

**YA, YA/YES, YES: A PLAY CONCERNING AN ENCOUNTER BETWEEN
VIETNAMESE CULTURE AND WESTERN MEDICINE**

A Senior Honors Thesis

By

KIM T. NGUYEN

Submitted to the Office of Honors Programs
& Academic Scholarships
Texas A&M University
In partial fulfillment of the requirements of the

UNIVERSITY UNDERGRADUATE
RESEARCH FELLOWS

June 2000

Group: Cultural Studies

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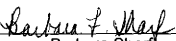
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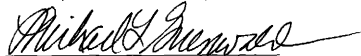
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ABSTRACT

Ya, Ya/Yes, Yes: A Play Concerning an Encounter Between Vietnamese Culture and Western Medicine. (June 2000)

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Not until the 1980s did the mainstream medical community began to seriously study the field of intercultural health communications. Even today, few substantial works exist regarding this area, although interest and research are increasing. As the United States faces a future where society requires multicultural skills, the health community will need to address cross-cultural issues. Thus, my research project, *Ya, Ya/Yes, Yes: A Play Concerning an Encounter Between Vietnamese Culture and Western Medicine*, is an one-act drama that presents the interactions of one family and a medical establishment. This play addresses how traditional Vietnamese medical beliefs compare with the medical beliefs forming the basis for Western practices, while emphasizing multiple layers of interplay between and within the Vietnamese family and the hospital.

ACKNOWLEDGMENTS

Without the aid of numerous people, I could not have accomplished this task. I hope to recognize all who would like the recognition but please forgive me if some names remain lacking. An omission would be due to the author's faulty memory and not to a devaluation of a person's help. The support was wholeheartedly welcomed.

First, I thank my mother, my father, and my baby brother, who aided me in tasks ranging from seeking contacts to accompanying me in the car to interviews. Secondly, I am grateful to my faculty advisors, Dr. Barbara Sharf and Dr. Michael Greenwald, who have displayed an inordinate amount of patience and knowledge in mentoring me throughout this project. Without them, this drama would not have been written. Also, I appreciate the time that Dr. Jane Sell and Dr. Melanie Hawthorne provided in reviewing interview protocol. Dr. Tomy Nguyen, my older brother, deserves praise for recommending so many health professionals to interview and serving as my guinea pig for the field research. Dr. Nguyen Tien Dy, Tien Pham, and Dr. Tom Do have earned my grateful thanks for imparting their memories of life in Vietnam and their health care knowledge so eagerly. I thank Dr. Edward Ferrell, Jr. of Wagner General Hospital for his helpful insight into interactions with a Vietnamese population as patients. Additionally, I am grateful to Kim Chau for her willingness to speak about life both in Vietnam and the United States. Her words aided in the composing of the storyline. Also, I appreciate the effort that Thien An showed in

teaching me about herbal medicines and his generosity in providing some samples. Dr. John Laubach's knowledge proved helpful in determining the medical accuracy of my patient's situation and in providing a physician's viewpoint. Guillermo De Leon and hereandnow Theatre Company's John Miyasaki and Jason Fong each deserve thanks for their advice on drama and playwriting. Their helpful words provided numerous ideas for this play. Uyen Hoang and Dr. Raj Sethuraju have patiently helped me in recruiting volunteers for the staged reading. Chris Chung, besides serving as one of the actors, also proved instrumental in encouraging others to help. Long Thai, Lisa Trinh, Matt Cannon, Amanda King, and Khiem Nguyen-Trong have all earned my heartfelt appreciation for their dedication in producing the staged reading. Their aid extended far beyond a performance, for their suggestions were utilized in improving the script. Additionally, I am grateful to Nam Nguyen, my younger brother, who has supported this play by participating in the reading and serving as a critic throughout the playwriting process. Lastly, I thank those who wish to remain unnamed. Without the aid and information you have provided, this play could not have been written.

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INTRODUCTION

To communicate the need for cross-cultural understanding in health care settings, I wrote a play concerning an encounter between Vietnamese culture and Western medicine, structured within the interactions of one family and a medical establishment. This piece addresses how traditional beliefs compare with the ones that form the basis for Western practices and emphasizes the multiple layers of interplay.

At the end of the play, I hope the audience will know that the play's purpose is several-fold. The first level investigates the interactions between Vietnamese culture and Western medicine. A second layer addresses generational differences between immigrants and first-generation Vietnamese-Americans. The third level concerns differing Asian populations. Generational differences among physicians form the fourth tier. The fifth layer focuses on interactions within the health care hierarchy.

Background Information

According to a 1992 report from the United States' Bureau of the Census, 615,000 Vietnamese Americans reside in the United States. California, Virginia, Texas, and Florida serve as the largest population bases for this particular

This thesis follows the style and format of MLA Handbook for Writers of Research Papers.

group.¹ As this populace continues to grow, their health practitioners face a dearth in information that could aid them in providing health care. Generally, Vietnamese Americans maintain a multi-dimensional outlook on health, in which factors as divergent as Western medicine, Chinese practices, religion, family, and the interference of spirits contribute to the holistic conceptualization of health. For example, a person may combine numerous causes of illness to create a belief system that includes germs, humours, the yin-yang duality, and supernatural agents. When the Vietnamese community communicates with Western health professionals, difficulties arise over language barriers, forms of medicine and healing practices, and differing cultural values.

Methodology and Survey of Literature

To facilitate conceptual organization for research, I divided Vietnamese Americans into four different groups. The first wave of immigrants left Vietnam during the mid-1970s. This section typically consisted of persons who worked with the Thieu regime and the American military, in their capacities as intellectuals, military personnel, professionals, government officials, and religious leaders. The second exodus from Vietnam, during the late 1970s and 1980s, are those some call "boat refugees," who endured dangerous escapes and lengthy stays at refugee camps in Southeast Asia before the process of

¹ qtd. in Sybil M. Lassiter, Multicultural Clients: A Professional Handbook for Health Care Providers and Social Workers (Westport, Connecticut: Greenwood, 1995) 183.

immigration to the United States. Children of first-wave immigrants compose the third grouping, while the fourth collection is composed of descendants of second-wave immigrants. This drama concerns members of both the second and fourth groups.

Intercultural Health Communication

For my project, I utilized several methods of investigation to develop various relationships. First, a search of literature of intercultural health topics was conducted to gather secondary information and to act as foundational knowledge for my next phases of research.

An overview article by Joseph and Elizabeth Ann Hartog published in The Western Journal of Medicine opened my research into intercultural health. It provided guidance into issues such as religion, pain, diet, and medication, which would be later addressed in other literature. A text by Rachel E. Spector serves as one of the definitive works within the field of multicultural health communications. Addressing differences in perceived susceptibility, seriousness, and benefits of particular treatments, this handbook discussed various definitions of health and illness and the role of the patient throughout the illness experience. It also covered both the American health care system and folk remedies among a number of communities in the United States. Another source that proved helpful in researching multicultural health was a guide by Cecil G. Helman. This book included case histories to illustrate difficulties in

understanding situations that deal with items like pharmacology, gender, and nutrition. With this manual for learning about the confluences of culture and health, I could authenticate the situations that arise in my drama.

Moving from the general aspects of intercultural health, three works contributed information on the Asian familial structure and its impact on adjustment to life in the United States.^{2, 3, 4} Additionally, Sybil M. Lassiter's Multicultural Clients added in-depth insight into the Vietnamese American community, its history, and health care practices, along with a journal article by Marjorie Muecke. These pieces provided information on the hot-cold theory of health and the use of dermabrasive procedures practiced in traditional Vietnamese medicine. A handbook by Rena C. Gropper provided specific scenarios where miscommunication can occur, ranging from misunderstood hand gestures to bruises on a child. Beyond citing instances, though, this book included various routes that a person can take to react to the situations with accompanying consequences and explanations. Concerning Western medicine, a book by Lynn Payer aided me with its comparison of the health care system of the United States to those of other countries that utilize Western medicine. This

² Steven P. Shon and Davis Y. Ja, "Asian Families," Ethnicity and Family Therapy, eds. Monica McGoldrick, John K. Pearce, and Joseph Giordano (New York: Guilford, 1982) 483-491.

