Seema Sehrawat: We have an excellent panel in front of you to present on five different cultures. So we are very excited to be able to pull this panel together. My name is Seema Sehrawat. I'm the Interim Director for the Center on Aging. So I organize most of the events on campus around aging. So we do these coffee connections in the mornings. And once a month, we do a film series. So we show very exciting and thought provoking films related to aging. And this month, the one we are showing is about Alzheimer’s. I mean, how this family, you know, of sufferers may get together. So it’s a very thought provoking movie, I encourage you to come. The fliers are back there at the table. You can pick one on your way out. (Introduces) Andrea Rioux, Art Sanchez, Loretta Steinke, Gunhye Kim & Rebecca Vang
Today's topic is “Traditions, Rituals, and Beliefs through the Lens of Aging”. We have Andrea Rioux, who is going to go first. Andrea is a medical social worker who has been practicing for a very long, long time. And we'll talk about the culture of hospitals. And you know sometimes your crisis, you know, how things happen. Then we have Art Sanchez from the Psychology Department, and Art is going to touch on the Latino and Mexican culture and talk about some of the traditions in that culture. We have Loretta Steinke from the Congregation Beth Israel. Loretta will talk about the Jewish cultures and tradition around aging and, you know, to give us some good examples. Then we have Gunhye Kim – she is our master's in social work student. She's going to graduate this May. So a really exciting time for her. And Gunhye will be talking about the Korean culture. Then we have Rebacca Vang, a BSW student, who's getting a bachelor’s in social work and will graduate too this semester. and Rebecca will be talking about the Hmong culture.

And in the end, if we have time--we plan to have time, everybody is allotted 15 minutes so we can have time for every speaker, and then questions and answers. I would be talking about the Indian culture and that's why I--I would dress up today for you guys and show you what our traditional dress looks like. And we also have Aria, so you might see her time to time, she might come in and wanting to be with me. She's my 17-month-old daughter. This is the first time she has come to the university and being part of any lecture. But then, you know, we are thinking if she interrupting us too much, I have my family. They will take her out and they will let us do our job. So without further ado, let's get started, Andrea.
Andrea Rioux: Okay. This kind of new, it's hard to see you guys. Sorry about that from--down this row. Like Seema said, I am a medical social worker and have been for 22 years with also experience in long-term care school nursing. Is that okay? Seven years doing that as well. And so we're going to talk about my experience in relation to working with older adults in those two particular venues and some of the obstacles that I've seen unfortunately arise in the hope that the social workers attempt to try to lessen that experience so that we can create a more meaningful moment for them in the hospital during these times. Doesn't always work, but we attempt very hard at doing that. So I'm going to start with letting you know some of the three main reasons social work gets referrals for older adults in the hospital. It's not all the reasons but it's three of the main reasons. I want to go--see. [Laughter]
Lack of resources. I'm sure that you guys, a lot of have seen this even in your agencies. Fixed income, difficult to access services, and it's because the level of responsibility in my mind, working with older adults is very significant to making sure that all bills are paid. Making sure everything is done exactly on time. And that sometimes conflicts with the urgency to come into the hospital setting and also the needs that they have and resources that they need if they're going to be leaving the hospital to access services. Unwillingness to accept handouts. And I put that in quotes because that's how it is termed for many older adults that I meet with. They consider Medi-Cal a handout. I can't tell you how many times they'd asked me if they can get out their check book and pay cash. Speaking among grandparents who paid cash for everything but their homes, very different mentality. That sometimes has become an obstacle for us in their willingness to access surgeries, access services, because if they can't pay for it right then and there they simply cannot sometimes understand the ability to actually accept it.
Lack of support. Many widowed, unfortunately—or many of the adult children but they are not in the area. Somehow the adult children in many of the Caucasian cultures that I deal with, mostly, the oldest daughter is the one that primarily steps in and does the majority of the primary care giving. And many times, the daughter is one that it’s not in the area, so they have a lack of support. Social isolation certainly depends upon the level of transportation that they have. Less ability to get around which also create some limited to no friends. They can’t access their church that they have used to. They can’t access their social groups that they used to attend, as their physical or cognitive ability is certainly declining. Privacy – they don’t really want anyone in their home and I can really, really respect that. There’s certainly a lack of trust within the system. When we come in to the disposition planning, which is discharge planning, they have a very difficult time with the concept to a total stranger coming into their home to help them and I really appreciate that. The unfortunate thing is sometimes that can be the only way that they can actually return back that environment again, continue to be safe, and not end up in long term care.
### 3. Lack of Ability to safely provide self care

- decline in overall independence: either cognitively or physically
- terminal care
- need for higher level of care
- difficulty accepting need for help

Lack of ability to safely provide self-care. And this is from an overall decline in their independence, whether that's cognitively or whether that's physically. I don't know if you guys can imagine or take a guess at – what do you think the number one most difficult challenge is for men that are aging? Loss of their ability to drive. And that becomes problematic again and again and again. But cognitively, it affects their ability to really comprehend that they now need more access to services than they did prior or they did yesterday, or they did a year ago or a month ago. Terminal care. Certainly if you're going to have terminal care in the home, there's someone you know working with hospice, you need to have a primary care giver. When you don't have that then we have to look at giving a stranger into the home to try to provide those services and that's very difficult sometimes for older adults to try to manage and imagine that happening in their own home. The need for higher level care. To accept the possibility that skilled nursing might be an option. It might be something that the need to do or boarding care. The idea which it's hard to even wrap your brain around I think sometimes to know that this might be the time you actually have to leave your home. It's overwhelming and tragic. So we have done works to that as well. Difficulty accepting need for help.
Additional reasons for interaction:

1. pets  
2. coping with new diagnosis  
3. abuse  
4. self neglect  
5. medication compliance  
6. difficulty coping with decline  
7. family dynamics  
8. spouse at home

Additional reasons for interaction. We're going to try to run through this rather quickly 'cause as you guys know we only have about 15 or so minutes. So I generally talk fast – you can ask my students – but not quite this fast. Additional reasons for interaction.

**Pets.** I can't tell you how many times, in fact I thought about having my own private business. We cannot get older adults to admit--agree to admission into a hospital because of their pets at home. They will leave, which is called “against medical advice,” right out of the emergency room to go home and take care of their pets. And this is complicated with the reason about to prior where they don't have the support. So there's nobody that I can call and say, "Can you feed Fiji? Can you help him out? Can you make sure his watered and tended to?" There isn't anybody to be able to do that and that's very important part of their life, a very important part of their support system.

**Coping with a new diagnosis.** Just the concept of trying to acknowledge that they have something, when they've lived for 75 years without it. Understanding that something significant is now potentially out of their control. Whether it be a new diagnosis of cancer or whatever it might be, it's very difficult.

