuries, although the Vietnamese culture has been influenced by many foreign invaders, one can recognize the distinctive core values of the Vietnamese culture. Vietnamese cultural values rest on the principles of Confucianism. Contrary to the western idea of individualism, Vietnamese culture emphasizes the importance of family and community and its core values are harmony, duty, honor, respect, education and allegiance to the family.

Harmony

The concept of harmony is based largely on the teachings of Confucianism, Buddhism and Taoism. Total harmony is achieved by creating harmony within oneself and one's family, as well as in the outer world of humanity and nature. To produce harmony, an individual must observe moderation and avoid extremes. Moderation is practiced in verbal communication, daily life activities, consumption of food and drink and in social interaction. These measures are undertaken to ensure physical safety and to adhere to the moral imperative to keep one's dignity unimpaired.

Duty and Honor

Duty and honor are among the highest cultural values. Individuals are instilled from childhood with the values of honor, hard work and loyalty to the family. Individuals have the ultimate duty to carry themselves with the utmost dignity in all circumstances so as to not bring shame to oneself and the family. To lose face dishonors oneself and one's family. The duty and role of each immediate and extended family member is well defined. These duties and roles govern the actions of the individual and are the sacrifices one makes to one's family. For example, the role of the parents is to raise their children properly. Their duties are not limited to providing food and shelter, but require them to educate and instill the children with moral values. The children in turn have the duties to obey their parents and never to question their authority or teaching. When the parents get older, it is the duty of the children to take care of them.

Respect

Respect is the foundation of Confucius' teaching and it is the guiding principle of interpersonal relationships in Vietnamese society. At home, one is expected to show respect to parents and family members. Outside the home, respect is shown to elderly people, teachers and other authority figures. Respect is conveyed through language and demeanor. By showing respect to others, individuals indicate their expectation that they will be treated with the respect due their age, social status or authoritative position. Respect is earned by leading a virtuous life, fulfilling one's filial and social duties, accomplishing heroic deeds and attaining a high degree of intellectuality.

Education

Education is the pillar of Vietnamese culture. This is evidenced in its literacy rate of 89.47 percent. Education begins at home. In fact, it is the duty of the parents to educate the children. Education is valued more than material wealth and success. A rich person who is uneducated will be looked down upon and regarded as inferior to a learned person who is poor. In the traditional Vietnamese social system the scholar ranks first in value, then the farmer, artisan and tradesman. The driving force to be educated is fueled by a desire for social respect, prestige and the prospect of vertical mobility in Vietnamese society.

Allegiance to Family

Vietnamese are taught as children to forsake the ego and make individual sacrifices to ensure the family's welfare and harmony. Allegiance to one's family is absolute, and includes fulfilling one's responsibilities, obligations, familial role, duties and proper conduct. "Improper conduct" brings shame and dishonor to

self and family. The most feared criticism is the allegation of "ill-breeding", which can do significant damage to the ego and disgrace the family's honor. Moderation, modesty, moral probity and self-control demonstrate allegiance to the family.

It is important to emphasize that in the past few decades the traditional Vietnamese family has been deteriorating as an institution as a result of communist ideology, an impoverished economy, migration and assimilation of western culture. The communist regime mandated that the state replace parents as the ultimate authority in every household. Loyalty and allegiance to the communist party was expected to take precedence over family loyalties. In fact, children were trained to spy on their parents and report any "subversive behaviors" to the party.

Decades of war annihilated homes and villages in the countryside. After the war, many abandoned their native villages and moved to big cities in search of jobs. This often caused the break up of the immediate as well as the extended family unit. The mass exodus of refugees since the late 1970s sent Vietnamese to countries all over the world. As children of these families assimilate western culture and embrace the ideology of individualism, the cohesiveness of the traditional Vietnamese family institution is further jeopardized.

Family

Family is the cornerstone of the Vietnamese society. As opposed to the American nuclear family, the Vietnamese family follows the extended multi-generational pattern. It is not uncommon for a Vietnamese household to include the parents, the sons and their wives (in some instances, daughters and their husbands), grandchildren, and unmarried siblings. Everyone in the immediate family has a distinctive role.

The concept of family extends to close relatives and beyond. In fact, the Vietnamese perceive society as a whole as one big extended family. This is demonstrated by the way Vietnamese greet one another. Even among strangers, kinship pronouns are often used as a way to show respect and to reinforce the importance of kinship in Vietnamese culture.

In a typical Vietnamese family household, the father is the central figure and is responsible for the well being of every member of his family. He is usually the ultimate decision maker and provider. However, grandparents and elder relatives within the immediate household often share the authority with the father. Hierarchy of authority also exists among siblings. The oldest son of the family has the most authority and it is his duty to look after all the siblings if the parents are deceased. Familial duties and obligations extend beyond the immediate family to the extended family and, in some cases, beyond the living. Ancestor

worship is a form of filial piety. Children are responsible for the maintenance of the ancestral tombs and pay homage to ancestors' spirits at home. Beyond the extended family, familial obligations also involve the physical setting in which the family resides, the native village. The attachment and obligation to the native village stem from the concept of harmony.

Communication

Vietnamese children are taught at a very young age to adhere to the cultural practice of harmony and to be modest and reserved in both speech and mannerism. Children are encouraged to think deeply before they speak. It is believed that useless and excessive verbal expressions can have dire consequences and create discord and animosity. Hasty words and slips of tongue are considered to be as detrimental as hasty actions and bad deeds. Because of these values, Vietnamese often appear to be reserved, non-responsive, or non-assertive by American standards.

Vietnamese society values formality and tradition and the Vietnamese language is perhaps one of the most formal and sophisticated of languages. Proper usage of language is considered a way to convey respect and create harmonious relationships with others. Since society as a whole is viewed as an extended family, Vietnamese use many kinship phrases to greet strangers and non-relatives. For example, the pronoun *con*, meaning child, is used when speaking to an older person to convey respect and honor the cultural significance of social cohesiveness. The following is an illustration of the usage of two common pronouns.