³ Jay Lappin and Sam Scott, "Intervention in a Vietnamese Refugee Family," Ethnicity and Family Therapy, eds. Monica McGoldrick, John K. Pearce, and Joseph Giordano (New York: Guilford, 1982) 483-491.

⁴ Steven Gold, PhD, "Mental Health and Illness in Vietnamese Refugees," The Western Journal of Medicine 157.3 (Sept. 1992): 290-294.

work cited American aggressiveness in medicine as based on this country's values and placed it within its historical contexts.

With all these occasions for problems to arise in dealing across cultures, Lee Gardenswartz and Anita Rowe's text, Managing Diversity in Health Care, suggested methods to improve communication. By noting both the language and issues such as directness, appropriate topics, formality, and pace, this guide introduced a checklist of items for health care providers to note and several means, ranging from focus groups to a language hotline, that can aid in preventing and resolving problems.

Field Research

After some background was obtained that enabled me to formulate an in-depth interview protocol, I interviewed Vietnamese American health professionals, who serve as a bridge between two different cultures and who resided in Houston and in West Virginia. In this round, I selected interviewees who were all born in Vietnam and had immigrated to the United States. Some had come to the United States when they were quite young, while others migrated after receiving medical training in Vietnam.^{5,6} Additionally, their specialties varied extensively, from internal medicine to chiropractic.^{7,8} From

⁵ Tomy Nguyen, DDS, personal interview, 25 May 1999.

⁶ Nguyen Tien Dy, MD, personal interview, 29 May 1999.

⁷ Tom Do, MD, telephone interview, 5 July 1999.

⁸ Tien Pham, personal interview, 26 May 1999.

these interviews, I gleaned facts and personal experiences that dealt with life in both countries, migration, and medical education and practices.

Following this period, I focused on obtaining information that more closely mirrored the environment and the characters of my play. Since I wished to focus on the people of the secondary emigration, their offspring, and the medical establishment that deals with them, I conducted field research in Palacios, a small town approximately 120 miles south of Houston along the Gulf Coast, with a fairly large Vietnamese immigrant population. The town of Palacios, with a population of approximately 5,000, contains a close-knit Vietnamese community that continues to hold many traditional practices. Here, one in five residents of the town are of Vietnamese heritage. While there, I interviewed Vietnamese community leaders and non-Vietnamese medical clinic staff to gain a broad perspective of both sides of the issue.⁹ These informants provided knowledge ranging from the history of the Vietnamese community in Palacios to problems encountered in non-Vietnamese physician-Vietnamese patient relations.^{10, 11} This data proved extremely useful when developing the background of my play.

Once this stage was completed, I journeyed to Houston to seek more information on traditional medicine by speaking to the owner of an herbal pharmacy.¹² Because of this person's helpfulness, I learned about the common

⁹ Kim Chau, telephone interview, 8 Mar. 2000.

¹⁰ Anonymous, personal interview, 23 Aug. 1999.

¹¹ Edward Ferrell, Jr., MD, personal interview, 23 Aug. 1999.

¹² Thien An, personal interview, 29 Jan. 2000.

uses of several herbs. For example, some use rhizoma to improve the health of the kidney and liver and to aid those who are diabetic. Others employ a herb named skull cap to lower blood pressure, to relieve headaches, and to mitigate liver problems. Additionally, I researched physician-patient interaction through viewing video-taped interactions and through consultation with a physician, who also provided medical expertise for this project.¹³ Through the viewing of taped interviews, I gained insight into various methods of spoken and non-spoken communication in dealing with a patient. This tool illustrated both the beneficial and disadvantageous means of communicating with a patient to procure needed information. Through personally speaking to a physician, I gained perspective from a health care provider trained in Western medicine who could validate and add suggestions for medical complications in my play. Also, when speaking to the physician, I employed a set of eight questions related to intercultural conflicts in health care settings, developed by a psychiatrist and medical anthropologist Arthur Kleinman, as a foundation for the interview to understand how his viewpoints compared to those of my previous interviewees.¹⁴

Playwriting and Plays

Meanwhile, I studied the art of playwriting through various means. I

¹³ John B. Laubach, MD, PA, personal interview, 18 Feb. 2000.

¹⁴ Anne Fadiman, The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures (New York: Noontday, 1997) 260-261.

gathered several books on writing dramas and read numerous plays that dealt either with illness or with Asian American subjects. These illness plays addressed issues ranging from the families dealing with hospice situations, as seen in Michael Cristofer's The Shadow Box, to a young girl's fight against cancer.^{15, 16, 17, 18} These dramas delivered insight into how serious illnesses affect both the patient and his or her network of family and friends. The plays that dealt with Asian American subjects tackled issues ranging from the Vietnam War and its aftermath to antagonism between various Asian American populations.^{19, 20} For example, from Jeannie Barroga's "Walls," the conflicting feelings after the Vietnam War appeared through various viewpoints, including veterans, a former protester, and two very different Asian American women. In both the introduction to an anthology of plays by Asian American women and book on Asian American theatre by Josephine Lee, I found histories of the Asian American community in the United States and in the theatre.²¹ Furthermore,

¹⁵ Shenita Peterson, et al, "This is a Test: One Girl's Fight," Literature and Medicine 17.2 (1998): 255-279.

¹⁶ Brian Clark, Whose Life is it Anyway? (New York: Dodd and Mead, 1978).

¹⁷ William M. Hoffman, As Is (New York: Random House, 1985).

¹⁸ Larry Kramer, The Normal Heart (New York: New American Library, 1985).

¹⁹ David Rabe, "The Basic Training of Pavlo Hummel," The Longman Anthology of American Drama, ed. Lee A. Jacobus (New York: Longman, 1982) 615-652.

²⁰ David Henry Hwang, FOB and Other Plays (Markham, Canada: New American Library, 1990).

²¹ Introduction, Unbroken Thread: An Anthology of Plays by Asian American Women, ed. Roberta Uno (Amherst, Massachusetts: University of Massachusetts, 1993) 1-9.

Lee's book contained critical essays concerning the use of realism, the reappropriation of stereotypes, and differences within the Asian and Asian American communities.

I also utilized books on playwriting to guide me through my first attempt at dramatic form.²² For example, Sam Smiley's guide led me through the process of writing this one-act play by covering aspects from the beginning germinal idea to the production of scenes. It addressed the principles of drama: structure, character, thought, diction, sounds, and spectacle, and gave me insight into a number of differing directions I could provide. By using this manual, I ensured that each action fell into a greater scheme for construction of a drama. Milton E. Polsky's You Can Write A Play differentiated between the narrative and the dramatic. On the stage, the story moves; there can be no pause to look back a few pages for a singular detail. The action occurs in the present. Thus, the playwright must select incidents that aid the development of the drama and insert the past through retellings and flashbacks. A handbook by Frank Pike and Thomas G. Dunn proved extremely useful in aiding me during the period before the staged reading with its emphasis on adequate casting and usefulness for improvement of the play.

These handbooks were not the only sources of ideas for writing my play. Seeking a method that would allow me to communicate ideas without placing them within the actions and words of characters, I also read Tennessee

²² Jeffrey Hatcher, The Art and Craft of Playwriting (Cincinnati: Story, 1996).

Williams' The Glass Menagerie, which suggested a technique of utilizing a screen device. Thus, the play does not require a narrator, and yet, the audience receives information needed for understanding the story and its characters. Furthermore, instead of using the realism depicted in other scenes, I centered one section on a character's remembrances of life in Vietnam from his vantage point, akin to the main character's memories and present situation Arthur Kopit's Wings. Additionally, opportunities appeared that allowed me to attend performances of a Pulitzer-Prize winning play about cancer and of an Asian American troupe.^{23, 24} By watching dramas unfold before my eyes, I gained a deeper understanding of how dialogue and stage directions translate into a living tableau. I also communicated with members of the drama community for advice. They provided encouragement, suggestions for creating a more theatrical work, and information on an opportunity to enter an Asian first-time playwright's competition. With the aid of all these tools in hand, I organized my findings and wrote a one-act play.

Lastly, during the final Honors Program Fellows Forum, I had the opportunity to present a staged reading of a number of scenes of this drama. Several volunteers, selected for their eagerness, language capabilities, and proximity to my vision of each character, aided in its production with their

²³ W;t, by Margaret Edson, dir. Martin Benson, with Megan Cole, Brian Drillingier, Liz McCarthy, and Peter Silbert, Alley Theatre, Houston, 29 Jan. 2000.

