The Babel Problem

In the Hebrew Old Testament there is the story of the Tower of Babel, this tale is of how the early people of the Earth attempted to build a tower from Earth to Heaven in order to be with God, to see His face, and to communicate with Him. In Heaven this act was considered blasphemous and against the will and good nature of the Lord. In order to teach these early people a lesson, He threw down the Tower and changed the tongues (languages) of all the people. This might seem a silly punishment to some people, but one has to take into account the social impact that ensued. Tribes, families, and clans were split because they were no longer able to speak the same language. Husbands, wives, and children were no longer able to understand what one another were trying to communicate. Finally, after a period of confusion and unrest these early people began to realize that there were others who spoke their new language. New relationships were formed and each new group decided to start out fresh with its new people, new language, and as a consequence, new culture. For centuries these cultures were all-but-isolated from one another and were allowed to flourish and establish rich cultural and ethnic identities. When the Age of Imperialism began these races were once again thrust back into a world where no longer the only group and their ways were not the only ways. When these races and cultures began to interact with each other, there were many problems but also many successes.

The idea that I call the Babel Problem is simply the failure of two cultural groups to work together for a common good because they are not able to communicate and
understand each other's traditions, reasons, and ideas. Now what might this have to do with a small epileptic Hmong child in Merced, California? Well, everything. This is a particularly good example of how the different cultures and races both failed and succeeded in crossing the language and cultural divisions that now appear everywhere in modern times. It can be seen in as portrayed in Anne Fadiman's book, *The Spirit Catches You and You Fall Down*, that language and cultural translators are the key elements to building a bridge between the groups. In this essay, I shall argue that interpreters and bicultural members of each community should strive to assimilate radically different cultures for a common goal and good.

The failures to build this bridge from one culture to another through language is unfortunately a common and tragic occurrence. It can be seen as a major problem between early American settlers and Native American Indians, in problems with whites and blacks, and whites and Asians. In the book there are two groups that fail, as well as two people who succeed, at building this bridge and thus suffer the Babel problem. One group is the Lees, Nao Kao Lee and Foua Yang, the parents of young Lia Lee. The second couple that failed was Neil Ernst and Peggy Philp, Lia's doctors at the Merced County Medical Center (MCMC). The people who were successful in crossing the cultural gap were Jeanine Hilt and the author Anne Fadiman. While Jeanine and Anne were able to bridge the gap, neither the Lees nor Neil and Peggy succeeded, even though they all wanted what was best for child Lia. Often when figures in the book came into contact with each other there was either no translator or so much was lost in the translation that it did not matter. The language/cultural barrier emerged as the critical
element lost and because of it the two cultures of Hmong and America could only collide in a destructive way.

To understand what problems were occurring between the Lees and Neil and Peggy, and in a grander sense between the Hmong and American cultures, there must be some anthropological background given. This is because the vast differences and fuel for major problems can only been seen in context with these studies. The Hmong come from a rich, hard working, traditional culture. This traditional culture is radically different than anything one might expect to experience in America. The Hmong believe in running away and resettling rather than fighting or assimilating into another culture. The Chinese tried to assimilate Hmong and they fled to Southern Asia, specifically to Laos and Cambodia. Again, during the Vietnam War and its aftermath the Hmong fled into Thailand to avoid being ruled over by others. The Hmong often even refuse to learn any other language but their own, which helped create a lot of problems in America for the refugees. They also see the body and the spirit as a connected entity, and they treat it as such. The Hmong believe that if someone has become sick it is often because a “dab” or evil spirit has taken the person’s soul. They believe this can happen in many ways, and this assists in showing the difference between American and Hmong cultures. Even though the Hmong believe that many things can cause illness, they often attributed soul loss to the following:

Eating the wrong food, drinking contaminated water, being affected by a change in the weather, failing to ejaculate completely during sexual intercourse, neglecting to make offerings to one’s ancestors, transgressions, being cursed, being hit by a whirlwind, having a stone implanted in one’s body by an evil spirit, having one’s blood sucked by a “dab,”... killing a large snake, urinating on a rock that looks like a tiger, urinating on or kicking a benevolent house spirit, or having bird’s droppings on one’s head (10).
As one might be able to tell, many Americans would have a hard time believing that any of these things, and not bacteria or infection, would cause sickness. Also, the entire notion of the soul and the body being connected and that sickness is often caused by the soul being “lost” is totally foreign to Americans. The Hmong also believe in other cultural traditions that many Americans do not. They do not believe in blood transfusions or in drawing blood, because they say that the body only has a finite amount of blood; they do not believe in surgery, caesarian sections, amputations, or spinal taps, this is because they believe that when that body is reincarnated it will be missing a vital body part or organ (33).