Certainly physical abuse and self-neglect happens often. These are reasons for social workers to come in.
Medication compliance and this can be both because older adults have a very difficult time sometimes understanding certain medications that are kind of “new age.” I remember, even my grandfather dealing with it couldn’t understand that if he had a wound on his hand, if you took a pill, how it would help him. He wanted something to have direct access to that wound. I’m up against those challenges often in emergency room. We have so many different types of medications and treatments now. It can be a little bit overwhelming. Sometimes it’s because of cognitive deficits that they’re not compliant with their medications.

Difficulty coping with decline. Understanding and hearing that they have a significant loss in function but are cognitively still motivated to return back to that environment. And, as social workers, that’s our goal – it’s to get them to the highest level that we possibly can in whatever they can manage.

Family dynamics. We are called constantly for family dynamics, whether it be the lack of family, the lack of support, or just an outward physical fight in the emergency room. People change, as you guys can imagine, a lot when people are in crisis, when stress is at its highest level. Families that sometimes have always been very cohesive are very much at each other's wits ends in emergency room when they hear a new diagnosis or a functional decline.
Additional reasons for interaction:

1. pets
2. coping with new diagnosis
3. abuse
4. self neglect
5. medication compliance
6. difficulty coping with decline
7. family dynamics
8. spouse at home

**Spouse at home.** The commitment, it makes me smile because some of these things or values, I wish I could see more in the younger generations as well. The commitment to your--their loved ones is--it takes precedence over anything, certainly over their own physical ailments. If they have a spouse at home but they are the primary caregivers too, they will refuse treatment to go home and attend to that spouse. For many of us it would be, “Give me surgery.” Now if that's what I need. They will say I need to go home and make sure A, B and C is done. He's never cooked a meal before. He doesn't know how to take his medications. All of these things need to be in place. So it's not quick going to the ER, get diagnosed with appendicitis and, you know, you need to stay. It's not that simple when I'm dealing with older adults.

Let me tell you guys a few stories and I think these are just going to kind of jump out of you, some of them are very emotionally painful. In my work with older adults and sometimes out of the kind of frustrations navigating through that medical--that hospital environment which is of--it's a culture of its own, and we'll talk a little bit more of that to--at the end of this on kind of clips.
"I will just have surgery later". 82 year old: female requiring emergent surgery wanting to get pre-auth away from spouse

“I will just to have surgery later”. 83-year-old female can use the emergency room. And she required emergent surgery, emergent surgery. And her greatest concern at that moment was not that her health was significantly, potentially at great risk, she could have died. She wanted to make sure she could pre-authorization from her insurance so that her surgery was covered. She also was away from her spouse. And like I was saying before, she did not want to leave him and she did not want to--it was even far more important than the potential that she could die from the lack of surgery. She had never been away from him. She had never not cooked him a meal. She had never attended to him – never not attended to him. So she needed to be able get back home and it was up to the social worker to try to work my way into her world and figure out how to make some sense out of a very confusing situation.
“Get me out of here, please.” I went to the med-surg floor, there was a 78-year-old female who was being described by the nursing staff, which again is a culture of the medical environment, saying she’s “difficult,” she's problematic. Trying to gently and eloquently work my way into her life and figure out what is really the reason here. I have a very hard time believing you're just “difficult,” something else is certainly here. And it's up to the social worker to attempt to try to determine that by walking into their world and trying to be part of their experience. The long and the short of it was that she was extraordinarily private. And she did not want a male CNA to give her a bath. She did not want any part of that. And so, she was refusing that.
"I can't believe I have to go through something I don't want to"

73 year old female  
New dx lung ca  
retired RN  
spouse and daughters on board with tx plan

“I can't believe I have to go through something that I don't want to.” 73-year-old female just diagnosed with lung cancer. out of the blue in the emergency room. The physicians called me in because they thought that she was refusing care and didn't understand what was going on. After meeting with her, I learned that she understood it probably far better than even him and far better that majority of us in hospital. She was a retired RN on the oncology ward of the largest hospital in Chicago. She was extraordinarily savvy. She knew exactly what was happening.

The physician had already spoken to the spouse and her daughters. And her daughters and spouse agreed to chemotherapy. She didn't want chemotherapy. She's didn't want any part of it and she didn't know how to tell, one, her family, because her husband always made the decisions in that family. And two, she didn't how to tell the physician, because in her day and age, when a physician walked in, you stood up and give him a chair. So for her to argue with the physician, even advocating for herself, was almost too difficult for her to do, so the social workers come in to try to be her advocate for her.
"Is she dying?" 74-year-old male. I come into the emergency room after a co-worker, through kind of a changing of the guards. And he comes to me, I pick up where she left off and I'm coming in with a Catholic priest that my co-worker had called for him his wife was failing in the emergency room. She had noticed from his history that he was a practicing Catholic and thought this would be nice for him to get some support from them. He pulled me aside in a frantic, frantic state. He knows she was failing but not dying and was never told she was dying.

And in his day and age, if you're a Catholic priest coming in with the collar, somebody is dying, and that was very difficult for him to understand that. It was almost too overwhelming for even him to deal with what was going on. So it's good for us to recognize that potentially practicing Catholics may want a priest, but you need to ask that particular family, and you didn't figure out what was happening with that particular family.
"yes no" "yes no"

stopping dialysis
CABG

“Yes, no, yes, no.” Family member, one in particular, was wanting to stop dialysis. These are two different ethnic groups that I worked with. And one, every time her family would leave would say, "Stop dialysis," perfectly alert and oriented and knew very clearly the consequences of that. When her family came in, the culture at the hospital differed very much from their own ethnic culture. In their family, somebody made decisions other than her. So she would say to us alone, "I know, stop dialysis, I know I will die." The family comes in, talks her into it, we come back, she says start it again. This went on for about 3 or 4 days.

So the physicians just want the bottom line. The social workers want to figure out truly what does this woman want because this is her life. Well, it was her life according to Western American culture in the hospital and she's the decision maker 'cause she's alert and oriented. That wasn't in the case in this particular family. The same thing is with CABG. Gentleman needed an open heart surgery and the confusion was, was he really getting the correct translation from his family? And we learned very clearly he was not, because we in our own ignorance were asking the wrong family members to translate in that particular culture.
"Can I bathe him?"

62 year old female
30 year old son
MVA

“Can I bathe him?” This is a 62-year-old female that her son was in--she was the--raised him for 30 years. He had some developmental disabilities. He was in a bad car accident and he died and was pronounced dead in the ICU. And she asked when he was dead if she could bathe him. And all chaos broke loose in the hospital because that was a foreign thing to do. And sitting down with her and asking her the reason for that, she said, "In my culture we bathe when they die. I was the first one to bathe him when he came to the world and I'll be the last one to bathe him when he leaves." Social workers have to advocate for that right to do that. Again, that was her need and her culture.
"Can I kiss her goodbye?"