²⁴ East of America, dir. John Miyasaki, Hereandnow, College Station, 15 April 2000.

commitment to rehearse for hours and with their suggestions that improved both the dialogue and staging of the play. The reader will now find the product of all these elements contained within the drama.

Personal Impact

Through the research and time spent on completing this project, I have learned much. I knew that many factors played into miscommunications that arise between two differing cultures. Yet, I did not know the depth. Through the knowledge gained from this work, I cannot consider it appropriate to claim that one sector is the "bad guys," for the confluence of untold number of determinants play into decisions and actions. Intercultural health has many aspects, ranging from history and family structure to religion, language, and societal lifestyles. For instance, the widespread acceptance of smoking by young males in Vietnam contributes to an abnormally high rate of throat and lung cancer among the middle-aged Vietnamese immigrant male population in the United States, according to one interview source.²⁵

Within the sphere of traditional medicine, I gained understanding both from literature and accounts of practitioners. Through the interviews, I discovered that Western health care is not the pinnacle for all; some are quite resistant to its usage. Life in the United States is not necessarily easier than in

²⁵ Nguyen Tien Dy interview.

Vietnam. Reasons ranging from job opportunities to church sponsorships can determine where a Vietnamese community settles.

Due to my consultations with both Vietnamese and non-Vietnamese health care providers, I discovered that the medical profession truly does attempt to work with the population but can be limited by their means. They too worry about issues such as language barriers and wonder if the patient is receiving the best treatment possible based on the information provided for diagnosis.

In the journey to write a play, I found that diverse options existed to communicate my vision. Did I want magical realism? What about the use of flashbacks? What are considered the principles of drama? This process of writing a play was not as easy as I had imagined.

Yet, the most critical insight I gained was through an exploration into the self. I am a first-generation Vietnamese-American who has had little contact with my cultural heritage. When I first envisioned this project, I hoped to learn more about the relationship between Vietnamese culture and Western medicine. But, along the way, I met various people who gave me more insight into my culture and more understanding about who I am. I now know a bit more about my background, but I still have a long way to go. Yet, if the rest of the path is anything like the first steps, I know I will enjoy it.

**YA, YAYES, YES: A PLAY CONCERNING AN ENCOUNTER BETWEEN
VIETNAMESE CULTURE AND WESTERN MEDICINE**

Son Pham, *eighteen-year-old high school senior*

Dad Pham, *forty-two-year-old head of the family*

Lisa Pham, *eleven-year-old little sister*

Dr. Olsen, *fifty-five-year-old male attending physician at Seadrift County Hospital*

Dr. Young, *thirty-year-old female physician*

Nurse Yu, *thirty-year-old male nurse of Chinese descent*

Grandfather Pham, *seventy-five-year-old elder*

Voice, *young male*

(On the forestage rests a wooden table. Shirtless, Son lies on his stomach on top of the table, while Grandfather rubs Son's back with a quarter. Visible marks can be seen where Grandfather has already rubbed. This action occurs for approximately thirty to forty-five seconds. Meanwhile, the audience can hear the noises of life in a hospital in the United States: announcements on the intercom, people rushing, the bleeps of machines, numerous people talking. Towards the back is either a projector screen or a tall white wall, where thoughts and translations can appear without being uttered. Above are the words, "What is medicine?" On stage right is the waiting room, where a coffee table sits in front of a brown sofa. Two brown seats rest near the left and right ends of the table.

Paper towels and magazines sit on top of the coffee table. On stage left is the doctors' lounge. It has a white-topped table in the middle with two light chairs, not metal folding chairs, surrounding it. Young and Olsen sit in these two chairs, Young closest to the exit of stage left and Olsen closest to center stage. Files rest upon the table. Stage right is dark. Seen overhead are the words, "11:38 p.m. Friday night (đêm thứ sáu)." Dad waits in the waiting room. He has a cup of coffee in hand and alternates between sitting down and sipping his drink and pacing in front of the coffee table. The mood is restless, agitated. From stage right, Son hurries into the room, with keys still in hand and wearing a letter jacket to identify him as a high school student. Lisa and Grandfather are in tow. Dad sees them, gets up from his seat, and walks towards them.)

Son (*hurriedly*): Dad, why didn't you contact me sooner? I could have left the game early.

Dad (*quietly, looking down into coffee cup*): We didn't want to worry you.

Son: Worry me? Mom's in the hospital. You brought her to the emergency room. What . . . (*gestures away, as if asking "what if?"*)

Dad: If we had called you, you would have driven home too fast. You could have gotten in a wreck. It was better.

Son (*incredulously*): So, you left a note for me on the kitchen table?

Dad (*shrugs*): You got the message. (*pauses, then changes the subject*) You brought Lisa and Ông Nội? (*Overhead is the word, "grandfather."*) They

were asleep when we left. You shouldn't have woken them up. Lisa has school tomorrow morning.

Son: I thought they should know.

Dad: They would have been told later.

Son: Dad, how much later? You brought her to the emergency room! I was . . .

(Son looks away and regroups) What's wrong with her?

Dad: I don't know.

Son: What do the doctors say?

Dad *(shrugs)*: They keep talking their doctors' talk.

Son: Where are they now? *(Dad's reply is silence.)* I'll go see what I can find out. *(Son exits, stage left.)*

Lisa: Daddy? *(goes to Dad and puts her hand in his)* Is Momma going to be all right?

Dad: Yes, she will be.

Lisa: That's good. I want to ask for candy in my lunchbox for tomorrow, like everyone else has at school. And, I don't want anymore rice. I'm tired of it.

(Stage right becomes dark, while stage left is lit. The words projected are, "Vietnamese or not?" Both doctors are seated around the table at opposite ends. Olsen is looking over some file folders and scribbling notes. Young is chewing on the end of a pen.)

Olsen: What's the story on this patient?

Young (*shouting*): Nurse Yu!

Nurse (*rushing in from stage left*): Yes?

Young: What is Mrs. Pham complaining of?

Nurse (*clipboard in hands*): Her husband brought her to the emergency room.

She's unconscious.

Young: But, is that it?

Nurse: He said that she was complaining of some abdominal pain.

Young: That could be anything.

Olsen (*nodding head to Nurse while speaking*): That'll be all. (*Nurse exits.*

Olsen then turns to Young and speaks in an exasperated tone.) It's our job as physicians to determine what's wrong. (*more kindly*) I know you just graduated from med school, but don't ever let the patient or the family know that you're unsure of yourself. (*slight pause, Olsen looks away from Young, then turns back, changing the subject*) So, how are you finding life in Seadrift County? (*Olsen returns to making notations on files.*)

Young (*answers while writing*): It's a bit of a change to come from New York to a town of 6,000, but I think I'm gaining some experience in a rural hospital that I probably wouldn't have up there.

Olsen: Being in a rural area does help with those pesky med school loans, doesn't it?

Young (*speaking slowly, a bit guardedly*): Well, it's giving me the chance to

work with a lot of different types of people . . . applying what I've learned from those theories in class to practical experience. Those non-science courses in med school that they make everyone take, like Behavioral Science, actually are useful.

Olsen: Well, I can tell you we never had anything like that when I attended medical school.

Young (*sits back in chair, deep in thought*): I bet . . . (*voice drifting, as Young ponders more intensely, then she shouts*) Nurse Yu!

(*Nurse enters the room and stands near the entrance.*)

Nurse: You wanted my help on something?

Young (*taking pen out of her mouth*): Yes . . . I'm going over Mrs. Pham's case. I don't believe the family has an understanding of what is involved here. Could you translate for us? Speak to the family? I need someone who can speak their native language. (*Nurse looks as if he would like to say something but is interrupted by Olsen.*)

Olsen (*pauses from reviewing papers*): What do we need a translator for? They're capable of understanding us. They've lived in the States for— (*glances at Nurse*) for how long did they say?

Nurse: The son said his parents have been here for eighteen years. I—

Olsen (*resuming*): For eighteen years. By now, they should understand English. We don't need to treat them like they just arrived off the boat.