When regarding all the different beliefs in how people can become sick it is not very astonishing to find out that the Hmong have very different ways of curing illness then Americans. The Hmong believe that fevers can be released through acupuncture needles, and that other forms of dermal treatments will cure soul loss-sickness, such as, “massage, pinching, scraping the skin with coins, spoons, silver jewelry or pieces of bamboo, applying a heated cup to the skin, burning the skin with a sheaf of grass or a wad of cotton (34). Because of these beliefs many Hmong are frightened by American Western medicine, except that, “an antibiotic shot that could heal an infection almost overnight was always welcomed,” as were laxatives, cough drops, and other “quick fix” medicines (34). Differences in both cultures, such as these, contributed to the cultural barrier that was very detrimental to the health of Lia. If these customs could have been overcome with the help of a translator then maybe Lia’s outcome would have been different. Perhaps if there were someone present who could help to explain the many
techniques and devices to the Lees then they would have been less resistant to the idea of using them.

The first people who failed to overcome the cultural and language barriers were the Lees, Nao Kao and Foua, and this helped to create what I would like to refer to as the Babel Problem. First, it must be understood that the Lees were very loving parents, who were very concerned with their daughter’s life and wanted her to be happy. This can sometimes be hard to discern from the book, but the Lees were very good, loving parents to Lia. They just did not understand what was wrong and how it could be fixed. One of the first problems that can be seen with Nao Kao and Foua was their inability to speak English. Even after almost a decade in the U.S. they still could not speak or read a single word of English. The Lees were also illiterate in Hmong, so any attempts to translate the directions of the doctors into Hmong would also have been in vain. In fact, the only English or Hmong Foua even knew was how to spell her name for the consent forms at the hospital, which she spelled “FOUAYANG,” obviously showing that she had no understanding of what she was doing (8). The Lees also had a very different understanding the problems that Lia had, which conflicted with the understanding and knowledge that the American doctors had. Lia was born with a severe case of epilepsy, which is a neurological ailment that results from chaotic electrical storms inside the brain, which can cause the patient’s body to go into a seizure. Lia had a particularly severe and difficult case of epilepsy, which was worsened by what occurred between her parents and the doctors at MCMC. As the Lees understood the illness, Lia’s soul had been frightened away from her body when Yer, her older sister, had slammed the apartment’s front door. The Hmong referred to the condition that American’s know as “epilepsy” as “quag dab
peg” or the “spirit catches you and you fall down”(20). This is where the problems began. One significant problem was that the Lees and the Hmong believed that epilepsy was “an illness of distinction” and that “Hmong epileptics often became shamans” (medicine men) (21). As the Lees saw it Lia had been blessed by this illness and they believed that one day she would become a person of great importance in the Hmong community. This notion of distinction created a lot of difficulties since the Lees did not want her illness cured, they only wanted to be able to stop the seizures that resulted from it. However, because the Lees could not communicate this to the doctors who saw Lia when she came into the hospital the doctors, assumed that they were to treat the patient until the epilepsy was cured. Indeed, they were to cure it at all costs. Often in Lia’s hospital charts were the phrases: “language barrier,” “communication problem,” “no translator present” and so forth. The doctors at the MCMC believed that the Lees were bad parents or did not understand. They did not realize that Lees did not want to cure the epilepsy. Since the Lees did not want the epilepsy cure, just the seizures mitigated, Nao Kao and Foua would refuse to administer Lia the medication that the doctors prescribed to control the illness. They believed that after the seizure had run its course that it was over and nothing could, or should, be done to prevent it from happening again. The Lees simply wanted the “quick fix.”