English Pronoun	Vietnamese Equivalence	Literary meaning when used
I	Con	Child: when speaking to an elderly or authority
	Em	Younger sibling: when speaking with an elder peer
	Tôi	Self: when speaking to your peer
	Tao	Self: use to express superiority over another person in quarrels
You	Cô	"Miss": when speaking to a young lady in general
	Em	"Miss" or "girl": when speaking to some one younger than you
	Anh	"Mister" or "brother": when speaking to a young man or a man older than you
	Chị	"Miss" or "Mrs.": in formal address
	Ông	"Mister", "gentleman", "husband": when speaking to a man or older man

	Bà	"Mrs." and "lady": when speaking to an older woman
	Mày	"You": informal use or to use to express contempt

Non-verbal communications are equally important in conveying respect and are often used to reinforce linguistic expressions. As in many cultures, these non-verbal gestures are unique and may have meanings that are different than the meanings that Americans attach to the same gesture. There are a few non-verbal expressions that deserve attention because they may often be misinterpreted by Americans:

- As children, Americans are taught to make direct eye contact with the speaker as a sign of respect. Vietnamese children, however, are taught that direct eye contact with parents, teachers, or authority figures (a healthcare provider is considered an authority figure) means a challenge and should be avoided.
- In conversing with the opposite sex, direct eye contact can be interpreted as deep passion and should be discouraged, especially in public settings.
- Vietnamese children are taught to remain silent and listen attentively when speaking to someone older or an authority figure and not to talk back or ask questions.
- Asking questions or disagreeing with an authoritative speaker is like challenging the senior person's social status.
- Therefore, most Vietnamese conduct themselves in a passive or non-responsive manner according to American standards.

A smile can convey many different meanings, as well:

- It is used as an expression of an apology for committing minor offenses.
- It is an expression of embarrassment which follows blunders or a request to reveal personal information. For example, when asked about the death of a family member, Americans would typically respond with a sad expression. It is not uncommon for a Vietnamese person to respond to the same question with a smile as a sign of being embarrassed for having to reveal such personal information.
- A smile is also an appropriate response to expressions such as "Thank you," "Hi" or "I am sorry." It is not customary for older persons, parents and authoritative figures to thank subordinates for favors or deeds. A smile will suffice. When a person pays a compliment to another person, a "thank you" is not expected in return. Instead the recipient will acknowledge it with a smile. Saying, "Thank you," in this case would be considered arrogant or immodest.

The followings are examples of common everyday gestures.

Non-verbal gesture	Meaning in Vietnamese Culture
Nodding	Greeting, affirmative reply, agreement
Bowing	Greeting, great respect
Avoiding eye contact	Showing respect to people senior in age or status or of opposite sex
Winking	Not decent, especially when directed at people of the opposite sex
Smiling	Agreement, embarrassment, disbelief, mild disagreement, appreciation, apology
Shaking hands	Friendly greeting between men (but not the elderly), not customary between women or between a man and a woman; acceptable between a Vietnamese woman and a non-Vietnamese man
Gesture of beckoning with index finger	Offensive to adults; threatening to children
Holding hands with or putting an arm over the shoulder of a person of the same sex	Friendly gesture, no sexual connotation
Crossing arms	Sign of respect
Putting one or both hands in the pockets or on the hips while talking	Arrogance, lack of respect
Patting a person's back, especially those senior in age or status	Disrespectful
Pointing to other people while talking	Disrespectful
Whistling at performers	Displeasure
Putting one's feet on a table or sitting on a desk while talking	Rude

People

As a people, Vietnamese are strong, resilient, gentle, kind, and mild in nature. They maintain a social disposition of grace, reservation and shyness. Approximately 85-90 percent of the population of Vietnam is of Vietnamese ethnicity but various minority groups inhabit all parts of the country. Most of these minorities have assimilated the Vietnamese culture well, but retain their ethnic identity. For the most part, these minority groups have coexisted well with the indigenous Vietnamese. Tensions and discrimination, however, have flared up at times, as they did after the Vietnam War.

After the fall of Saigon, the new regime, fueled by nationalistic sentiment and border conflicts with China, intended to expel its Chinese merchant class. Chinese people are the largest minority group living in South Vietnam. Many Chinese immigrated to Vietnam as a result of the Japanese invasion in the 1930s. Most of them still live within their own communities, send their children to private Chinese-speaking schools and celebrate Chinese holidays and traditions. In fact, it is not uncommon for some Chinese to speak only Chinese and have no understanding of the language and culture of Vietnam. Though these Chinese are of Vietnamese nationality, many claim to be Chinese rather than Vietnamese.

There is a significant number of Hmong, Cham, Thai and mountain people residing in the countryside. Another minority worth mentioning are the "Amerasians" born in Vietnam to Vietnamese mothers and American fathers during the war. They are referred to as *con lai* or *my lai* (bi-racial child or Amerasian, respectively). They are usually teased and bullied by other children, and their mothers are shunned and shamed by society. The Amerasians are treated well in the U.S., however, even within Vietnamese immigrant communities.

PROFILE OF PEOPLE WITH DISABILITIES

The following section is based on a 1997 report from the Ministry of Labor, Invalids and Social Welfare of Vietnam (Ho Nhu Hai, 1997). In 1994-1995, the government of Vietnam conducted a nationwide survey of people with disabilities with the goal of gathering data for designing and issuing a new law called the "Ordinance on Disabled Persons". This ordinance was enacted in 1997 to provide a legal basis for protecting people with disabilities. According to this report, the total number of Vietnamese with disabilities was approximately 5 million, about 7 percent of the total population. Of this number, 58 percent were women and 27 percent are children under the age of 15 years old. The most common disabilities are loss of limbs, blindness, mental illness and paralysis. Approximately 1.3 million of the total are considered severely disabled and in need of significant assistance from the state. The Disability Rates are:

Disability	Percentage
Vision	15.70%
Hearing	9.21%
Language	7.92%
Movement	35.46%
Sensory	13.93%
Intellect	9.11%
Others	8.67%

Source: Ho Nhu Hai. "Disabled people in rural areas of Vietnam: part I and II". Ministry of Labour Invalid and Social Welfare. July 1997.