Young (*speaking to Olsen a bit coldly*): Dr. Olsen, I think we should talk about

this later. *(speaking again to Nurse)* Still, I don't think they understand what is going on. All these tests and papers for them to sign . . . It wouldn't hurt to have some extra help, if nothing else but to make them feel more comfortable, would it? *(glances at Olsen)*

(Olsen continues examining the charts and ignores Young.)

Nurse *(hesitantly takes a step closer to the table, but speaks with a slight tone of condescension)*: Ummm, Dr. Young, . . . I don't speak Vietnamese.

Young *(looks up questioningly)*: You don't?

Nurse *(noticeably annoyed)*: No, I'm Chinese-American. And, it wouldn't make a difference if the Pham's were Chinese. My family has lived in the U.S. for over 125 years. I'm just as American as you are.

Young: I didn't mean to imply . . . I mean . . . *(sighs)* I'm sorry.

(Nurse gives Young a steady stare, one of disbelief and pity, and walks silently out of the room, stage left. Lights do down stage left, while they go up stage right. Dad is seen pacing back and forth in front of the coffee table. He continues to sip his coffee. Lisa is sitting on the sofa, coloring, while Grandfather sits in the chair to her left, alert. He watches the conversations, changing the subject of his stare as the speaker changes. Projected above are the words, "What is medicine?")

Son *(enters the waiting room with Nurse)*: Dad, I found someone who can

answer our questions.

Dad: Are you the doctor?

Nurse: No, I'm not the doctor. Mr. Pham, I'm Nurse Yu. *(extends his hand, but does not receive a handshake in return)*

Dad: I would like to see the doctor.

Nurse *(holding a clipboard and pen, Nurse speaks to Dad)*: The doctors are unavailable right now. *(slight pause)* Mr. Pham, there's some paperwork that needs to be filled out. How long has your wife been complaining of these pains? *(Silent response from Dad.)* Mr. Pham, how long has Mrs. Pham felt bad?

Dad *(slowly)*: It's gotten bad since yesterday.

Nurse *(starts writing, looking up from clipboard periodically)*: What type of pain is it? Did it start out badly, or has it gotten slowly worse?

Dad: It's gotten slowly worse.

Nurse: Where did she say it hurt?

Dad: Right here. *(points to lower right abdomen)*

Nurse *(scribbles on clipboard)*: We need to know your wife's medical history. How old is she?

Dad: I think she's . . . forty-two. *(Grandfather slips off into sleep.)*

Nurse *(looking at Dad)*: You think she's forty-two? What does it say on her birth certificate or her immigration papers? *(Dad does not answer back.)*
Overhead are seen the words, "Why are they always so concerned about

their papers?" Nurse continues on.) Has she suffered any of the following . . . asthma? (looks expectantly at Dad, but Dad still does not answer; Nurse repeats, louder and slower this time) Has she suffered any of the following . . . asthma?

Son (*standing between Dad and Nurse, Son turns to Dad, repeating the phrase in Vietnamese*): Bà có bị bệnh nào không . . . bệnh xuểng?

Dad (*answering Son*): No.

Nurse: Cancer?

Son (*in Vietnamese*): Bệnh ung thư?

Dad: No.

Nurse (*turns towards Son, who becomes the primary communicator*): Diabetes?

Son (*in Vietnamese*): Bệnh tiểu đường?

Dad: No.

Nurse: Has she ever been admitted to the hospital besides situations of childbirth?

Son: I don't think so. Ummmm, no?

Nurse (*writes a short note on the clipboard then turns to Dad*): Who is your family doctor? (*waits expectantly for answer*)

Dad (*shaking his head*): We never needed a doctor.

Nurse (*nods his head while writing*): Mr. Pham, we need you to sign some forms for us.

(Taking the papers, Dad turns to Son; Dad holds out the stack of forms to Son.)

Son (*looking down at the papers then up at Dad*): What am I supposed to do with them?

Dad: What do they say?

Son (*sighs and takes the papers from Dad; Son sits down on the couch and lays the forms upon the coffee table, while leafing through the papers. He glances at them, occasionally pausing to read them with moving lips*):

This one is called an advanced directive, but . . . I'm not sure . . .

Nurse (*appearing uncomfortable*): Well, (*pause*) ummmm, (*pause*) during the course of treatment, if the patient is incapable of communicating or making decisions for herself, we need a surrogate who can substitute his judgment for the patient. This comes into play when . . . (*drifts off and is shifting clipboard from one hand to the other, starts again*) when it needs to be determined whether we should use every life-saving option available or if we should halt treatment. Your family needs to figure out who the surrogate will be. A lot of times, it's the spouse, but with some families, it's the person who can communicate the best with the medical staff. You know what I'm talking about?

Son (*turning to another form while talking*): Well, I think Dad will want to . . .

(*drifts off*) I mean, I can't . . . make those decisions. I'm only . . .

(*resolutely*) These are my father's decisions to make. (*looks back down at paper*) Well, this one releases the hospital from liability in the case of Mom's death.

Dad (*in a tone of panic and confusion*): Death? What?

Son: If Mom dies, then we cannot sue the hospital.

Dad: Why would I sue the hospital? I don't need to sign anything.

Nurse: But . . .

Dad: I said so. That is enough. (*Dad walks away.*)

Son (*gets up from the couch and turns to Nurse, says apologetically*): I'm sorry.

I'll go talk to him. I'll drop the papers by the nurses' station after he signs these.

(*Nurse nods and exits stage left; Son approaches Dad, who is standing near center stage.*)

Son (*is about to tap Dad on the shoulder, but changes his mind*): Dad? (*Dad turns around and looks at Son silently.*)

Son: Why don't you sign the papers? It's just some stuff that they make everyone sign.

Dad: Why do they think we would sue them? Are they saying that Mom is gonna die? And, how come they say that you should decide everything?

Son: No, ummm, I think the Nurse was saying that some people do that, but we don't need to. You should be the one. (*lull in conversation*) And, as to the forms, it's just that, you know how they like to keep forms on everybody and everything. (*goes back to the sofa and sits*)

Dad (*sitting next to Son*): We should finish all this up. Here, let me see some of that stuff. (*Son hands over some of the forms. Dad starts to look through*

them, while Son fills them out. They talk between themselves; the words are inaudible. Then . . .)

Dad (*looks questioningly at a form, then at Son*): What does this mean?

Son (*glances at page*): Did Mom take any medicine for her stomach pains? Any aspirin or anything like that?

Dad (*shaking his head*): No. Not any of *their* medicine. She had some of our medicine.

Son (*looks at Dad quizzically, then it dawns on him*): Some herbs? Which ones?

Dad: Some nhân sâm and quế. You know, because she was feeling tired and for her stomachache. We came to the United States in '77 and never needed a doctor, except when Lisa was born, because we always used our medicine.

Son: So, why did you take Mom to the hospital?

Dad: I didn't want to make her wait to get to Houston to see someone. We can use their medicine; it would've taken too long to go see one of our people.
(They continue filling out the forms, finishing it shortly. Nurse enters stage right.)

Nurse (*speaking to Dad and Son*): Well, I wanted to let you know that you can visit Mrs. Pham now. She's in room 42 and sleeping.

Dad (*handing the forms back*): Here.

Nurse (*taking them*): *(to Son)* Thanks for taking care of this. *(to Dad)* We have it set up with a cot in there so one person can stay the night. It's hospital

policy that only one person be there when it's not visiting hours, okay?

You understand that? (*Overhead are seen the words, "Why do some people never pay attention to this?"*)

Dad (*answering*): Ya, ya. I am listening.

Nurse: Mr. Pham, I'll take you to her room.

Dad (*to Son, Lisa, and Grandfather*): I'm going to see Mom now. (*Nurse exits stage right, with Dad following.*)

Son (*sitting in chair to Lisa's right*): So, what are you doing?

Lisa (*stops coloring*): Nothing; there's nothing to do here. (*puts down crayon*)

I'm bored. The only thing to do here is color, and I think I'm too old to color. I'm eleven! But, because there's nothing . . .

Son (*smiles and picks up a crayon*): Well, you know a lot of high schoolers think coloring is cool.

Lisa: Really?

Son: Yeah. (*He picks up a coloring book and leafs through its pages, looking for a cool picture.*)

Lisa (*goes back to coloring*): Hey, thanks for bringing me and Grandfather here.