The medical staff was opposed to the concept “quick fix.” Because the doctors and the nurses could not communicate with the Lees and because the doctors believed that it was their duty to save Lia no matter the cost, they did not bother to explain the different treatments and contraptions that were used to help Lia in the hospital. An example of this was when Foua and Nao Kao could not understand why the nurses had to
tie Lia to the bed so that they could hold her still and insert the IV needle into her veins so that the anticonvulsant medicine (43). Because of this they often tried to untie her, and since they could not ask the proper questions because they could not speak English the nurses often treated them harshly for their actions. The Lees, like most Hmong were very frightened and suspicious of American doctors, because they did not understand what was being done, and they felt that if they were to leave Lia by herself then something awful might happen to her. When at home the Lees refused to give Lia any of her anticonvulsant medication because they did not believe in treating the underlying illness but in only stopping the painful seizures. The only reason that the Lees began to give Lia her medication after she was sent to a foster home was because her parents were afraid that if they did not then Lia would be taken from them again. This compliance was the better of two bad options for the Lees who did not want to lose their baby again. This can also be attributed back to the communication problem, because the Lees did not understand the connection that the medication would help prevent further seizures. The problem was further compounded by the fact that there were no funds in the hospital budget for translators. The administration tried to cure this problem by “hiring Hmong lab assistants, nurse’s aides, and transporters, who are called upon to translate in the scarce interstices between analyzing blood, emptying bedpans, and rolling postoperative patients around on gurneys” (25). However, most of these were Hmong who only knew very basic English; without any fully competent translators how were the doctors and the Lees supposed to bridge this huge cultural gap? Obviously they could not, and to make matters worse the county and the state apparently were not concerned with this because there was no help in hiring translators until 1991, nine years after Lia first came into the
MCMC with a seizure. With the help of a translator or, even better, someone who understood Hmong cultural beliefs, Lia’s life might have had a different outcome.

The Lees are a perfect representation of what I call the Babel Problem. Because there were no translators or bi-cultural people on standby at the hospital or even in the social worker department, the fate of Lia was already doomed. The doctors, as you will soon see, were not willing to back off on their Westernized notion of curing the illness at all costs and the Lees were not willing to let go of their deeply-rooted cultural beliefs.

The second group of people to fall into the Babel Problem were the doctors at MCMC, and more specifically Neil Ernst and Peggy Philip. Neil and Peggy are married to each other, both graduated from Cal, and both decided to work at MCMC because of their altruistic beliefs. They also both were fundamentally schooled and believed in Westernized American medicine. This means that they did not believe that disease or illness was caused by “dabs” stealing souls or because someone pointed their middle finger at the moon, but because of infections, bacteria, and viruses. Neil and Peggy did not understand or believe that the soul was a part of the illness and had to be treated as well as the body like the Hmong did. They believed that there was a certain separation, as with church and state in American society, where both exist, but not necessarily together. Neil best summed up the problem between him and the Lees when he stated, “It felt as if there was this layer of Saran Wrap or something between us, and they were on one side and we were on the other side of it. And we were reaching and reaching and we could kind of get into their area, but we couldn't touch them. So we couldn't really accomplish what we were trying to do, which was to take care of Lia” (48). This section of Fadiman’s book almost precisely describes the relationship and the problems of the
doctors and the Lees. Between the time when Lia was eight months and four and a half years, she was admitted to MCMC seventeen times. In the notes of the doctors and residents on call it would state such things as, “Hmong girl very well known to this facility,” “unable to obtain patient[sic] speak no English[sic].” and “communication problems” (38). The nurses and residents used to dread the experiences when Lia and her parents would come into the emergency room because the Lees were seen as part of the problem when they would not let the nurses do certain tests, like blood tests, or x-rays on Lia. “Neil felt that Nao Kao put up a ‘stone wall’ and was sometimes deliberately deceitful. Peggy felt that Foua was ‘either very stupid or a loony bird’ because her answers, even on those occasions when they were accurately translated didn’t make sense”(47). As Fadiman put it, “Neither doctor could tell how much of their inability to get through was caused by what they perceived as defects of intelligence or moral character, and how much was caused by cultural barriers”(47). Obviously Neil and Peggy realized that some of the problem was cultural, but they were never willing to try to bridge that gap. By bridging the gap I mean one or both of the groups would have to be willing to concede certain ideas to the other side. For Neil and Peggy this might be something like trying to treat the soul, or letting a shaman into the hospital to perform traditional healing ceremonies. The bridge for the Lees might be something like trusting doctors and the medicine or sticking to a very strict medication regime. What ever this imaginary bridge was, one group needed to cross it because it might have made a big difference in Lia’s life.