95 and 96 years of age
Married for 75 years
apologizing for hair/care
wanted to be alone

“Can I kiss her goodbye?” 95- and 96-year-old couple came in. The wife, who was 95, died of a massive heart attack. 75 years of marriage, I can’t even wrap my brain around that (Don’t tell my husband that.) [Laughter] And he's apologizing. He's apologizing for her cleanliness. She was impeccable. He just wasn't able to brush her hair before they come into the ER. That was very significant for him. He wanted to give her a kiss goodbye. The strange thing is, is that they asked permission. But I get--should give the answers in their family, very, very confusing in that setting. Absolutely, arranged for her to be alone with him. He walked into the room, I walked out. He was in there for quite some time. The nurse came out and said he was done; the nurse had been in there the whole time with him.

And I said, "Did she--did he kiss her?" And she said, "No, he didn't even touch her." So I worked my way again back into his world to try to figure out how do I advocate for him differently? Came out and said, "Were you able to do what you needed--were you able to kiss her?" He said, "No, I was never alone. I would never kiss my wife in front of anybody else." If we didn't recognized and come to advocate for that, he would have never kissed his wife goodbye.
Just in time, this is the last screen that I have for me in crisis, grief and cultures in relation to advocacy. There’s no doubt that we’re just going to touch upon some general concepts of cultures that we have sitting here. We’re not assuming that because Gunhye speaks of Korean culture that everyone in Korean culture practices what Gunhye does. The idea is to have some awareness. The idea is to be more knowledgeable to know that there is a potential question you could ask. There’s potential ways that you could advocate. In the hospital setting, the culture is set that sometimes death and dying is very difficult to a medical mind. They need to cure and heal and fix and take care.

And if you can imagine, if you're in an acute-care hospital, when somebody dies, the entire room, if you want to clear out a room. How does that happen? The only one left standing is a social worker. People have a very hard time with that, a very hard time. We even--the morgue in most hospitals is called “the anatomy room.” It really speaks to our level of willingness to kind of wrap our brain around the concept of death and our own mortality. Very difficult to understand. So when you’re coming into that then you in attempting to talk about death and dying, it becomes very problematic. It changes your normal ability to self-advocate which is why there are many people that I think can be strong advocates and I think that they are on their best day. When you are faced with significant crisis such as death and dying or loss of limb, or loss of cognitive ability, you have no idea how you’re going to advocate for the person that you love the most. Grief and shock take over.
So the idea and the hope is to gain some knowledge. So maybe I'm smart enough to ask certain questions. There are times that I've come in and said, "I have some knowledge of this particular culture, could it be a possible in this particular family too?" The way that we grieve is learned behavior and it certainly comes from our family of origin but our culture also supports that. So that's the idea. My goal in medical social work is always to attempt to do the least amount of harm in a really awful situation and attempt to advocate and make it more survivable in the best that I can and be an advocate for individuals that will let me. And it's remarkable. And I'm always nearly brought to my knees that total strangers will allow you into their home and into their life and into their world in their most vulnerable time. So my hope is to do good by them.

| Death and Dying  
| Crisis - Grief - Cultures - Advocacy  
| shock-grief-vulnerability-history-hospital  
| anatomy room  
| changes in our normal ability to self advocate  
| asking permission  
| the hope is to foster respect by increasing awareness and being mindful of diversity  

Interdisciplinary Center on Aging  
Traditions, Rituals, and Beliefs Through the Lens of Aging
Loretta Steinke, Congregation Beth Israel: There are Jewish populations all over the world – Yemen, Ethiopia, Russia, the United States, South Africa. So traditions may vary from one culture to another, and there are number of Jewish denominations ranging from ultra-Orthodox on down to Reform. So there may be many differences between denominations. The history of the Jews, they were known as Hebrews at that time, goes back almost 4,000 years. They were semi-Nomads that came out of the fertile present Mesopotamia. Suddenly, in what is today's Israel and part of Jordan, after the Romans conquered the land and destroyed the Jewish temple, the Jews were forced to disperse and eventually settle in places all over the world.

I’m here to talk about the last moments of life and burial traditions. Elders, we call them sages, are valued in Jewish society. However, when it comes to making medical decisions, it is often the spouse or the oldest child that makes the decision, not the parent of an adult. Medical powers of attorney are very common in my community. And as I am sage or an elder, it’s openly discussed, last moments of life. If the end is near and it is possible, the dying person should recite a prayer or confession of the [inaudible] followed by the Shama, which affirms one faith in God. If the dying is unable to speak, someone else can speak for them. If possible, a rabbi or a chaplain should be there to support the family.

Telling stories, singing, playing, reading psalms from the Bible and background music are allowed. The dying person should never be left alone. If someone needs to eat or drink, they should leave the room. And often, hospitals offer quality and such to the family, so that’s interesting. Okay.

Organ donations – Jewish tradition at one time did not acknowledge brain death. In our tradition, death occurred when a person stopped breathing. In fact, the word for breath and soul are [inaudible]. So if you stopped breathing, your soul left you, okay? Nowadays, there is an understanding of brain death and organ donations are allowed to save a life. So there is a search for a suitable person before the donation is made. Note, blindness is considered a small death, supporting in transplants are allowed. Today, to refuse donations is a negative commandment. The commandment of saving a life overrides most other commandments, like you will save a life on the Sabbath before you don’t do anything on the Sabbath. The sanctity of life is one of the highest commandments.

Tradition—no, pardon me, law prohibits desecration or gaining benefit of the deceased, okay. After death, immediate steps after death are reciting a prayer praised as the true judge. Then family and friend should take as much time as needed to say goodbye. Once a person dies, they are supposed to be guarded by the holy society until they’re buried. It’s difficult in the hospital. Once it (the body) gets to the funeral home, the Chevra Kadisha, the holy society, guards the deceased until the funeral. Members of the society stick in the funeral home in shifts and read from psalms and song and songs for a certain period of time.
The society also cleans the body, says prayer for the purification. By the way, men do it for men and women do it for women. They dress the deceased in plain cotton clothes like the priests wore during the time of the temple in Jerusalem. All jewelry is removed. The body is then placed in a plain wooden coffin with their burial shawl with them and a small amount of dirt from Israel is put in the coffin with them. A candle is placed at the head of the coffin until burial. Burial is done as soon as possible after the death. They can delay two days to get family and everything. Embalming the body is forbidden and cremation is against Jewish law.