Vietnam is still a predominantly agrarian society, and 80 percent of the population and 87.27 percent of the disabled live in rural areas and work as farmers. Under the land law of Vietnam, land allocation for each household depends on the number of laborers and the number of people in each family. Because land allocation per member is smaller than per laborer, families with members who are disabled have disadvantage of being allocated less land. This not only compromises the family's resources, but also agricultural production. The profile of people with disabilities in the rural areas follows:

Type of disability	24.12% are amputees
	34.33% have paralysis
	41.55% have malformed limbs
Cause of disability	31.42% illness and disease
	27.36% war
	24.67% birth defects

Source: Ho Nhu Hai. "Disabled people in rural areas of Vietnam: part I and II. Ministry of Labour Invalid and Social Welfare. July 1997.

The official census of Vietnamese with disabilities in the U.S. has yet to be made available to the public. The 2000 Census reported there are 1,223,736 self-identified Vietnamese and bi-racial Vietnamese living in the U.S. Using the 1991-1992 figures, Bradsher (1995) estimated the percent of Asians and Pacific Islanders with disabilities in the U.S. to be 9.9. To construct a parsimonious estimate using Bradsher's indicator and the 2000 Census number, there were approximately 12,237 Vietnamese with disabilities in the U.S. in the year 2000. This is an extremely conservative measure given the limited data. The census figures are based on self-reported statistics. Given the cultural stigma carried by disabilities, the actual number of persons with disability may be underestimated. So there is reason to believe that the actual number of Vietnamese with disabilities in the U.S. is significantly higher than the current estimate.

Religions

The role of religion has a profound impact on Vietnamese culture. Buddhism is the dominant form of religion in Vietnam, followed by Confucianism, Taoism, Christianity (mainly Roman Catholic), *Caodaism*, *Hoa Hao*, Animism, and Islam.

Vietnamese practice the branch of Buddhism called Theravada Buddhism. The Chinese introduced Buddhism to Vietnam during their early years of conquest and it appealed to the Vietnamese for many reasons. The central tenet of Buddhism is that man was born into this world to suffer as a result of his craving for wealth, fame, power and material goods. To be rid of this suffering, man must suppress his cravings. Given the long history of suffering of the

Vietnamese people from continual warfare this aspect of the religion is appealing. Also, Buddhism mandates that man must live a life of virtue based on these principles: the right view, right thought, right conduct, right speech, right livelihood, right effort, right mindfulness and right meditation. These virtues are congruent with Vietnamese cultural values.

Confucianism and Taoism are also Chinese imports. Again, these religions or philosophies emphasize the importance of family life, social virtues and harmony, which are the foundations of Vietnamese culture. These two religions have coexisted along with Buddhism in Vietnam for a very long time.

Christianity was introduced to Vietnam in the second half of the sixteenth century by Portuguese, Spanish and French missionaries, but does not play a major role in Vietnamese culture. The number of Christians, especially Catholics, has increased since the migration of refugees from the north in 1954 and the arrival of the Americans. Many renowned figures, such as former President *Ngo Dinh Diem* and much of the leadership in South Vietnam from 1954 to 75, were Catholic. The number of Muslims is small and they do not have a major impact on Vietnamese culture.

Cao Dai and *Hoa Hao* are two newly established religions in Vietnam. *Cao Dai* was founded in 1919 by *Le Van Trung* and is practiced mainly in the Southern Delta region. *Caodaism* incorporates teaching from Buddha, Jesus, Confucius, Lao Tse Victor Hugo, and others. The number of followers is estimated at one million. *Hoa Hao* is a reformed Buddhist sect of the Theravada variety founded in 1939 by *Huỳnh Phu So* and practiced mainly in the Mekong Delta region. Its membership is approximately two million.

Animism in Vietnam is closely related to the three major religions -- Buddhism, Confucianism, and Taoism. Animism is perhaps one of the oldest forms of religion. The basis of this religion is the worship of spirits. Elements of animism are found in the common practice of ancestor worship in Vietnam. Regardless of religion, most Vietnamese practice ancestor worship as a form of filial piety. When family elders pass away, shrines are erected in the house in their honor. Ritualistic incense offerings are a way to worship and pay homage. On the anniversary of the death, the family often plans an elaborate feast and invites the extended family to commune with the spirit of the ancestor. This celebration is known as *Cúng*.

HISTORY OF IMMIGRATION TO THE U.S. AND REASONS FOR IMMIGRATION

On April 30, 1975, the day Saigon fell, thousands of Vietnamese fled with American soldiers and government employees. Most of these were ex-military, government officials, and employees of the U.S. military and their families. This was the first wave of Vietnamese immigrants to the U.S. After the communists took over Saigon and renamed it as Ho Chi Minh City, an iron curtain was drawn against for emigration.

The second wave of emigration began in the late 1970s. To escape political persecution, social turmoil and dire poverty, many escaped Vietnam by boat. The fortunate ones landed in refugee camps in Thailand, Malaysia, Indonesia, the Philippines and Hong Kong. The unfortunate ones fell prey to pirates at sea and natural forces. Those who survived became known as the "boat people". At first they were welcome and treated well in most refugee camps. As the number of refugees grew, they became a burden to their host countries and many were turned away. Some were repatriated. In recent years, according to Hong Kong authorities, 110,000 refugees have been repatriated (CNN World News, 1997). The last refugee camp in Hong Kong was closed on May 31, 2000. In Hong Kong alone, 200,000 boat people arrived over the span of 25 years (Vietnamese Missionaries in Taiwan, 2000).