The medical staff at MCMC also saw the Lees as contributing to the seizures because they believed that Lees were not giving Lia her anticonvulsant medicine on
purpose (which was partly true). The first time Lia came to the emergency room at MCMC there was no translator present only "a janitor, a Laotian immigrant fluent in his own language, Lao, which few Hmong understood; halting in Hmong; and even more halting in English" (26). But even so, on that day he was either out or they did not think to call for him. This was a pretty typical pattern, most of the time there was no one at the hospital who knew any Hmong or about their culture. Sometimes a cousin of the Lees would accompany them to the hospital, but even that was not much help because there was a lot lost in the translation and the family member did not understand enough about American culture or medicine to describe accurately what was going on, or what was needed. Sometimes one of the Lee's older, American-schooled children was present but that still did not help.

One of the many problems between the Lees and the doctors was how the doctors tried to communicate and force practices on the Lees. In the Hmong system if anything is to be decided or counseled on, it first has to go to the head of the Clan. Then it can filter down through the clan system from father to son until it reaches Nao Kao. It is a patriarchal culture where going to the wife or the children and not the father first, even though he might not speak English, was seen as strictly taboo.

When Neil thought that the Lee's non-compliance with the wishes and directions of the MCMC had gone far enough, he had Lia placed in a foster home, partly because he feared for her health and partly because he wanted to teach a lesson that they could not continue to ignore his orders since he was a doctor. Neil did not understand that the Lees did not want to have the epilepsy cured and that they only wanted to have the seizures stopped when they occurred. Neil and the other doctors believed that it was their duty to
cure Lia’s illness and that the parents were only hindering this by not giving her the proper medication. This is an important idea to remember because it is one of the central struggles between the Lees and the doctors that could have been cleared up by a translator or a bi-cultural liaison. Surprisingly enough, the doctors at MCMC never even tried to discuss Lia’s problems with the Lees, even though the Lees knew what the illness was and it took the hospital over five months to diagnosis it. The doctors and the nurses saw the Lees as Third World refugees who only came to America for reasons they unimportant to the medical staff; these were refugees not smart enough to understand what Western medicine was all about. The people of MCMC had a very paternalistic outlook of the Hmong and figured that the doctors knew what was best for them. This might have been true in some senses, for perhaps Lia would have died long before if it had not been for Neil and the other doctors, but they also were not able to break through the cultural barrier and communicate with the Lees and that might have hurt Lia even more. If the cultural and language walls had been torn down then maybe Lia would have been on a strict regime of medication that could have prevented the big seizure that rendered her a vegetable. The idea here is that most cases of epilepsy are controlled by the medication when they are used as prescribed. If Lia had been on this track then perhaps her epilepsy could have been controlled.

The Babel Problem was the deciding rift in Lia’s parents and doctors that prolonged her sickness and hindered her treatment, but it also was, and can be, conquered by people who take the time and try to cut through the cultural and language problems. In the book there are two people who were able to blow down the cultural wall and enter the world of the Hmong. These people were Jeanine Hilt, a Child Protective Service
social worker, and Anne Fadiman the author of *The Spirit Catches You and You Fall Down*. Both of these women were able to find ways to cross the cultural rift from American ideals to Hmong tradition and their success should be noted, cheered, and modeled.

Jeanine Hilt was a social worker who worked very hard with the Lees for the CPS. She was one of the few Americans whom the Lees actually trusted. Like most people, Jeanine had to earn the trust of the Lees over time. She first began her work by simply going to the Lees to see if they had been following the medication regime that Neil had ordered. Many of Jeanine’s early statements are bland and only observations. She did not become intimately involved until Neil had Lia placed in a foster home. Jeanine became more attached here because the Kordas, Lia’s foster family, believed that Lia should not have been placed in a home, because it was obvious that her parents loved her very much. Jeanine also began to understand the problems that the Lees were having with American medicine. She saw that the Hmong wanted to treat the soul as well and the body. She found this out when, “Lia returned to the Kordas, her chest was covered with coin-rubbing lesions. Foua and Nao Kao had opted for traditional healing and had trashed the meds”(90). Because of what the Kordas told her and from what she saw from the Lees—they threatened suicide a couple of times if Lia was not returned—Jeanine decided to help even more. Despite several set backs, like the coin-rubbing incident, she was determined to educate the Lees about Lia’s medications so that they could regain custody of her before it was too late. She spent dozen of hours working with Foua in order to help her understand what was going on and how to administer the medicine.