Son: No problem. (*He settles on a picture and starts coloring.*)

Lisa: So, what's going on? It can't be that bad. Mom never complained.

Son: Mom never complains. Or Dad, for that matter. Then, again, how many Vietnamese people you know complain when they're sick? (*Overhead are seen the words, "How many complain?"*)

Lisa: Still—

Son: Think about it. Dad took her to the emergency room. Don't you think there's something wrong if Dad took her there?

Lisa (*stops coloring and looks at Son*): If something was really wrong, Dad would have told us. If it was a real emergency, he would've called you somehow at the game.

Son (*in a bitter tone*): He doesn't want to worry me. How can he think not letting me know is going to make me worry less?

Lisa (*returns to coloring*): You're worried over nothing. Mom's just not feeling the best. I don't think there's anything to panic about. We would know if anything was serious. Dad doesn't want us to worry so we can just do everything that we need to. You know, like they want you to concentrate on school.

Son (*smiling and in an overconfident tone*): It won't be a problem for me to get into the community college. But, it's not like I have much choice in what I'm going to do. I'm supposed (*said with emphasis*) to go to college.

Lisa: We're supposed to do good in school. Besides, what else were you planning to do?

Son: I could work.

Lisa: Didn't Dad say there aren't any jobs here?

Son: Well, ummm . . . never mind.

(*Grandfather stretches and then stands up from his chair. He walks up to the*

two siblings and stops behind the coffee table. There, he stands to Lisa's left.)

Grandfather (*speaking to Son in Vietnamese*): Con đi, ông đi lấy chút cà phê.

(The words "I'm going to get some coffee." are seen overhead.)

Grandfather then exits stage right.)

Lisa (*turning to Son*): What did he say?

Son (*annoyed*): He said he was going to get some coffee. You know, you should learn Vietnamese. I'm tired of having to translate for everybody.

Lisa (*argumentatively*): Well, I know half the time Mom or Dad says to do something, you pretend you don't understand them.

Son (*contentiously*): Why do I need to have to speak it? No one else does. Only the parents and the old people do. Look at everyone at school; everyone else speaks English. Besides, why are you telling me that I need to know Vietnamese? You (*with emphasis*) don't know it.

Lisa: I wasn't saying that. I . . . never mind. (*sulkily returns back to coloring*)

Son (*shrugs shoulders while coloring*): Whatever.

(Stage right is darkened; stage left is now lit. A single word, "Bruises" is seen above. Olsen and Young are seated at the table, in the same seats as before. They are in the middle of a discussion.)

Olsen (*heatedly*): I've been practicing medicine for thirty years; I'm pretty sure I know what I'm doing.

Young (*shaking her head*): No, no . . . That's not what I meant. I'm not questioning your expertise. (*speaking with very precise diction*) I am merely suggesting that we run a couple more tests. I do not feel completely confident of Mrs. Pham's diagnosis based on the information we have right now.

Olsen: I'm pretty sure that it's an ectopic pregnancy. She's a forty-two-year-old female. We've already done a blood test and have some X-rays. We've basically ruled out appendicitis.

Young (*protestingly*): But, the pain is in the lower right abdomen.

Olsen: So is the right Fallopian tube. Mrs. Pham does not have any fever, which you would see if she had an infection.

Young: But, the pain building up over a number of hours. . . How about if we do an ultrasound? That would confirm your diagnosis.

Olsen (*resignedly*): We can do an ultrasound. But, we need to watch her to see if there any signs of an internal rupture.

Young (*timidly*): Dr. Olsen?

Olsen: Yes?

Young: Did you notice a few bruises on her back?

Olsen: Yes, and . . . (*gesturing for Young to continue talking*)

Young: Is it possible that she's being abused? If so, we would need to report it.

Olsen (*shaking head*): No, it's something that I've seen before. They call it . . . (*pauses*) Let me think (*drums fingers on table*) . . . *chào giò*. Yeah, that's

it. *Cạo gió*. Many of the Vietnamese in this community use a spoon or a coin to rub the skin. Bruises often appear. It has something to do with catching the wind, expelling the bad air.

Young: Are you sure? I've never seen that before.

Olsen: It's pretty common. Sometimes you'll also see circular burns from using a heated glass pressed onto the skin. The oxygen has already been extracted.

Young (*eagerly*): What else do they do?

Olsen: Every now and then, family members come in with some type of ointment--I think it has a number of natural ingredients in it--and rub it over the chest of a patient.

Young: I know that some traditional folk medicine follow a Ying-Yang philosophy, a type of hot-cold theory. Do they do that also?

Olsen: Yes, some patients will refuse to eat particular foods because they think it would create a larger imbalance, considering the effects of an illness.

Young (*sitting back in chair*): This is a really interesting group to work with.

(Lights go out on stage left; stage right is lit again. This time, Son is alone in the waiting room. The words, "The young show no respect," can be seen overhead.)

Son (*talking to himself*): No one listens to me. Just because I'm young, they

think that I don't need to know what's going on.

(Grandfather returns back to the waiting room. Coffee is spilt all over the front of his clothes.)

Son *(rushes forward, grabbing some paper towels off the coffee table)*: What happened? Did you spill coffee on yourself? *(hands paper towels to Grandfather)*

Grandfather *(speaking in Vietnamese, but translation is seen overhead)*: Không. Ông đi đến quán ăn để mua chút cà phê, và ở đó có vài chuyện khó khăn. *(“No. I went to the cafeteria to go buy some coffee, and there was some trouble.”)*

Son: What do you mean? What kind of trouble?

Grandfather: Ông trả tiền cho người bạn hỏi trẻ và có vài đứa trẻ em đứng sắp hàng sau ông. Một đứa tiền gần tới và nói vài hàng. *(“It took me a little while to give the cashier lady some money, and there were a few young kids waiting in line behind me. One of them came up to me and started saying something.”)*

Voice: What's taking you so long, old man? Don't you know how to count? You don't, do you? You're Fresh Off the Boat, I bet. Another one of those chinks. Well, we don't want your kind here, don't you get it? Why don't you just leave?

Grandfather: Nó đang nói nhưng ông không hiểu nó nói gì thành linh nó tiền gần và dứt tách cà phê của ông. Nó có tách cà phê rồi đổ lên ông. Sau đó, nó bỏ

đi với đũa bạn của nó. (*"He was talking, but I couldn't understand what he was saying. Suddenly, he reached over and grabbed my cup of coffee. The boy took the cup and poured it on me. Then, he walked away, laughing to his friends."*)

Son: What did the guy look like? Do you know where he and his friends went?

(Entire stage goes dark for a moment. Then, a spotlight highlights the figure of Grandfather, who is now sitting in a cheaper waiting room chair, the type where the legs are of metal and curves underneath the bottom of the seat to form front legs and down unto the floor and towards the back. Yet, this chair is not designed to have back legs. The chair and Grandfather are facing front and in the center of the stage.)

Grandfather *(now speaking in English)*: It doesn't matter now . . . These young people today show no respect for their elders.

Son *(no longer seen by the audience, he is a voice in the darkness)*: Ông Nội, I'm sorry if I said anything . . .

Grandfather *(replying back)*: Son, I was not speaking about you. You're a good boy. I was remembering back to Saigon before it was invaded. I had a little shop there selling furniture. It was good furniture . . . *(nodding head)* lasted for a long time, not like these chairs here. *(taps the waiting room chair)*

Son (*still a voice*): Then, what happened?

Grandfather (*arises from chair and starts to pace across the stage*): Things changed. The War came.

Son (*voice-over*): Were you in the army?

Grandfather: No . . . (*shakes his head*) I was too old. (*sighs*) When war came, it was rough, but we survived. Life continued. (*stops pacing and turns towards the audience*) That is until that day; I remember. . . April 30, 1975.

Son (*only a voice*): What happened that day?

Grandfather (*turns to stage right*): Son, you do not know? (*shakes his head and resumes pacing*) And, they say American schools are good. Son, that was the day Saigon fell and was replaced with a new city. (*pauses in his pacing*) People were everywhere; they were all running. (*overhead, images of Saigon during its fall, with panicked people in the streets, flash in quick succession, so fast that the images have just a moment to register in the consciousness*) It was chaos.