As the horrible tales of boat people being drowned at sea and killed by pirates came to light, the United Nations High Commissioner for Refugees negotiated an agreement with the Vietnamese government to allow Vietnamese who had relatives in the U.S. to emigrate. Under the "Orderly Departure Program," still in operation, a small number of Vietnamese have successfully emigrated to the U.S.

Under pressure from Vietnam veterans, the U.S. agreed to accept Amerasians as refugees. At first, the Vietnamese government refused the offer claiming the Amerasians were not the victims of discrimination in Vietnam and so, did not fit the profile of refugees. It took an act of Congress to alter the status of the Amerasians from refugees to immigrants. Some 100,000 Amerasians were eventually allowed to come to the U.S. under immigrant status, but were entitled to the same benefits as refugees.

At the same time, the U.S. Department of State also made progress to allow the immigration of political prisoners. After the war, former South Vietnamese government workers, military personnel, and intellectuals were sent to "reeducation camps." The prisoners were detained for many years under harsh and inhumane conditions. In 1988, the U.S. Department of State successfully negotiated an agreement with the Vietnamese government to allow about 100,000 of these prisoners to emigrate through the Orderly Departure Program.

In total, approximately 995,000 Vietnamese refugees have immigrated to the U.S. Most settled in southern California, particularly in Los Angeles and Orange County, because of the familiar climate and support from the large Vietnamese community. Others settled in Houston, Dallas, the suburbs of Washington DC, and the states of Washington, Pennsylvania, Minnesota, Massachusetts, New York and Illinois (Southeast Asia Resource Action Center, 2002).

CONCEPT OF DISABILITY WITHIN THE CULTURE

There are two general perspectives on disability in Vietnamese society. Until scientific evidence surfaced linking Agent Orange to many forms of congenital disability, Vietnamese ascribed disability to a more traditional belief that is strongly influenced by its cultural and religious practices. The modern perspective on disability attributes almost all forms of disabilities to Agent Orange and injuries from the war. Both of these views have consequences for how society treats people with disabilities.

Traditional View of Disability

The traditional view of disability in Vietnam is significantly influenced by its religious beliefs and cultural values and attributes disability to be bad deeds or sins committed by one's ancestors. This belief stems from the concept of reincarnation, which holds that from birth to death to the afterlife, a person assumes the same identity, in physical or spiritual form. While western religion views life as a linear continuum, in Buddhism, life is seen as cyclical. The soul of a person never perishes. Instead, it reincarnates into another existence and identity with each life cycle. The cycle of life has its hierarchy of significance. Humans rank highest and insects are at the lowest level. The ultimate goal of a Buddhist is to be free from this cycle of reincarnation and reach Nirvana, a state of complete redemption and supreme happiness. Humans need to live a life of virtue in order to reach Nirvana. Persons who committed evil deeds will not only be punished by being reincarnated as a less significant form of life, but their descendants will also suffer similar consequences. Disability is associated with imperfection of the self. Hence, it is regarded as a less significant life form caused by sins or evil deeds committed by one's ancestors.

New Perspective on Disability

There is, however, a new emerging perspective on disability since the Vietnam War. This new perspective is more pragmatic and scientifically relevant. As more and more evidence emerges linking Agent Orange to a host of diseases, debilitating conditions, and disabilities, Vietnamese attribute many birth defects and congenital disabilities to the chemical agent. The American scientific com-

munity shares this view. A 1998 report by the National Academy of Sciences attributed the high incidence of Vietnamese children with Spina Bifida to the effect of Agent Orange.

Agent Orange was a herbicide developed by the U.S. military in the 1940s. During the Vietnam War, the U.S. military used 19 million gallons of Agent Orange to destroy all trees, vegetation, and crops in jungles and farmlands where the enemy could hide. Agent Orange is harmful to humans and contains TCDD, which causes a variety of diseases, many of which are fatal to animals in laboratory testing (Agent Orange Website, 2002). In addition to Agent Orange, other causes of disabilities are injuries from land mines, casualties from the war, industrial labor and traffic accidents.

With this new perspective on Agent Orange, most people with disabilities are viewed as victims of the war. In the past decade, the government of Vietnam has used a paternalistic approach to address the needs of this population. Adopting measures similar to those in the United States, the Vietnamese government enacted the "Ordinance on Disabled Persons" to provide a legal basis for protecting people with disabilities in Vietnam.

VIEWS ON ACQUIRED DISABILITIES IN COMPARISON WITH LIFELONG DISABILITIES

The traditional view of disability is that it is a punishment for the sins committed by one's ancestors. Within this context, disability, whether acquired or congenital, is associated with shame and pity. Because of the fear of public humiliation, family members usually take extraordinary measures to keep the person with disabilities out of the public eye.

People with mental disabilities are regarded differently from those with physical disabilities. Due to the influence of Buddhism and Animism, mental illness is believed to represent possession by evil spirits and exorcism is considered the remedy. Affluent families usually hire monks or fortunetellers to conduct elaborate exorcisms in the hope of driving the evil spirit out of the afflicted. Those whose family cannot afford such treatment often end up homeless on the street.

One form of congenital disability is given special social status; however. People who are blind at birth are, in certain social circles, revered as psychics and fortunetellers. It is believed that these folks have special vision and power that can see beyond the present life into the past and the future and so they often work at a temple, in their own shop or in the open market. For a small fee, these "psychics" can reveal to clients their past and future and what the present life will hold.

The newer perspective regards people with disabilities as victims of the war. Society in general pities yet sympathizes with these "victims." Since Agent Orange is believed to cause both acquired and congenital disabilities, there is no differential treatment between these two categories, especially in the postwar generation. They are all regarded as victims of the war.