One of the things that helped Jeanine was that she used a translator when she went to see
the Lees. By having a translator present who was both fluent in Hmong and English, Jeanine was able to understand what was going on with the Lees. For instance, it was Jeanine who stated, “They felt that Lia was kind of an anointed one, like a member of royalty. She was a very special person in their culture because she had these spirits in her and she might grow up to be a shaman, and so sometimes their thinking was that this was not so much a medical problem as it was a blessing”(22). It also turns out that even though all the doctors were worried about Lia’s well being, only Jeanine asked the Lees what they thought the cause of Lia’s illness was. Though Jeanine was able to gain the trust of the Lees, she was able to connect with Foua much more then Nao Kao. She even referred to her relationship with Foua as “intimate”(91). For Jeanine, Lia became an obsession. She was always bothering Neil and Peggy for information and helping the Lees in any way that she could. Fadiman shows how Lia became so important to Jeanine by stating, “Jeanine had Lia bussed three days a week to the Schelby Center for Special Education where she could interact with other children and give her tired parents a nice break from their parental duties”(114). Jeanine even helped the Lee’s by posting schedules for Lia around the house. Much of Jeanine’s success can be attributed to the fact that she was willing to spend countless amounts of time and put in so much effort with the Lees. This finally paid off when the Lees were able to trust her and let her into their lives more fully. It was the use of an astute translator, and the effort that Jeanine put forth that assisted her in overcoming the Babel Problem and helped her to touch the lives of the Lees. Both of these factors-use of a translator and dedication of time-represented compromises in Jeanine’s counseling patterns in order to achieve an intersection with the Hmong world.
Besides writing the book, Anne Fadiman played a particularly interesting character in her own work. Because she was the author it was her job to get close to the Lees and the Hmong, and Anne was one of the few who was able to overcome the Babel Problem and become a part of both cultures. She epitomizes the success of bridging the cultural and language gap because she could be accepted by the Lees and, in a way, a part of their family. Anne admitted that she was able to connect with the Lees on the cultural level because she spent a lot of time and effort in the process. As can be seen in the instance of Jeanine Hilt, it takes a lot of time to become socially accepted by the Hmong. Luckily, Anne had some help, and it was this help that assisted in her success and it also exemplifies how Neil and Peggy failed to cross the cultural barrier. Anne was fortunate to meet a psychologist named Sukey Waller from Merced Community Outreach Services. Sukey was accepted by the Hmong community because she was known as a “Fixer of Hearts, and she had a hippie, non-coercion, reputation”(94). Sukey was able to introduce Anne to five Hmong leaders, representing four of the most influential Merced clans. As previously noted, one of the ways the doctors at MCMC failed was because they did not go through the proper authorities within the clans to talk to the Lees. Luckily, for Anne, this was the place to start. She also states that “because I arrived at their homes and offices with her [Sukey] company, I was warmly received”(95). Sukey was also able to advise Anne when it came to interacting with the Hmong, “it was not necessary to walk a razor’s edge of proper etiquette because on either side lay catastrophe,” and that it was better to just ask permission before doing anything (95). She also informed Anne that there were no Americans who spoke Hmong, so she would have to rely on a Hmong person to be her “translator/cultural broker.” In another rather lucky aspect, Anne was
able to find May Ying Xiong to be her translator. This was very important, because part of the reason that Neil and Peggy and the Lees failed to cross the cultural divide was because they were never able to secure a good translator who could understand both cultures and Jeanine and Anne were. Neil and Peggy refused to compromise their scientific weltanschauung (world-view), and the Lees refused compromise their spiritual world-view in order to achieve an effective interaction.