Son (*a voice*): Did you leave then?

Grandfather (*returns to his chair and sits*): No. I did not.

Son (*in a voice-over*): Then what happened?

Grandfather (*rocking back and forth in his chair*): Life became harder. The government put too many restrictions on. They made me lose my business.

Son (*a voice urging Grandfather to continue his story*): And, then . . .

Grandfather (*continuing on*): Then your mom and dad left. They came here to the United States. I came later, to watch after my daughter, I thought. But, they treat me like I'm here for them to watch over me. Now, I just spend my time at home, since there are no jobs if you cannot speak English.

Son (*voice-over*): What about the shrimping boats? Couldn't you do that?

Grandfather (*stops rocking and shakes his head*): I sometimes go out with the others in the early morning, but I'm getting a little too old for this kind of stuff. It's not like I did that back in Vietnam anyways. People think we're all fishermen for some reason. I *owned* a store back home.

Son (*as a voice*): Grandfather, could you tell me how you left?

Grandfather (*goes back to rocking; overhead are seen pictures of Vietnamese refugees attempting to leave by boat*): I escaped by boat. I hid and saved money. (*halts his rocking*) It takes a lot to pay people to smuggle. (*arises from seat and starts to walk across the forestage, speaking to the audience; Grandfather occasionally halts his pacing to draw attention to a particular part of the story*) It was a little fishing boat, but there were over one hundred people trying to leave on it. There wasn't enough food. (*turns to speak to a different section of the audience*) There wasn't enough clean water. We were there, crowded together on this little boat, hungry and thirsty, for four days.

Son (*voice-over*): Were you able to take anything with you?

Grandfather: I could only take one bag.

Son (*still a voice*): What was in it?

Grandfather: Some clothes . . . and some pictures. They were only things I could take with me.

Son (*only a voice*): You were in the boat for four days?

Grandfather: Yes. On the fourth day, the Taiwanese military picked us up.

Son (*in a voice-over*): Where happened next?

Grandfather (*turns to stage right to answer*): They took us to a refugee camp. (*now resumes talking to the audience*) Hundreds of other people were there . . . waiting . . . waiting for all the papers. Living at the camp was like living in some barracks. There was no privacy.

Son (*heard as a voice*): So, Ông Nội, how did you get here?

Grandfather: I waited for a long time; it took several months.

Son (*voice-over*): For what?

Grandfather: For the paperwork. Your mother and father had to fill out many forms for me to come here.

Son (*still a voice*): Sorry, Ông Nội. I know that life in the U.S. isn't what you expected it to be.

Grandfather: It's better than what I left in Vietnam. (*Grandfather returns back to his seat on center stage.*)

(Lights go down on entire stage and then arise again on stage left. Young and Olsen are seated at the table as before, still working on various files.)

Young *(timidly)*: Dr. Olsen?

Olsen *(looks up from his papers)*: Yes?

Young *(takes a deep breath and rushes into the apology)*: You were right, Dr.

Olsen. I apologize for—

Olsen *(gives a don't-think-about-it gesture)*: Don't worry about it. When I first got out of med school, I was a bit like you.

Young *(nervously fidgeting hands)*: I just wasn't sure about making the diagnosis. I wanted to run more tests to be positive about it.

Olsen *(elbows on the table while speaking with his hands)*: When I was fresh out of school, I was unsure too. It's a lot of responsibility to deal with issues of life and death. You just want to do what we all want to do: the best job possible for the patient.

Young *(looks down and then looks back up)*: Thanks.

Olsen *(returns back to his paperwork)*: Do we have the results of Mrs. Pham's test yet?

Young: No, not yet.

Olsen: Well, then, I guess it's time to check. *(looks up from reviewing his files and shouts)* Nurse Yu!

Nurse *(entering from stage left)*: You wanted something?

(Young looks over various files.)

Olsen: Do we have the results yet for Mrs. Pham?

Nurse *(shaking head)*: No, they just took her down for the ultrasound.

Olsen *(waving hand in a dismissive gesture)*: Thank you. That'll be it. *(resumes his paperwork)*

(Stage left becomes dark, while stage right is lit. Dad enters stage right. Lisa, coloring, is back in her corner of the sofa. Sleeping. Grandfather is seated in his chair. Son, leafing through one of the magazines stacked on the coffee table, is sitting in the other chair.)

Dad *(remaining standing)*: The doctors took your mother for some tests. When she returns, you can visit her.

Son: Dad?

Dad *(looks to where Son is seated)*: Yes?

Son: I was wondering why you left Vietnam.

(Stage left is now lit, along with stage right. Young and Olsen are still seated around the table. Meanwhile, stage right's characters are frozen.)

Young *(pondering)*: I wonder why they settled here?

(Stage left freezes, while action resumes on stage right.)

Dad (*smiles and takes a seat in the corner of the sofa closest to Son*): Where did all this interest come from?

Son (*tosses his magazine back on the coffee table*): I was talking to Grandfather.

Dad: Well, . . . (*thoughtfully*) it was like living in a prison.

Son: You and Mom left in (*pauses to think*) in 1978, right?

Dad: Yes.

Son: Well, why didn't you leave earlier?

Dad (*pauses while speaking to think of the appropriate words*): I was too young and too proud. I didn't believe it would get that bad. I thought everything was still going to be okay.

Son: So, why did you decide to come to Seadrift?

(*Stage right freezes. Now, stage left is alive.*)

Olsen: Well, I've lived in this area for . . . (*thinking*) about twenty-five years. It basically started when they opened the aluminum plant some twenty years ago.

(*Focus shifts to stage right. Stage left is still.*)

Dad: At that time, they had jobs here.

(*Stage right becomes still. Action resumes on stage left.*)

Olsen: There were very few people here willing to work minimum wage. So, the company went recruiting for some labor in Houston and California. They had some type of program, I think, that helped people transition to life in

the United States. And, when word spread that the coastal waters were fertile with shrimp and fish, many of the Vietnamese came. I think it has something to do with the similarity to a livelihood back home.

(The characters freeze on stage left. Movement returns to stage right.)

Son *(muses over Dad's words and then asks)*: Grandfather said living here isn't always that easy.

Dad: It's a little difficult to live here. There is a lot to worry about. Trying to get enough money to buy a house, to pay for food . . . You worry about being . . . what's the word? . . . *(thinking)* about . . . being laid-off from work.

Here, there's some pressure that I didn't worry about so much before.

Son: You work a lot. *(gets up from chair and stretches)* Some very long hours.

Dad: It could be easier if the pay wasn't so low.

Son *(walks towards the exit)*: Dad? *(turns around)* Do you think we can see Mom now?

Dad *(nods head)*: They should be finished now.

Son: Lisa? *(She looks up at Son.)* Let's go visit Mom. *(She puts back her crayons and closes the coloring book.)* Grandfather? *(Son goes to wake him.)* Mom. *(Son gestures towards the door. Grandfather stretches and gets out of his chair. Lisa and Grandfather exit stage right. Son is near the exit but stops to turn around.)* Dad?

Dad: What?

Son: Thanks.

(Son exits stage right, which goes dark. Lights have remained on stage left.

Young and Olsen are still seated. Nurse enters stage left with an ultrasound and other papers.)

Nurse *(handing the stack to Young)*: Dr. Olsen, Dr. Young, here are the results for Mrs. Pham.

Young *(looks over the results and then hands them to Olsen)*: You were right, Dr. Olsen. It looks like an ectopic pregnancy.

Olsen *(after reviewing them, he speaks to Young)*: We should operate soon. There's a risk that the tube could rupture. *(looks at Nurse)* Nurse Yu, we'll go see the patient now.

Nurse: Should I prepare for the operation?

Olsen: Yes. Thank you.

(Olsen and Young organize their files, and all three exit stage left. Now the entire stage and the audience sit in darkness. All focus is on sound. The following portion occurs off-stage, with the cast members doing voice-overs. Speakers are placed around and amid the audience, so they are in the midst of the scene too. Audience hears the sound of a door opening and people entering.)

Olsen (*annoyed*): What are all these people doing here?

Nurse (*in a tone that reflects the obviousness of the situation*): They're the family.

Son: Are you the doctors? I'm Son Pham. She's my mom.