The family and grieving will have a seven-day tradition called Shiva which means sit. We say nowadays we sit Shiva which means we “sit sit.” The family stays at home. Food is brought to the family and the community gathers in the evenings to say prayers. We have to have at least 10 people come to the home to have a “minion” to say certain prayers, okay. A mourner’s kaddish, a mourner's prayer, is said in synagogue for a certain amount of time up to a year depending on the relationship within the family. Every year on the day of death, a candle is lit and the mourner's Kaddish is recited in memory.
Art Sanchez: Welcome, glad to see all of you here this morning. I had a little bit of a formal presentation but I'm going to divert from that a bit. I'll tell you a little bit about me. My name is Art Sanchez and I'm from the Psychology Department. I'm not a social worker. Although, [inaudible] director over there, claims that I am sometimes so I may be--maybe I am. My first experience with social work though was when I was 9 years old -- and maybe I'll get into that story later -- but where the family encountered social workers was when I was young and poor.

But I come from a long generation of Californians. My family first came to California in the 1770s -- my great, great, great grandfather, Mariano Cordero [phonetic] was a part of the Portola Expedition that--it's part of a leather--what they call the leather coats that came up from Baja California and settled the missions from all the way to the tip of the Baja all the way up to San Francisco back down to Santa Barbara. And we have a couple of family land grants that are in the books in Santa Barbara County. And so, we lost those and sold--I think, we sold it to the Hollisters [phonetic] which is a big grants family in Santa Barbara. And so, I'm not rich. We're pretty poor for the most part in our family.
But, you know, it's important for me because the, you know, the lengths by which, you know, I look at things, I'm 63 years old. I experienced death first when I was 9 years old when my brother died in an accident, who was my closest confidant. And since then, you know, [inaudible] grandparents die and sisters, two sisters. And I also spent a year in Vietnam so I saw death firsthand and I experienced it as an infantry man. And I also experienced culture because it seemed like during the Vietnam War, the infantry men seemed to be people of color for the most part, Puerto Ricans, Mexicans and African-Americans seemed to dominate the people in the field. So I have stories from that end of it of my experience.

But I want you--I provided a background because I think it's important because it really shaped my view of my work here at the University, my understanding of culture, and the teachings I do, which is in marital and family therapy, primarily. And the type of work I do which is working with narratives and families and transforming narratives and working with--co-creating rituals and families where rituals are lacking and reestablishing rituals where rituals are vacated because they're incredibly vital.
So one of the things that I'm going to talk about is giving a little background on the culture-the importance of culture and as I see it, and acculturation which is the process for Latinos or Mexicans or Chicanos or Hispanics and how we consider, might be asking who I am in terms of ethnicity. I'm going to say I'm a Chicano and that has incredible meaning for me personally, meaning for me. If I'm talking to a certain audiences, I would say I'm Hispanic. If I was going to like San Francisco and I was at a business meeting, I might say Hispanic.

But it would be very rare that I would say that among other Latinos or Mexicans. And if I'm around Mexicans, then I'm going to [inaudible] Mexican-American because when I've gone to Mexico, you know, they let me know real quickly that I have the same blood. But sorry, you're not Mexican. You're from up north. And it does make a difference how one calls himself and how they address these traditions and these ways of living, whether it's a birth in the family or a quinceanera or a baptism or a death in the family. So all these have implications by--in terms of how one has married into the primary culture here.

The culture really provides the path for health in families. I mean, it really is this--the cornerstone for health and a healthy living and it's the way that, you know, one family and culture survive from one generation to the next. It has a profound influence as I've been speaking in terms of how I see the world, how you see the world, how we organize what we think about death, what we think about dying, is all
through the lens of our culture. It informs us and the traditions and rituals are the vehicles by which we transmit information to our young ones. They learn from us. So they're learning as we go—as they attend these. So these activities that we do are incredibly central to educating the family members.

But also western—I have to mention that western culture has this insidious nature about it that seeks to sever and undermine people's commitment to their culture, especially western culture. When people come into western culture like—for just the idea that my family has been here since 1770s, so we were here when California was Mexico. So we don't look at immigration the same way because it's like who immigrated where and what and, you know, we've been here a long time. So—And the Indians before us. So this idea when we—the dominant force, you know, western culture.

You go into the hospitals and you can't do certain rituals or practices that you're addressing, you know, so you have to have allies to help you along the way. So more often than not if a person like my family, my mother, my sisters, everyone who was in the hospital didn't die in the hospital. They died at home and that creates other complications 'cause when we go to sell the house and they want it on the documents. They want to know did somebody die in the house in the last few years because certain cultures won't buy a house where somebody died.
But in the Mexican tradition, our tradition, my family – we're going to go home. My mom went home to--in her final hours. My sister, who died of AIDS, same thing. So it's very different to try to organize the rituals in the western culture because more often than not, they don't allow it. For instance, even in the Catholic cemetery, if you go to a Catholic cemetery where my parents are--and my sisters and brothers are--we put flowers. The flowers are gone in a week. They redo them. They clean the whole place up. They're gone. You have to buy new flowers. If you were in Mexico, you could put flowers, you could put pictures, you could put all kinds of ornaments and that really kind of really make it home.

But you--in the United States, it doesn't fit into the economic picture. Because I think it's driven by economics and, you know, you remove the flowers, you're going to by new flowers, things like that, just little things. But I think the importance of--from my perspective of culture and western culture, it's a failure if cultures as they move into our western world aren't allowed to co-create, re-create a new weaving or--of the cultures together so they blend and they influence one another, rather than one being lost over the other. So this idea of accommodating your acculturation, you know, even this stuff like English-only kind of things. It just--it rubs poorly against the idea of, wait a minute, the best of all is to be as much diverse as possible to mix and blend and to hold on to the things that are--have been created health in the family and rituals, creates stability in the family. They educate the children about various virtues like responsibility, honesty, obligation, honor, respect, respect for elders,
humility, hard work, faith, loyalty, and in Mexican tradition, personalismo which is being personal with people, not being distant and formal. These are ways in which rituals work. And so as we look at some of the rituals in the Hispanic tradition, I want to read you a poem written by a Lola Haskins, it’s El Dia de Los Muertos of which I enter is how she labeled it:

“The secretaries in their tight red skirts have skulls, that guitars are bones underneath, judges, too. That skulls are made of sugar, that I will be delicious when I die. Then we should make Los Muertos welcome. The dead ones welcome. That they like Pepsi especially and Tamales, that they like to use heaps of orange petals for paz [phonetic], that it is all right to bring a radio. I get sleepy waiting that Tio Pepe, Uncle Pepe, was a funny man. My cousin sings the way he did, weaving through the graves, blowing kisses and almost falling down.”