CONCEPT OF INDEPENDENCE WITHIN THE CULTURE

Vietnamese cultural values are based on the teachings of Confucius, which emphasizes the importance of family cohesiveness and social harmony. Western cultures encourage individual freedom and independence. These cultural values are instilled in children at the very young age. For example, in the U.S., children may be asked what they would like to be when they grow up. In Vietnam, children are asked what they will do to contribute to society when they are grown. Children in the U.S. are expected to establish their own identities and to leave home once they become of age. Vietnamese children are expected to grow old with their immediate families married or not. Typically, when a man is married, his wife will move in and live with him and his family. There are occasions in which a man is married into his wife's family, but the concept of generational independence is almost non-existent in Vietnamese culture.

Confucianism also stresses the importance of reverence for the elderly and caring for the vulnerable. Vietnamese elders live among their immediate family until their death and are cared for and well respected. After death, shrines will be built at home to continue to honor them.

Similarly, people with disabilities are deemed vulnerable, and it is the immediate family's responsibility to care for them. According to a survey conducted by the Ministry of Labour, Invalid and Social Affairs (MOLISA), 95.85 percent of the disabled are living with their families. To expect an elderly person or a person with disabilities to live alone and to be independent is considered cruel by the Vietnamese. The family in such a case would be shamed and chided by society for neglecting their familial duties. This contrasts with the American concept of independence and the philosophy behind the disability rights movement.

REHABILITATION SERVICES TYPICALLY AVAILABLE IN VIETNAM

To understand the perception and usage pattern of rehabilitation services among Vietnamese with disabilities in the U.S., it is important to gain some knowledge of the nature and delivery of rehabilitation services in Vietnam. Rehabilitation services are a relatively new phenomena in Vietnam. Though the Vietnamese government has made significant efforts in providing basic rehabilitation serv-

es, most of the available services are charity based, including international efforts, and are often disability specific. Furthermore, the available services are often scanty, region specific, and unknown to the general population. So the nature and delivery of these services are often very different from those of the U.S.

In recent years, the Vietnamese government, along with international non-governmental agencies, have made significant strides toward providing rehabilitation services for people with disabilities in Vietnam. According to the 1994-1995 MOLISA Survey, the number of people in need of rehabilitation services is staggering. Only 10 percent of the disabled population receive any form of rehabilitation service. The results of this survey prompted the attempt to develop a more organized system of rehabilitation services for people with disabilities.

The first step of this project was to enact an ordinance similar to the Americans with Disabilities Act to provide a legal basis for protecting people with disabilities. The Ordinance on Disabled Persons was enacted in 1997. The provisions are similar to those of the ADA. It calls for full participation of people with disabilities in rehabilitation, education, employment and job training. The ordinance is aimed at promoting gradual integration of people with disabilities into mainstream society. It is worth noting that the ordinance calls for collaboration between communities, families and people with disabilities in order to carry out its mission. Sole responsibility does not rest on the shoulders of the government.

The Vietnamese government has introduced labor codes to protect the rights of people with disabilities. The codes mandate that two to five percent of the employees of most businesses be persons with disabilities. They also offer incentives like tax reductions and low-interest loans to businesses that are in compliance.

Another government decree regulates institutions and businesses that offer vocational training. It requires that at least 70 percent of trainees in vocational institutions be persons with disabilities and that at least 50 percent of the employees of businesses offering vocational training have disabilities.

The Association for the Disabled People of Vietnam is responsible for mobilizing charitable aid from social and economic organizations and working with international non-governmental organizations (NGOs) to provide financial support and services for people with disabilities. The state allocates grants that provide financial assistance for totally incapacitated individuals. In the past three decades, the state has worked with more than 54 non-governmental and overseas organizations to develop rehabilitation services for individuals with disabilities. Appendix B provides examples of rehabilitation programs, projects and services available in Vietnam through international NGOs.

The government's plan to develop a systematic and comprehensive rehabilitation network for the country is an ambitious one. Considering the scanty economy and the lack of sufficient infrastructures and trained professionals, it will be difficult for the government to achieve its ambitious goals. Furthermore, most of the international NGOs and projects have specific agendas and cater to a specific group of disabled persons. Most of these projects are short term, small in scale and region-specific. As a result, the needs of most people with disabilities are not being met. Besides the lack of services, there is no quality control so the quality of the existing services and programs is questionable (Hanko, 1998).

ISSUES IN PROVIDING REHABILITATION SERVICES FOR VIETNAMESE WITH DISABILITIES IN THE U.S.

In the U.S., a major problem in providing rehabilitation services to Vietnamese with disabilities is the lack of culturally and linguistically competent professionals and appropriate programs. Outside southern California, many states and cities have no Vietnamese staff in rehabilitation services programs. This makes it difficult for Vietnamese to obtain adequate services. Furthermore, conflicts in cultural values may deter some Vietnamese from seeking appropriate care. The following are examples of challenges posed by these barriers.

Person Centered Approach

The person-centered approach in rehabilitation services emphasizes maximum participation of the consumers. Individuals with disabilities are encouraged to take an active role in guiding their course of rehabilitation. While this approach is appropriate and adheres to the western ideology of consumerism, it may pose considerable conflict for the Vietnamese, who are accustomed to a more paternalistic approach to health care delivery. It must be clarified that "paternalism" does not imply servitude but respect for tradition. In Vietnamese society, health care professionals are authority figures who are well respected. The culture dictates that authority figures have the obligation to care for and protect all their constituents. Vietnamese not only will expect absolute guidance from their health care professionals, but will comply without contesting or questioning their decisions. The following is an example of how cultural differences may play a role in rehabilitation services.