Young: And the rest are—

Son (*answering*): My little sister and my grandfather.

Olsen: Nurse, did you notify the family about hospital policy? They can't be in here now. It's not visiting hours. There's too many people in this room.

Nurse (*defensively*): I did tell them about the policy.

Young: Look, we can sort this out later. Son, we need to operate on your mother.

Son (*panicked*): Why?

Young: Your mother is in immediate danger of having an internal rupture. We need to operate. I know you're worried about your mother's health. We are trying our best. So, please, I hope you don't mind leaving now, so we can take care of her.

Lisa (*starting to sob*): Son, is she going to be okay?

Son: Come on, Lisa, Grandfather. It'll be okay. Let's go. We'll tell Dad that they're operating.

(Footsteps and the a door closing are heard. The words, "3 hours later (ba giờ nuã)" are seen overhead. The lights go up stage right. All the members of the

cast are in the waiting room. Grandfather and Lisa are both seated on the couch and are watching the conversation. The rest of the family and the hospital staff form a rude semi-circle. Dad is on the edge closest to center stage, with Son on his right. Nurse stands between these two and the physicians. Young stands on the other edge, with Olsen between her and Nurse.)

Nurse (*to Dad*): You told me yes when I asked if you understood.

Dad: I said that I was listening, not that I agree with your rules.

Nurse (*protesting*): But, I clearly remember you saying . . . it's ya, right? Ya?

(turns to Son)

Son (*nodding*): That's the right word. But . . . *(looks downward with a glance demonstrating deep thought)*

Dad: Yes, that is what I said.

Nurse: But . . . *(motions confusedly)*

Son (*attempting to gain others attention, but is overlooked*): You know, I think the problem was because Dad meant he was listening to—

Olsen (*ignoring Son, Olsen patiently, but also condescendingly, says*): We have these policies in place so the patient can rest.

Son (*overhead are seen the words, "No one listens to me. Just because I'm young. . ."—Son.* He is noticeably annoyed.): Sir?

Olsen: If you agree to it—

Young (*interrupting*): Dr. Olsen, I think I know how this has happened.

(addressing Son) Is this what you're thinking? *(turning to Dad)* And, Mr. Pham, please tell me if I'm right or wrong. When you said *ya*, you meant that you were listening and respecting what Nurse Yu was asking, but not necessarily agreeing to it.

Dad *(nodding assent)*: That is right.

Young: Well, I think when we hear "yes" or something of the like, we assume that you are agreeing with what we've asked.

Olsen: This is something that we at the hospital need to remember too. It's part of our responsibility to ensure that we are all looking at the same page.

Nurse *(addressing Son)*: That was what you were trying to get at, wasn't it?

Son *(in a tone that signifies the obvious)*: Yeah, basically.

Young: *(to Son)* I'm sorry that we didn't let you finish. *(Son gestures to demonstrate that the situation is not a big deal. Young then turns to Dad.)* Anyhow, Mr. Pham, you understand why we asked that only one person be there during the night hours. Your wife needs all the rest that's possible. You know how busy it can be when your family is all there to visit. It's best for her health to get that needed sleep.

Olsen: We are just asking for some hours at night. During normal hours, you can have your family here.

Dad: I understand.

Young: I know we're all trying to do what's best for your wife. She just really

needs that rest time to recover.

Dad: You won't have to worry anymore.

Olsen: Well, thank you, Mr. Pham, for being so understanding and patient.

(shakes his hand) We need to check on some other patients, so Dr.

Young and I will be leaving now.

(Young also shakes Dad's hand. They both turn to leave and walk towards the waiting room door.)

Olsen: How do you know that?

Young: What?

Olsen: About the ya-yes thing.

Young *(smiles)*: It was in one of the courses I took in medical school; I think it was called something like Psychosocial Aspects of Illness. Well, it's back to work now. *(They exit stage right.)*

Nurse: Well, I apologize for the misunderstanding. It's almost visiting hours right now. If you'd like, you can go grab something to eat and then return back to visit your wife. Sorry about everything.

Dad: It's okay. I sometimes forget that things are different. *(to the others)* Let's go get something to eat. We'll visit Mom. Then, Lisa and Son, you can go to school. *(The family starts to gather their possessions. The lights go out, and the words "Hết (The End)" are seen overhead. Undemeath these words, photos flash in rapid succession. They include members of the family going through their daily routine. Some are of the children*

attending classes and of Dad at work in the aluminum plant. Pictures are also seen of the family during mealtimes. Intermixed with these photos are those of the hospital staff working. These include pictures of the staff talking to family members, examining patients, and operating on people. Also seen throughout this montage are photos of life in a Vietnamese community: children playing outside in the sun, elderly people attending church, fishing boats at dock, and large fishing nets hung up to dry. Overheard during this montage is traditional Vietnamese music, preferably ballads.)

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APPENDIX A

INTERVIEW QUESTIONS: VIETNAMESE-BORN MEDICAL PERSONNEL IN THE U.S.

Project description:

-Texas A&M University's University Undergraduate Research Fellows Program (the University Honors Program)-->Annually, 40-70 students are selected to participate in a two-semester research experience culminating in a Senior Honors Thesis.

-a one-act play concerning an encounter between Vietnamese culture and Western medicine, structured within the interactions of one family and a medical establishment

-address how traditional beliefs compare with the ones that form the basis for Western practices and will emphasize the multiple layers of interplay

-why interested in issue: Not until the 1980s did the medical community seriously study the field of intercultural health communications. Even today, few substantial works exist regarding this area, although interest is increasing. As the United States faces a future where society requires multicultural skills, the health community will need to address cross-cultural issues.

Method of referral (contact person) and reasons why (background information: a bridge between two different cultures: rooted in the Vietnamese culture, but also have understanding of Western medical practices)

The information you will provide will serve as background knowledge for my play, so I may accurately portray the relationship between Vietnamese culture and Western medicine. All information is confidential. No identifying information will be used in the play, but credit will be given to those who helped with the project, unless they do not wish to be named. Also, the only persons who will have access to this information is my two supervising professors and me.

Background:

- 1) What type of health field are you active in? How long have you been practicing?
- 2) How long have you lived in the United States, and what age were you when you left Vietnam?
- 3) Please describe you life in Vietnam, including social class and education.
- 4) Did you receive your medical education in the United States or Vietnam?
 - If yes,
 - a) How is the medical education system structured

- in Vietnam? In what ways does it differ from medical education in the United States?
- b) What measures did you need to undertake to practice medicine in the United States?

If no,

- c) Has your view of medical care been influenced by your Vietnamese background?
- 5) What are your memories of being a patient in Vietnam?
- 6) For what reasons and by what method did you leave Vietnam?
- 7) What was the transition to the United States like? What difficulties did you experience? What eased the transition?

Practicing medicine in Vietnam and the United States:

- 8) In what type of environment do you practice in--private practice or managed care?
- 9) Under what circumstances do you see a patient--on an ongoing basis, on a consultative basis if you have a specialty practice, or for occasional emergencies? Are you a primary care doctor or a specialist? How long a time do you spend with a patient?
- 10) How culturally diverse is the patient population that you see, and what cultural groups are represented? Are they of a particular social class?
- 11) How do Vietnamese patients seek you out? How are patients usually referred to you, by HMOs, PPOs, other health professionals, or other patients?
- 12) What particular diseases are seen on a wider scale among Vietnamese patients?
- 13) How do your Vietnamese patients communicate, and are these patients uniquely different in style from patients of other ethnic backgrounds? How do patients describe their ailments? What are general characteristics and symptoms of illness?
- 14) What differences are there between immigrants, first generation Vietnamese-Americans, and others of Vietnamese descent?
- 15) To what degree are traditional methods of healing used in medical practice in Vietnam versus how things are done here in the United States?
- 16) What problems and issues do you see patients facing in adapting to American culture?
- 17) What has been your most challenging experience with a Vietnamese patient?
- 18) Would you like to add anything else that you feel it is important for me to know?
- 19) Do you know of someone who would be interested in my project and be

willing to speak with me?

Thank them and offer to send a copy of the play when completed.

APPENDIX B

INTERVIEW QUESTIONS: MEDICAL PERSONNEL IN THE U.S.