You know, death from a Mexican tradition and a Latino tradition is a marriage between mourning and happiness and joy. And so, if you're very conventional or very committed to Mexican-Latino values, the likelihood is that you look at death in a mocking way. You mock death and so if you see pictures of--I don't know if we have that--
So well, yeah, go a little forward. Well that's a red [inaudible]. Okay, this is a—here is where kids are having fun. You can't see the top of his head. This is a person with a mask on, a skull mask on. And how did it get cut off here...But anyway, he's glad. These kids are playing around laughing at this guy who's supposed to be this, like. Halloween mask villain person, but they're actually having fun with him.
And the idea of entertaining death along with happiness and joy, you know, that during the Dia de Los Muertos, the 31st of October through the second of November, it's believed that the—-we invite the ancestors and the dead, the lost ones. back into our lives either in the grave sites or you can have an altar, you create an altar at the home. By which you invite them back into their lives to entertain and you develop altars in which you bring to the altars.
You can go and show an altar in the begin--I think we have a picture of an altar there. So you might have an altar in which you provide food and pictures of the ones you've lost and you provide the food that they actually like to eat and then partake in. And, you know, music that they might have enjoyed, okay. One of the things about altars as you see them now in homes as a regular fixture but it depends--you know, you can go to different communities and see more influence of those. So if you go to communities where there're a lot of Mexican influence or Latino participants or citizens living in the area, they're in their enclave, you're going to probably likely see a lot more altars in homes.

You come into Chico, you see less, less, you know. So as you move away from culture, you see less influence of the--of things like altars. But the idea is like can you imagine if a hospital would allow you to put an altar, that'd be a very nice thing. But sometimes they worry about things like sterile-ness and, I guess, they have--I guess, they have rules. And those rules butt up against the traditions of a family. But if you're looking for health and producing health, you might get more healthier responses from people if you allow them to do what is natural to them within particular reason. And so altars are very important part.
Also, another tradition that you might see is the crosses. You’ve seen crosses along the highways. Those came about because in the Hispanic-Latino tradition of the Southwest, when you had burials, people would carry the casket from the church to the cemetery and it might be a long journey. And so as they were carrying it, they would stop and rest at this consul. So they would rest and they find a resting place. And in that resting place they might burn sage or do some other ritual and then get on their way back on to the cemetery. Well that--the idea that the journey of the casket to the cemetery is disrupted. So in modern tradition, the disruption of life.

So now you see these crosses along the roads that represent, hey, not only a warning, be careful, but also an indication that, boy, somebody was lost here. And that you'll see them prettier. Some of them are pretty ornate. They put pictures and flowers and all kinds of things around them and just--and I noticed that we had one a couple of years ago here in Chico, out on 32 and Bruce Road. And it was there 'cause a couple of teenagers were lost, and it was actually not a Mexican family but they put a cross. They didn't stay there because property owners didn't want it there anymore so they took it away. But, it's kind of a nice thing to have.
And another tradition is the *retablos* which are paintings. Well *retablos*, they are another tradition, and they’d be taken actually in art form where you take a tin or a metal or you take an old license plate and you paint on it. And a lot of times, the painting is a representation of the journey of the person who died or the event that caused the person’s death that goes – an accident or it might be a play. One of the *retablos* I have up here actually is a box where you have a little *monitos* [phonetic], little figurines. This is—that one, that’s skulls, that one. This one, where you have players, the person was probably a music player or a part of a band. And so you might put them on a grave site or you might find it—it actually, the *retablo* lives behind the altar so you might find it in an altar in a church or behind the grave site in an altar. So you see them in different places. And they become so popular in Mexico. Sometimes, people steal them because of the art form, which is kind of sad that they would do that.

**Audience member:** It looks like Los Lobos.

**Art Sanchez:** Los Lobos, yeah. [Laughter] And–let’s see. *Retablos*—also you have mass dedications, you know, there because there's effusion of the indigenous practice of the Aztecs with the missionaries in Catholicism. Now, you have these dedicated masses in the Catholic tradition once a year or twice a year where you pay a certain offering and you’re—they do, they perform a mass for the, for the soul of the person who's lost. And the spirits that are dedicated in the mass that are dedicated to the repose of the lost soul.
And so, and that's another tradition that you see. In our family, I think it's important to know that every family because of the acculturation process, because there's you know, if a family with first generation just coming here from Mexico, the likelihood is they will probably marry under these rituals very strongly as the third, fourth and tenth generation in California and fifth generation Mexican-American. So as time goes on, you lose some of those, you blend some of those, you create new rituals and they change, they alter, they change. But the--I think the virtues that are embedded in them don't. And that's what persist in time and provides health for the family.

So it's really important to allow families to have these rituals because they educate the young. They show honor to the elderly because they usually, the people who are in the high statuses are the people who are elders in the family and they organize it. They're the historians. They organize and tell the stories of the family that get passed on from generation to generation. I'm probably out of time.
Seema Sehrawat: Thank you so much, Art. Let's move on to our next speaker, Gunhye Kim, and she will be talking about the Korean culture.

Gunhye Kim: Hi, my name is Gunhye Kim, for someone who don't pick up on my name. I'm a student in Master of Social Work Programs. And I was born and raised in South Korea for more than 20 years. And I moved to United States in August of 2010 for my master's program. And I'm going to present on my Korean culture today. And before I start, we are supposed to wear traditional clothes today but I don't have one so I couldn't wear it, but I brought picture of my traditional clothes. I think it's way to go down, if not the last one. I have been to yesterday, probably you don't need a photo here.

Yeah. I'm sorry. It's really pretty. [Laughter] I had--it's called the hanbok. I had one when I was young and probably, I'll have another one when I got married. And my nephew, he become one years old a few days ago, he has one too. And actually, he's a two years old in Korea, because when baby is delivered--when baby is born, they are already one year in Korea. So I am one years older in Korean age, which I don't like. [Laughter] So we have a different age system.
Okay, before I start my presentation, let me introduce brief information about Korea. As you all know, Korea is located in northeast of Asia. And the Korean peninsula is about 84,000 square miles. And this is 612 miles long and 105 miles wide and there are approximately 48.7 million in South Korea, and 24 in North Korea. And I was going to present about Korean history, but I think we'll take a lot of time and sound very confusing even confusing to me. So I'm going to skip the parts.

And so let's move on to roles of older adult in my culture. Korea is based on Confucian culture. And in my culture older adults get a lot of--have a significant roles in the family and the community because they are the one who knows about tradition and--or the rules about ritual. And in Korean culture, in Confucian culture, tradition is very important.