Case #1

Truc is a forty-year-old, highly educated Vietnamese immigrant who arrived in the U.S. less than two years ago. Formerly a teacher, Truc is fluent in English. However, due to the lack of professional credentials, he could not find a teaching position and works as a delivery person.

Truc was struck by a car and sustained a spinal cord injury. Upon his discharge from the hospital, Truc met with a social worker and a vocational rehab counselor to discuss his future plans. When they asked how they could help him and what he would like to do after his discharge, Truc was completely dumbfounded. He expected the social worker and counselor to already have a plan for him.

When asked whether he wanted to return to his former job as a delivery person or to pursue other career avenues, Truc was even more taken aback and amazed. He expected these professionals to give him answers, not questions. After all, they were the experts so they ought to know what he should do and provide him with the appropriate solutions. To conceal his disappointment, Truc smiled and said nothing. Baffled by Truc's non-verbal response and without pressuring him further, the social worker and counselor decided to follow up with him after his discharge. In the mean time, they asked him to contact his local Office of Vocational Rehabilitation (OVR) when he was ready to be helped. Due to his initial disappointment with the professionals and the system, Truc never contacted the OVR

The Concept of Independence

In rehabilitation the emphasis on independence creates another cultural conflict for Vietnamese. Both the traditional and new perspective of disability in Vietnam considers persons with disabilities to be vulnerable and helpless. As previously mentioned, people with disabilities, regardless of age or social status, live with immediate family members who have the ultimate responsibility to care for these individuals. Those who neglect such responsibilities will be condemned by society. As noted, the concept of independence is non-existent in Vietnamese culture. In contrast, rehabilitation in the U.S. focuses on restoring function *and* independence. This might be a difficult concept for Vietnamese to accept. The following is an example of this cultural conflict.

Case #2

Thanh is a 29 years old Vietnamese woman suffering from paranoid schizophrenia. Though able to manage her daily activities without supervision, she needs constant encouragement to see her psychiatrist and therapist and to take her medication. Thanh lived at home with her immediate family. Her mother decided to stay home to take care of Thanh full time, and her father struggled to support the family of four by working as a cook in a Chinese restaurant. The burden of care and the economic hardship created a tremendous amount of tension and stress among the family members.

Thanh's therapist suggested that she apply for disability benefits and find a place to live on her own. The intensive case manager at the clinic was willing to help the family with the necessary paper work. The therapist explained further that

living alone would help Thanh to be more independent. She would not be on her own completely; the intensive case manager would make sure she kept her doctor appointments and took her medication. This would help to relieve the family's burden of care. Allowing the mother to return to work would help with the family's economic hardship.

At first, bound by cultural tradition, the family was not willing to challenge or disagree with the therapist. However, when the case manager approached the family to begin the paper work, the family was forced to admit it was in complete disagreement with the therapist. The parents felt that Thanh should be taken care of at home by the family. They acknowledged that it was difficult, but that it is the family's obligation to take care of Thanh and it would continue to do so. Allowing Thanh to live alone would mean abandoning her and neglecting their family duties. The family would be shamed by relatives and other Vietnamese in their community.

Linguistic Barriers

The lack of Vietnamese-speaking staff in most U.S. rehabilitation programs and hospitals limits the ability of Vietnamese to get adequate and appropriate care, and poses financial hardship and burden of care for the family. Finding a professional Vietnamese translator in small towns or cities is not easy. Persons with disabilities tend to rely on family members (often young children), friends, relatives, and immigrants in the local community for translation when dealing with health care professionals.

This means family members, friends, and relatives need to take time off from school and jobs to help the individual in need, which may create difficulties for some families, especially when translation services are needed on a continuous basis. More important, some of these translators are neither professionally trained in medical terminology or proficient in English, so the quality of the information they provide is compromised. This can result in misunderstanding and confusion. Linguistic barriers also arise from the differences in the ways American and Vietnamese express themselves verbally and non-verbally. The following is a case in point.

Case #3

Mr. Nguyen, a 67 year-old Vietnamese man, underwent hip replacement surgery. The attending physician gave Nguyen and his daughter an update on his progress. To show respect, neither Nguyen nor his daughter made direct eye contact with the physician in the course of their conversation. The baffled physician thought the patient and his daughter did not understand fully what he was saying. To express his frustration, he put his two hands on his hips and repeated the progress report slowly and loudly. Nguyen and his daughter were surprised

by the doctor's show of disrespect. Vietnamese consider putting one's hands on the hips while talking to be a sign of arrogance and lack of respect, especially when addressing an elderly person. Furthermore, because of the doctor's tone of voice, they felt they were being lectured. Nguyen took great offence to such treatment, since he is was much older than the physician. To conceal their anger and humiliation, they gave a polite nod to the physician. Satisfied with the response, the physician thought he had conveyed his message effectively and left the room. Both Nguyen and his daughter were so totally humiliated by the doctor's behavior that they dismissed everything the doctor had said.

Alternative Medical Approach

Because of their lack of access to western medicine in Vietnam, most Vietnamese turn to folk medicine as their first line of defense when treating general maladies. It is important for U.S. service providers to be familiar with these alternative medical practices in order to prescribe treatments that are complementary and respectful of these practices. The lack of understanding of these folk medicine practices can lead to unnecessary pain and embarrassment for the family as well as the healthcare providers. The following exemplifies this problem:

Case #4

A newly immigrated Vietnamese couple took their six-year-old girl to the emergency room at a local hospital for treatment of a protracted episode of chills and fevers. Prior to taking the girl to the hospital, the parents performed coining on the girl hoping that what she had was a cold and could be cured. Coining involves scratching the skin on the chest with a coin and pulling it back to "draw out the malady". This practice, which is common in Southeast Asia, leaves temporary marks on the body. Upon examination, the emergency doctor mistook the coining marks as marks of flogging and immediately called in social services. Because of language barriers, the couple could not explain the markings to the social worker. The couple was immediately incarcerated and charged with child abuse. A trip to the emergency room landed the parents in jail and the little girl in a foster home.