Project description:

-Texas A&M University's University Undergraduate Research Fellows Program (the University Honors Program)-->Annually, 40-70 students are selected to participate in a two-semester research experience culminating in a Senior Honors Thesis.

-a one-act play concerning an encounter between Vietnamese culture and Western medicine, structured within the interactions of one family and a medical establishment

-address how traditional beliefs compare with the ones that form the basis for Western practices and will emphasize the multiple layers of interplay

-why interested in issue: Not until the 1980s did the medical community seriously study the field of intercultural health communications. Even today, few substantial works exist regarding this area, although interest is increasing. As the United States faces a future where society requires multicultural skills, the health community will need to address cross-cultural issues.

Method of referral (contact person) and reasons why (background information: have understanding of Western medical practices and also deal with a large number of Vietnamese patients)

The information you will provide will serve as background knowledge for my play, so I may accurately portray the relationship between Vietnamese culture and Western medicine. All information is confidential. No identifying information will be used in the play, but credit will be given to those who helped with the project, unless they do not wish to be named. Also, the only persons who will have access to this information is my two supervising professors and me.

Background:

- 1) What type of health field are you active in? How long have you been practicing?
- 2) Where did you receive your medical education?

Practicing medicine in the United States:

- 2) In what type of environment do you practice in--private practice or managed care?
- 3) Under what circumstances do you see a patient--on an ongoing basis, on a consultative basis if you have a specialty practice, or for occasional emergencies? Are you a primary care doctor or a specialist? How long a time do you spend with a patient?

- 4) How long have you been practicing in this geographical area?
- 5) How culturally diverse is the patient population that you see, and what cultural groups are represented? Are they of a particular social class?
- 6) How do Vietnamese patients seek you out? How are patients usually referred to you, by HMOs, PPOs, other health professionals, or other patients?
- 7) What particular diseases are seen on a wider scale among Vietnamese patients?
- 8) How do your Vietnamese patients communicate, and are these patients uniquely different in style from patients of other ethnic backgrounds? How do patients describe their ailments? What are general characteristics and symptoms of illness?
- 9) What percentage of your Vietnamese patients do you believe use traditional methods of healing?
- 10) What has been your most challenging experience with a Vietnamese patient?
- 11) What problems and issues do you see patients facing in adapting to American culture?
- 12) What differences are there between immigrants, first generation Vietnamese-Americans, and others of Vietnamese descent?
- 13) Would you like to add anything else that you feel it is important for me to know?
- 14) Do you know of someone who would be interested in my project and be willing to speak with me?

Thank them and offer to send a copy of the play when completed.

APPENDIX C

INTERVIEW QUESTIONS: VIETNAMESE-BORN RESIDENTS OF THE U.S.

Project description:

-Texas A&M University's University Undergraduate Research Fellows Program (the University Honors Program)-->Annually, 40-70 students are selected to participate in a two-semester research experience culminating in a Senior Honors Thesis.

-a one-act play concerning an encounter between Vietnamese culture and Western medicine, structured within the interactions of one family and a medical establishment

-address how traditional beliefs compare with the ones that form the basis for Western practices and will emphasize the multiple layers of interplay

-why interested in issue: Not until the 1980s did the medical community seriously study the field of intercultural health communications. Even today, few substantial works exist regarding this area, although interest is increasing. As the United States faces a future where society requires multicultural skills, the health community will need to address cross-cultural issues.

Method of referral (contact person) and reasons why (background information: rooted in the Vietnamese culture and still hold to many of the traditions)

The information you will provide will serve as background knowledge for my play, so I may accurately portray the relationship between Vietnamese culture and Western medicine. All information is confidential. No identifying information will be used in the play, but credit will be given to those who helped with the project, unless they do not wish to be named. Also, the only persons who will have access to this information is my two supervising professors and me.

Vietnam:

- 1) How long did you live in Vietnam, and what year did you leave?
- 2) Please describe you life in Vietnam.
 - area of residence
 - social class
 - education
 - employment
 - religion
- 3) What are your memories of being a patient in Vietnam,
 - a) in a hospital or clinic?
 - b) in a doctor's home office?
 - c) and any other means of maintaining health, including folk remedies?

- 4) How often did you use each of these methods?
- 5) What memories do you have of family members being ill and using treatment by one of the above-mentioned methods?
- 6) Which method did you prefer, and which method did you use most?

Transition:

- 7) For what reasons and by what method did you leave Vietnam?
- 8) How long have you lived in the United States, and what age were you when you left Vietnam?
- 9) What was the transition to the United States like? What difficulties did you experience? What eased the transition?

Unites States:

- 10) Please describe you life in the US.
 - social class
 - education
 - employment
 - religion
 - 11) What are your experiences of being a patient in the United States,
 - a) in a hospital or clinic?
 - b) and any other means of maintaining health, including folk remedies?
 - 12) How often did you use each of these methods?
 - 13) What memories do you have of family members being ill and using treatment by one of the above-mentioned methods?
 - 14) Which method do you prefer, and which method do you use most?
 - 15) To what degree are traditional methods of healing used in Vietnam compared with in the United States?
 - 16) What has been your most challenging experience as a patient in an American hospital or clinic?
 - 17) What differences are there between immigrants, first generation Vietnamese-Americans, and others of Vietnamese descent?
- 18) Would you like to add anything else that you feel it is important for me to know?
 - 19) Do you know of someone who would be interested in my project and be willing to speak with me?

Thank them and offer to send a copy of the play when completed.

APPENDIX D

INTERVIEW QUESTIONS: KLEINMAN MODEL¹

Project description:

-Texas A&M University's University Undergraduate Research Fellows Program (the University Honors Program)-->Annually, 40-70 students are selected to participate in a two-semester research experience culminating in a Senior Honors Thesis.

-a one-act play concerning an encounter between Vietnamese culture and Western medicine, structured within the interactions of one family and a medical establishment

-address how traditional beliefs compare with the ones that form the basis for Western practices and will emphasize the multiple layers of interplay

-why interested in issue: Not until the 1980s did the medical community seriously study the field of intercultural health communications. Even today, few substantial works exist regarding this area, although interest is increasing. As the United States faces a future where society requires multicultural skills, the health community will need to address cross-cultural issues.

Method of referral (contact person) and reasons why (background information: have understanding of Western medical practices)

The information you will provide will serve as background knowledge for my play, so I may accurately portray the relationship between Vietnamese culture and Western medicine. All information is confidential. No identifying information will be used in the play, but credit will be given to those who helped with the project, unless they do not wish to be named. Also, the only persons who will have access to this information is my two supervising professors and me.

- 1) What do you call the problem?
- 2) What do you think has caused the problem?
- 3) Why do you think it started when it did?
- 4) What do you think the sickness does? How does it work?
- 5) How severe is the sickness? Will it have a short or long course?
- 6) What kind of treatment do you think the patient should receive? What are the most important results you hope she receives from this treatment?
- 7) What are the chief problems the sickness has caused?
- 8) What do you fear most about the sickness?

¹ Anne Fadiman, The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures (New York: Noonday, 1997) 260-261.

9) Would you like to add anything else that you feel it is important for me to know?

Thank them and offer to send a copy of the play when completed.

VITA

Kim T. Nguyen
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Kim T. Nguyen is a student seeking a Bachelor of Science degree in Biomedical Science and a Bachelor of Art degree in Philosophy at Texas A&M University, located in College Station, Texas. She graduated from El Campo High School in El Campo, Texas, as valedictorian in 1996. Ms. Nguyen has interned at PricewaterhouseCoopers in London, England, and is a member of the Class of 2000 Academy of Future International Leaders. Also, she has participated in the Champe Fitzhugh, Jr. International Honors Leadership Seminar. She is a Texas A&M University President's Endowed Scholar, National Merit Scholar, and Robert C. Byrd Scholar and has also been named to the National Dean's List and the Dean's Honor Roll numerous times. Additionally, she has received the Who's Who Among Students in American Universities and Colleges award and the Buck Weirus Spirit Award, along with many various honors due to extensive extracurricular involvement. Ms. Nguyen is serving as chapter President for Beta Beta Beta, a biological sciences honor society, and is a member of Phi Beta Delta International Honor Society, Cap and Gown Senior Honor Society, Golden Key National Honor Society, and Phi Eta Sigma.

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