Traditionally, the oldest person is--the oldest person in the family make the final decision. And when crisis happen, family member or even community member ask for older adult, to ask how to deal with the situation, because they have a lot of life experience and knowledge. And an older adult in Confucian culture gets a lot of respect. About funeral, we don't have a certain tradition to announce the best, but when there are no doctor or not many doctors available, family member, usually the sibling put a piece of a cotton in front of nose, the person's nose and to see whether the person is still breathing.
And traditionally, the oldest--when people die, the first thing that we do is putting the person's cloth on the top of the roof and I think this is a ritual to--I heard this is a ritual to call the spirit out of the dead body and I have never seen it before. I don't know how to call this ritual, but I heard it from my father and he said it was pretty common when he was young. But most people die in the hospital. So I think this is one of the rituals that we are losing. Now-a-days morticians take care of everything when people die. But traditionally family members wash, bathe the body with the mugwort. Are you familiar with mugwort? It's an herb in Korea, a very common herb in Korea. We'd make soup or some kind of food with it--of it. I think its purpose of sterilizing the body – that's why we wash with mugwort water. After the bath, we stuff nose and ear with a piece of cotton and to put some rice inside their mouth to which they eat the rice when they leave for the journey to go the next life.
And then we dress in suui, and this picture is actually suui. This is a Korean word. This is clothes made of silk and is very--suui is very important in Korean culture and everybody prepare the suui when they gets old and my grandmother is 84 years old and she prepared when she was 70. And there are lots of rules about how to make suui and it's supposed to be certain way and even on a certain day, and they have to make it in one day. I don't know why but-- [Inaudible Remark] Suui

**Audience member:** Material?

**Gunhye Kim:** A material silk, sorry, silk

**Audience member:** Silk?

**Gunhye Kim:** Yeah. The whole process of bathing and dressing is called the "yom" in Korean and after the yom, the body is put into the coffin and family officially start to have guests. And the coffin is put on the back of tedang [phonetic] and I have a picture of the tedang. It is 13, the 13-- [Inaudible Remark]
This is [inaudible] kappel [phonetic] and this is placed when guest to be when they visit – they bow and pray for the person. As you can see there is a picture of the person and it is surrounded by float of flower and we put some food on the top table and some candle and incense in the small table in the bottom there. And usually there is a kettle filled with Korean rice, are called sangju and as you can see there is a little cup on the top table.

And when a guest visit the place, they bow to the oldest son of the family first and the oldest son bow to the guest, too. Then when the guest hold the cup, the oldest son fill out the cup with alcohol or Korean rice alcohol and they--the guest make a circle twice on the top of the incense then put on the top table. Then they--the guest bows all the way down to the--on the floor twice. And while the family member make a crying sound it's called the [inaudible] sound so like [inaudible] and they're to share the sadness with the guest. I think it's the way to show the respect to the person who died.
Traditionally, guests bring all different kinds of food to the funeral, but it's very interesting. Now-a-days guest bring money to the family to help them afford the huge cost of the funeral. And the funeral lasts 3 days--or 3 days, 5 days or 7 days. depends on family's duration. And it used to depend on the family class of the person. The person is a high class they have a longer period of funeral and it's like a party of the whole town and they share foods and drink and eat together. They talk about the person. And even they share the food with the home--or the homeless people. And long time ago there are some homeless stay only moved to this town and that town to look for the ceremony of the funeral because they know they share the food there.

And, like Latino culture, death is not only a sad thing; it can be as happy as a birth. So in Buddhism culture, life is a balance. If something is gone, we would have another one. So especially when we have a really, really older person who has been a sick long time who dies. We call it the good funeral and we actually celebrate the death 'cause we believe the spirits can go to the next life or they can go to the better life. Better--They can have a better life.
And the last day of funeral the coffin is moved to where it's going to be buried. And I have a picture of--it's a white--look like a sitting chair. Yeah, this one. This is called the sangyow [phonetic] and the coffin is inside the sangyow sang. It usually sometimes it's white, sometimes it's really colorful--usually decorated by paper flowers. That's why we sometime call it a [inaudible] flower in Korea. And we believe the spirits of the person travel in this sangyow when they go to the next life. And usually neighbors bring this sangyow and all the family member and relatives and the--or the neighbors walk with the sangyow to the cemetery and the next picture actually show the--
Oh, [inaudible], yeah, this one and everybody walks with--you can see the sangyow right there and everybody walk together. And in modern days we use car instead of a sangyow and we are more likely to cremate the body rather than burying. And in--in Buddhism culture, we have a memorial ceremony every week from the day the person dies for seven weeks. And we pray for the spirits to go to the good place or have a better life in the--their next life. The monks sing the Buddhism chant in memorial, though the last day we burn the person's clothes, not every clothes, a couple of clothes. In Buddhism culture we believe the spirits remain in this world for 49 days before they leave to the next life. That's why we burn and let them go to the next life.

And the last part is decision making. Okay, I missed something. Every year of the day the person die we have annual memorial ceremony and it called the [inaudible] and every family member get together and prepare a lot food and share the food and at midnight we pray for the person that, the dead person because we believe our spirits--actually we really believe the spirits come to see us in the house and share the food with us and they usually move from the midnight. This is how we believe. So we pray for the person at midnight.
And the last part is decision making. Traditionally, the oldest son is the one who makes a decision. But in my opinion, I think decision maker is the person who is involved in the caregiving the most. For example, when my grandfather was in crisis, my father was--my father made all the decisions even though my father is a second son of the family because he was involved in the caregiving the most. And if he have good relationship with my grandfather and live very close to him. But my father isn't usually, the person is the one who make a decision. And the person who is responsible for carrying for the person is usually a wife of their oldest one. And however, like I just said, my father was a main care giver for my grandfather even though he was a second one. And I think he will be the main care giver for my grandmother, too, if she is sick. So it's very dependent on the family dynamic or situation. Thank you.
Seema Sehrawat: Thank you so much. Let's move on our next presenter Rebecca Vang, and Rebecca will be talking about the Hmong culture.

Rebecca Vang: Okay, so I'm going to over a brief history of the Hmong and where they come from, just because a lot of people might know that the Hmong the migrated from Laos to China to America because of the Vietnam War, but they really don't know where kind of everything is from. One of the theories that the--of Hmong people and where they are from is that they were thought to be from Turkey, because of the myths and legends we have. For example, one of our myths and legends is parallel to Noah's Ark. And scientists and historians say that a lot of cultures who have that story is around the region in Turkey. And also, if you kind of--once in a while you see a full-blooded Hmong individual and they'll have blond hair and blues eyes. And if you kind of--and those are recessive genes and thought to be related when they were back in Turkey. So in case, you see that... [Laughs]

And then after Turkey, they migrated to inner China, they resided in inner China for a long time. The Chinese at that time resided on the coast. And so, the Chinese invaded and conquered the nation, I guess [laughs], or the clans, and the Hmong were enslaved for a mean time. Their writing system was lost during this time because they didn't want communication between clans in order for uprising or anything like that. During this time, the Hmong developed a writing system and their attires. So a lot of the Hmong clothing would--they would communicate that way or through musical instruments like drumming or the flutes, you know, so they're stopped.