FOOD RESTRICTIONS AND PREFERENCES

Like Vietnamese culture, its cuisine has also been influenced by the Chinese, French and neighboring countries. Vietnamese cuisine can be divided into three distinctive regional flavors: northern, central, and southern. Because of its proximity to China, northern cuisine is very similar to Chinese cuisine. Cuisine from the central to the south is spicier. There is a friendly rivalry between the north and south when it comes to cuisine. A northerner would say that southern food

is "flamboyant and unsubtle," while a southerner would say that northern food has a "lack of taste and freshness."

Overall, there are common ingredients that are unique to Vietnamese cuisine. The following is a brief summary of these common ingredients:

Rice	Sticky rice cooked with fruit fragrance and color are often eaten as breakfast
	Broken rice, a special kind of white rice unique to Vietnam is eaten for lunch and dinner
	Rice cakes, both sweet and salty are popular snack food
Bread	French barquette is very popular especially in the south because of the French influence
Noodle	Phở ² - thick rice noodles are perhaps the most popular of Vietnamese cuisine. Pho is usually eaten in soup form. There is the famous Hanoi phở from the north, pho Hue from central Vietnam, and pho dai from Southern Vietnam
	Bun or vermicelli - thin rice noodles are also very popular. These noodles are usually eaten dry with grilled meat or seafood, fresh vegetable, and fish sauce
	A host of other noodles prepared in soup or stir-fry are also Vietnamese favorites
Fish sauce	Like soy sauce to Chinese cuisine, fish sauce or nước mắm is the main ingredient in all Vietnamese cooking.
Fresh vegetables	Especially for southern cuisine, fresh vegetables such as lettuce, cucumbers, carrots and a variety of herbs (basils, peppermint, cilantro) eaten fresh are an essential part of every meal
Meat	Seafood is readily available and more popular than other kind of meat, followed by pork, beef, and poultry
Drinks	Variety of sweet drinks; coconut and sugar-cane juices are among the most popular. Black drip coffee, introduced by the French, is also a popular afternoon drink. Iced tea and hot tea are consumed on a regular basis.
Sweets	Sweets desserts made from rice, beans and coconuts are popular as after dinner treats as well as snacks through out the day
Chili peppers	Chili peppers are very popular in southern Vietnamese cooking. Often the peppers are eaten raw.

SPECIALTY FOODS

There are few food restrictions in the Vietnamese diet. There are specialty foods, however, that are eaten because of their special meaning. The ascribed meaning often represents conflicting values for different ethnic groups living in Vietnam. Take bitter melons for example. The size and shape of bitter melons are similar to zucchinis, except their outer coating is striated. It has a distinctive bitter taste. On an ordinary day, both Chinese and Vietnamese enjoy and eat it like any other kind of vegetable. However, on New Year's Day, bitter melons are forbidden food to the Chinese and the most sought after food by the southern Vietnamese. It is customary that people eat meaningful foods on New Year's Day. The Chinese shun bitter melons on this day because they believe that consuming them will bring bitterness to the eater all year long. But in south Vietnam, the bitter melon is called *kho qua*, meaning all suffering has passed. Eating *khô qua*, therefore, will help the eater shed all the year's sufferings.

Ăn trầu is a common practice in Southeast Asia and is popular in Vietnam. *Ăn* means to eat or chew and *la trầu* is betel nut leaves. This practice is more common among women in the south and the elderly in the north. This practice begins when a woman is coming of age. She wraps *la* with *banh loun* (a small bitter fruit resembling the shape of coconuts), dried tobacco leaves, and sometime ashes. She chews this throughout the day. The practice lasts a whole lifetime. In the north they use a special kind of ash that stains their teeth to a shiny pearly black color. This is considered aesthetically pleasing. Though *ăn trầu* is not practiced among Vietnamese immigrants in the U.S. because of the lack of the necessary ingredients, it is still a popular practice in Vietnam.

FOLK MEDICINE

Folk medicine is an integral part of traditional Vietnamese culture and it is still practiced widely, even among immigrants in the U.S. These traditional forms of healing are strongly influenced by spirituality and homeopathy. In accordance with the practice of Buddhism and animism, many illnesses are considered to be caused by sins committed by an individual in his/her previous life, by their ancestors, by evil spirits or natural forces trapped inside the soul and body. Exorcism by means of chanting, holy potions, and wearing amulets are the usual remedies. Likewise, herbal medicines and homeopathic treatments are common health remedies. The following are common examples of treatments for general ailments:

Practice	Remedy
Coining (Cạo Gió)	Mentholated oil is applied to the back and the chest area. A coin or a spoon is used to gently scratch the skin in a prescribed pattern, down the spinal column with lines radiating to the side. On occasion the skin is nicked

	with a seashell to let the bad blood out. Coining does not cause skin wounds or leave permanent marks, but it does leave mild dermabrasion that will disappear in a few days.
Cupping (Giác)	A small glass is heated by using a cotton swab to apply isopropyl alcohol inside the cup and with the same swab igniting the alcohol. The cup is placed on either skin of the back or the forehead. A series of six to eight hot cups are used on the back and one is used in the center of the forehead. The cups are removed once. There will be some moisture on the skin and a circular red mark that will last for a few days. The moisture is understood to be the bad force causing malady.
Pinching (Bắt gió)	Headaches are believed to be caused by cold or hot air trapped inside the head, and it is thought that the cold/hot air can be released by the art of pinching. First, the temples are rubbed with the thumbs in circular motion. Then pressure strokes are applied on the forehead in a sweeping motion from the temples to the center of the forehead. This sweeping action gathers all the air to the center of the forehead. The skin fold between the two brows is plucked by using the knuckles of the index and the middle fingers. This can be slightly painful and the end result is a bright red mark between the brows.
Steaming (Xông)	A variety of herbs boiled in water. The patient either inhales the steam of this broth or bathes in this herbal potion.
Balm	Brand name balm such as Tiger Balm and a host of other medicated balms and oils are rubbed on the body to relieve muscle ache, skin rashes, small abrasions, cold and flu.
Acupuncture	A practice adopted from the Chinese, acupuncture is the use of small needles to relieve the pressure on certain vital points on the meridian channels. These points correspond to specific organs in the body. Thus the practice provides healing, restores balance, and increases energy flow.
Herbs	Adopted from the Chinese. Herbs are brewed for consumption in order to treat a variety of maladies.
Packaged medicine	A variety of herbal medicines are processed and packaged into pill or liquid forms with added flavors to ease consumption. The traditional preparation of herbal medicine requires hours. The bitter taste makes it difficult for children to consume.