One of the clan leaders whom Anne had met with Sukey was able to set up a meeting with the Lees, which was the proper Hmong way of meeting someone, not like what the MCMC tried, in just going to the Lees apartment. For the Hmong as Fadiman says, “everything depends on who sent you” (97). Another fortunate aspect was that it turned out that May’s husband was part of the Lee clan, so the Lees treated May like a long lost niece (97). Another important aspect, which Jeanine showed and Anne proved, was that it was important to spend a lot of time with the Lees. Anne claims that she spent hundreds of hours in the Lee’s apartment in the evenings (98). This was something that Neil and Peggy never did. In fact, Neil never visited the Lee apartment and Peggy only did once, which proved in the minds of the Lees that the doctors were not really concerned with what was going on. Perhaps this is something that is not applicable because Neil and Peggy had dozens of patients and their own family to care for, but maybe because this was such a big and delicate case they should have. The more time that Anne spent with the Lees the more and more they accepted her, and eventually Anne started to realize that May would preface every question to Foua with “pog,” which means paternal grandmother, so soon she was prefacing her questions with “tais,” maternal grandmother and “yawn txiv,” maternal grandfather (99). The Lees also began
to call May and Anne "mi May" and "mi Anne" which is a term of endearment that
means dear little May and Anne (99). Anne also said that "the longer I spent with the
Lees, the more firmly Foua took me in hand. She improved my manners by teaching me,
via May Ying, how to say please and thank you in Hmong" (101). After a year of
knowing the Lees Foua even tried to help Anne get married by dressing her up in a
traditional husband-seeking Hmong outfit when her boyfriend came to visit. The point of
all this is to show how much time Anne took to overcome the language and cultural
barriers that were between her and the Lees. It took careful steps, respect for tradition,
and an astute translator, things that the Lees and the people at MCMC never had.
Without the help of Sukey Waller and May Ying, Anne might never had been able to
make the relationship that she had with the Lees. Anne was able to avoid the Babel
problem because she took the necessary steps and spent an enormous amount of time
with the Lees. Anne was willing to compromise her Western behavior in order to achieve
a basic level of understanding with the Hmong.

There are several important lessons to be learned from the failures and successes
of the people involved in The Spirit Catches You and You Fall Down. First the
importance of a good translator and/or someone who is fluent in both cultures is seen.
The fact that the MCMC had no translators on staff was one of the fatal flaws in the early
misdiagnosis of Lia’s condition and it also led to many other problems between the
doctors/nurses and the Lees. Hopefully now in the year 2001 people have realized this
great problem and have been able to rectify it by obtaining competent translators.
Second, it can be seen that when two distinctly different cultures come into constant
conflict that the best way to resolve the two is by using a little of both, or as Nao Kao
said, "A little medicine and a little neeb." It is best to compromise because in that way both groups can get something that they want and still believe that they are doing what is in the best interest of the patient. This is of course a lot easier said than done, but the compromise should be guided on the traditional theories of the two cultures. Another point of importance is that there is not always just one way to solve a problem. Both the Hmong and American ways might have been successful in helping Lia. It is very narrow-minded to believe that only the American or only the Hmong medicine could save a person. This is simply that neither culture nor race should assume that is has a moral authority over the other. Finally, it can been see that when someone comes into contact with another culture the best thing to do, even if you disagree with it, is to treat it with respect, because this is the only way that things can be communicated, done, and maybe, eventually changed. Things might have been very different if Neil had spent time at the Lees apartment, had a good language/cultural translator, and respected the clan hierarchy involved with the Hmong culture, and it might also have been different if the Lees had had a good translator and had respected and/or even slightly trusted American medicine. A compromise in language, and the geographic site of treatment, or the method of delivering information through the "clans" rather than more directly to the patient, might have made all the difference; not a compromise of quality, but rather a compromise of to ensure effectiveness.

It is easy to speculate and harder to prove whether any of the issues if changed would have affected the outcome of Lia's life. Hopefully, this case can be seen as the early stages to changes in the American and even Hmong medical and cultural systems. I believe that it is crucial to have translators or bi-cultural liaisons in order to communicate
with people outside our own realm and that these difficulties are only compounded when cross-cultural judgments are made. Success such as Jeanine Hilt and Anne Fadiman give us hope for the futures that a tragedy like this will serve as a lesson for all different races, ethnic groups and cultures, and that these types of situations can be avoided or diffused in the future so that what is truly best for the person involved can be accomplished and the Babel Problem can be solved.