But now, translation of the attires lost to, there are might be a couple of people somewhere in the world that might--like can still read the writing but, for the most part, it's lost. From there, they kind of--some of them stayed in--some people stayed in China and some people migrated more southeast to areas of Laos and Vietnam. And then the Vietnam War happened. And then so they migrated to Thailand, to France, United States, you know, just kind of everywhere because of their participation with the Vietnam War and how they were recruited by the CIA. So now that we kind of have background information.

The Hmong has 18 different clans. These clans are just the English by last name. And then from within the last name of the clans, they're also distinguished by dialect – it's either the green dialect or the white dialect. Interesting thing about the Hmong is that within a clan is--like we don't have the term cousins. Cousins are sisters and brothers. And people and the generation of the mom and the dad are mother and fathers. You know, so you don't address them by, "Oh, my aunt and uncle or"--they have terms for aunt and uncles but then a lot of time, it's “mom, dad” if the same generation, you know, you don't kind of say like, "Oh this is my cousin." And my grandmas and grandpas are in the generation with grandma and grandpas so that's something interesting that some of you might not know.
And then the beliefs the Hmong culture has involved around—shamanism, which is the ritual beliefs that the soul—it's attached to the spiritual world and [inaudible] communication, they're by a medium. And the animalism too, this is the belief that non-human entities have—are spiritual beings. Now, as we go into what happens during a crisis in America, what happens during the crisis in Hmong—in an average small family—it is that they're just going to be like the average family, they're going to panic, call 911 and everything.

The only difference is that when the paramedics do come in, you know, and take the body. The body needs to be placed or maybe transported back to the hospital.

The position of the body is really—it's really important. So if a person is alive, then the paramedics should carry the individual out with their head first, go out the door. But if the individual is deceased, then they carry the individual feet first. And so, sometimes they'll, you know, when paramedics come in, they might be experiencing some of those, like family, like having argument because they're not being carried out the right way.

Now, as—and then if they're in the hospital, the decision maker for the most part is either the spouse or the oldest son, just depending on the age. But it could, I mean it could be someone else, so it just depends on who's the most responsible in the family, too, and how knowledgeable they are about the events, you know. So you kind of want someone who has a good presence of mind and responsibility and know what to do to make the decision maker. So, daughters can be decision makers, too. It's more likely to be like the oldest son though, you know, for the most part.

One of the accommodations that hospitals can make for the Hmong people is, like, maybe set aside like a noise-proof kind of room so they can do their cultural ritual. They do ritual, where it's called ritual and the prophet, it makes a lot of noise too because they have all the instruments and everything. But then, it's kind of the soul calling back to the body so that the body can heal. And so that would be ideal but we know, that you know, the monk people has accommodated to the hospital culture and the soul-calling ritual can happen at home too. So that's one of the accommodations we have.

And that it will be really nice if the older was in the hospital, they have their own room because in our culture, our relatives like to come a lot. There's going to be like a lot of guests all the time, so in order to be—it's not to bother other residents there as much you know. It would be nice if they have their own room so that like maybe like a roommate or something, won't be bothered if there is one.
Now, as the person is driven to be deceased and you know, a process has to happen, what happens is the clan leaders of the family members, mainly the eldest sons and the spouse sometimes, they come together and prepare the--prepare like having ceremonies for the funeral process. There's two heads of ceremonies that they need. They're both flute prayers, there really isn't a term of English for this, but then easy translation is flute players. They are the people that play the song to--the flute--to kind of guide the spirit to the spirit world.

And then there's also--and then the committee also chooses for people to deal with that food process because in our culture, we sacrifice cows to the elders. The sacrifice of a cow is the biggest thing anyone will ever want, you know, because it gets the person, the elder, the deceased, the highest respect they can. And usually the immediate family kind of like sacrificed a cow. If you're married, then your family sacrificed one, the in-laws kind of sacrifice one so there's going to be a lot. For example, I experienced that my grandpa passed away this summer, and he had like 13 cows sacrifice for him, too. So that's a lot. Usually, people have like 3 or 4, you know, but then he was really high up and our clan leader. And that's why he has a lot of cows sacrificed. And these cows had got to be -- when you sacrifice them, the spirit is thought to walk along with the elder or this deceased person to the next life so that their life would be more enriched when they reincarnate. And so, there's that.

We also have--we also fold paper money. We fold them into little boats and then we decorate it on poster board -- like, you know, some decorative shape. And once that--it's after the [inaudible] process, you burn it and then its [inaudible]--after you burn the paper money, it goes on with the deceased, too, so that he can have some--he can have money to spend in the other world. And where to next [inaudible] a lot of time.

And then, an amazing thing about the Hmong that I just love is that everyone comes together and helps at the funeral. You know, my grandpa's funeral was like 3,000 plus for funeral process. There was like 3,000 guests. There's a lot of people within the three-day process. And everyone came in and helped out. It was--they were able to raise more enough money for the funeral process and were able to give some to my grandma and my uncle, who lived with my grandpa. So that's an amazing thing that we have. And then one of--another thing is that in the Hmong culture when the person is deceased, the--like the son--or in our culture always has to bathe the body. And then, the mortician can kind of do whatever we has to do first and sets it out on the coffin in front of the funeral home. Not in front of the funeral home but in front of the room and then there are--it has to be a woman next to the casket because that woman has three rules. One is to greet people. Two, to make sure that people are not sticking items into the coffin 'cause we don't want--we don't want alienated objects to be in there because that's [inaudible], sometimes--and I don't know [inaudible] this with--the disease person. They cannot reincarnate, you know, goes to the next world, because they have something in this world that's going along with them.
That goes along with dental, if they have like a metal teeth, it has to be taken out first. There's a lot commotion over that. So sometimes you may see it in the dental office they really don't like having like a--the metal teeth in or something like that, although try to maybe not have like a--like a nail or something be placed in their bones. So that's one of the things that you can come across in the medical field. So there's that.

And then the--And then also along with, you don't want that a loved one to put like a piece of the hair clipping or nail in the casket 'cause what that means is the person who did do that wants to die along with the deceased too. And so, what happens if no one catches it, the deceased will come back with that after a couple of years and take the life of the person who like put a clip of their hair or nail or whatever with the deceased.

And then, the third reason why there's a person, a woman there, is that back in the days, in Laos, when there's no chemicals to kind to like delay the process of body rotting, they will be there to smack flies kind of. And so, they don't want the flies to kind of lay eggs in the body or anything like that. So that's the third reason.

Finally, on the last night,--I don't remember if mentioned it but, you know, the process is 13 days because [inaudible].