RECOMMENDATIONS TO REHABILITATION SERVICE PROVIDERS

- Communication
 - ◆ Be mindful of verbal and non-verbal communication cues
 - ◆ Do not make the mistake of speaking loudly to the person who may have few English skills
 - ◆ Do not speak in a patronizing or over-sympathetic tone, especially to the elderly
 - ◆ Anticipate evasive answers at times. Being assertive and aggressive is not encouraged in Vietnamese culture
- Independence
 - ◆ Be prepared for "independent" to be an unacceptable goal for clients
 - ◆ Nursing homes and long-term care facilities are not acceptable solutions for many Vietnamese families
- Folk medicine
 - ◆ Be familiar with some of the traditional medical practices and diets.

CONCLUSION

Vietnam is a country that has been ravaged by warfare throughout the centuries. In spite of it all, its people remain strong and resilient in mind, body and spirit. The land retains its beauty, and its cultural heritage has been preserved and enriched. Having to abandon their homeland and assimilate a new culture is difficult for many Vietnamese immigrants in the U.S. It is the hope of the author that this manuscript sheds some light on these issues and provides some basic information for rehabilitation service providers to better serve Vietnamese with disabilities.

APPENDIX A

Summary of geography, people and government of Vietnam

Geography	Description
Area	127,243 sq. mi. equivalent in size to Ohio, Kentucky, and Tennessee combined
Cities	Capital - Hanoi (2.6 million), Other major cities - Ho Chi Minh City (formerly Saigon; 5 million), Hai Phong (1.6 million), Da Nang (722,826)
Climate	Tropical monsoon

People	Description
Nationality	Noun and adjective - Vietnamese (sing. & pl.)
Population	77.3 million
Ethnic groups	Vietnamese (85-90%), Chinese (3%), Hmong, Thai, Khmer, Cham, Mountain groups (7%)
Religions	Buddhism, Hoa Hao, Cao Dai, Christian (predominantly Catholic, some Protestant), Animism, Islam
Languages	Vietnamese (official), English, French, Chinese, Khmer and mountain languages
Education	Literacy - 89.47%
Health	Birth rate - 20.78/1,000. Infant mortality rate - 34.84/1,000. Life expectancy - 65.71 male, 70.64 female. Death - 6.56/1,000
People with disabilities	Approximately 5 million, 7.5% of the population, fifty-eight percent are women and 27 percent are children

Government	Description
Type	Communist Party-dominated constitutional republic
Constitution	Drafted April 15, 1992
Political parties	Vietnamese Communist Party (formerly [1951-76] Vietnam Worker's Party)
Suffrage	After age 18

Source: Bureau of East Asian and Pacific Affairs. "Background note: Vietnam." U.S. Department of State 2001

APPENDIX B

Examples of Rehabilitation Programs in Vietnam
through International Non Governmental Organizations

Organizations/projects	Activities
American Friends Service Committee	Established a rehabilitation center in Quang Ngai in 1967.
The Agent Orange Victims Fund	Seeks humanitarian assistance from domestic and foreign sources to assist the victims of Agent Orange in Vietnam.
Bernard Betrancourt - International Committee of the Red Cross	Supports seven rehabilitation centers in the production of prostheses, orthopedic apparatuses and tricycle wheelchairs.
Christoffel Blinden Mission	Supports rehabilitation projects and funding for the blind.
Free University of Amsterdam	Involved with rehabilitation programs with emphasis on special education, institution building, and professional training.
Handicap International	Offers training in the use of mobility aids
International Red Cross	Supports programs that manufacture prostheses in Ho Chi Minh City.
Radda Barnen	Supports community-based rehabilitation programs and promotes integration of rehabilitation services into primary care.
Save the Children Fund	Develops programs for health education and vocational programs.
World Vision	Began operation in 1975, offers training in surgical techniques and physical therapy.
Vietnam Veteran of America Foundation	Established rehabilitation programs for children with disabilities. Made Mobile Outreach Units available to serve people with disabilities in rural and impoverished areas.

APPENDIX C

Traditional Vietnamese Holidays

Date	Holidays
January or February	Tet means New Year in Vietnamese. The exact date varies every year according to the lunar calendar. The New Year festival is celebrated for a week. Folks dress in new clothes, eat special foods and travel to visit friends, family members and distant relatives. This is the biggest and most festive holiday of the year.
March	Hai Ba Trung Day. The date varies according to the lunar calendar, but it celebrates the Trung sisters who led a rebellion against the Chinese in 48 AD.
May 28	Buddha's birthday; national holiday
August	Trung Nguen - Day of the Wandering Souls. The date varies according to the lunar calendar. On this day the souls of the deceased are believed to wander to the homes of their relatives. Food offerings at home and temple are meant to appease these wandering souls.
September	Trung Thu or Mid-Autumn Festival. The exact date varies according to the lunar calendar. On this day, children parade through the streets with lanterns and "moon cakes" are eaten.
November	Confucius' birthday. The date varies according to the lunar calendar.

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