So, on the last night of the funeral, what happens is that it's an all-nighter. People go there and the elders--well, the elders in the older generation they kind of sit around but the youth or anyone who's able, they're on their knee kneeling and their bowing and they have incense in their hand and so they're bowing twice.

But this is--this only happens in accordance to a song 'cause they'll be--the prayer that there's a preacher who prays the words of the dead. And so, he tells the people who are listening what the dead wants to say, what he will like everyone to know. And so, in certain intervals you pray and--for me being young, I wouldn't know what you do unless some of the older generation kind of tells you, “okay, this is when you pray.” Or like maybe our fathers and mothers will be praying next to us and they'll know when to pray, but then being the younger generation is kind of lost about when we're supposed to pray. Or not pray for that bow. So that's one of the things we have.

And usually bowing is associated with gaining the luck from the elder who's deceased. So they're really fortunate that they lived this long. Now we're going to pass that to the youth or the younger generation and that's how we obtain it.
Finally at the burial, what happens is that usually men carry the coffin. Usually, it's closed like, you know, the closest relative to the person deceased. In my family, 'cause my father was the only son, it was my brothers who carry the casket along with like one or two of my first cousins. The person who carries the casket nearest to the head will receive the most luck in his life in that process.

And then before you actually put the body down in the graveyard or--you have to check the body one more time to make sure there is no alienated objects. You know, make sure that everything is perfect, fine, before you finally put the person in the graveyard. And then, the first person who shovels a piece of dirt will have a lot of luck, too. And everyone who does participate might gain some sort of luck too is the thought behind it.

After the burial happens, everyone goes to the home of the deceased and what has--everyone has to go and first they wash their hands and they walk over like an open fire. This ritual is taught so that you can separate the spirit from the living, the soul from the living--from the dead and the living because you don't want them to mix together. In case--'cause if that doesn't happen, the spirit of the dead might kind of pull you to the spirit world, you know. And so, that's why they do that.

And then every year, you kind of--as a memorial service, you kind of call a spirit back when you celebrate the New Year or special occasions. For my family, we sometimes--well a lot of times, we pray to the deceased and ask them to assist us to something. And if they--if the prayers are answered, then we do a little ritual again and we say thank you for assisting me in this process, I appreciate your help. Sometimes there is sacrifice that's attributed to like a chicken, you know, something really small. So that's the overview of the death and dying process in the Hmong culture.

There's also something that I forgot to mention. If a person dies inside the house, it's a way different process. The person is dressed up in the Hmong clothing and they have like a certain shoe. They have to wear this type of shoe; the living can't wear it, it's only the dead who can wear and it's a big taboo if you even try to attempt to wear it or anything like that. And on that--the night of the deceased, the person who died, what happens is that they--a prayer is--a preacher kind of says a prayer, too. And sometimes there's a flute player that plays. And we have to do the bow, kneel and bow again for the [inaudible] spirit. So that's kind of a quick overview, kind of saying everything together. Now we're going to go to Seema as she talks about the Indian culture.
Seema Sehrawat: Let me just talk about, you know, my dress and the dress I'm wearing. The kind of dress I'm wearing is very, very festive. You don't wear this kind of dress during funerals or, you know, if there is a death in your family. Then you have to dress really simple in white clothes. This is more for weddings and, you know, functions that you put on these colors and do all that. And it's really looked down upon if you really dress up like this when there is the death in the family.

When we talk about Indian culture in general, many of you are--you know, people in the United States label us as Asians. And we take great offense when people say Asians because we don't think that we are Asians, you know. Southeast Asian, you know, still okay but we are from India and I have friends I would tell them, you know, that I'm from India or people just I, you know, got to know and they would say, "Oh yeah you know, I was living in that town and they were lot of American Indians there and, you know, they were kind of reserved." And I said, "No I'm not talking about American Indians. I'm talking about people from India". So many times, you know, we--people confuse us with different ethnicities, too.
Indian Culture

Something else too, if Rebecca was there in Indian culture, you know, her facial features and I hope she's not taking offense because I’m pulling here in. She would be considered Indian too like people would not say that she's from a different country because our facial features are very, very diverse. Even Nicky [phonetic] – if you were there, you would be considered Indian because I belong to North India and so we have more fairer skin. People from really down near the China border in East India, they would have more features like Rebecca or you know, Nicky, you. So we have very diverse feature people. In South India people would have darker skin. So we can really distinguish people seeing them, you know, where they belong, how they look, just so many things.

We have--I guess you all know that we have caste system in India too, that there are four major castes. And many times, if you see a person with little darker skin, it would be, you know, the lower caste. So that's how in the earlier days when, you know, they were dividing caste, that's how they divided it based on the skin color too, which was very, very fascinating. And then they started giving the lower caste works that were very, very, you know, labor intensive oriented, and cleaning and cleaning the toilets and all that type of work.

India is very, very diverse. We speak more than one hundred languages in India so it won't--you know, you won't be surprised if the person knows like 5 or 10 languages, you know, if they can speak that.
There are 22 legal languages that we speak. So they are recognized by our constitution, and the way they are recognize is if at least one million people are speaking that language. But we have more than 100--more languages that, you know, people practice. My particular language that I speak at home is not part of that 22 languages. So we have our own language. We don't have a written script of it but we speak it. Every 5 miles, the dialect changes. So people might be speaking my language but every 5 miles, the way, you know, they speak it changes. So it's very, very diverse and you know what, I'm going to present today is very, very specific to my culture or I should say even my family. Because, you know, families live in a culture are very diverse too.

We--Mostly in India, we practice traditional medicine a lot. Ayurveda which is a form of traditional medicine, we study that too. And lot of herbs and are used for healing purposes. I have a cousin right now. He has fibromatosis which is, you know, really serious illness because he have tumors and those tumors are growing. And it's very hard for me – being a social worker, being educated – to convince my family to go to modern medicine and turn to modern medicine. I would push them and they would again go back to the traditional medicine and would find somebody and there, you know, they believe that through yoga and this traditional medicine, the tumors can dissolve. And right now, they think that they have dissolved, or one of them has dissolved. So we practice lot of traditional medicine.
But to the contrary, my grandmother loves modern medicine. So, you know, within family--within cultures, you can have so many differences. Whenever she like--you know, she cannot bear pain. So whenever she would have--she usually gets a lot of stomach aches, she would go to the doctor and tell him, "Give me an injection." So that's like, you know, she is the one who just loves modern medicine and don't want to deal with things. So, we do get--wants the variety.

Our food habits also differ--you know, are very, very specific to what we eat. We don't like to refrigerate food. Refrigeration came really later on, like here we freeze food. That is not the concept in India. It was very foreign to me. Sometimes, it's hard for me to even think about freezing food and what should be frozen, what should not be and for how long. When my mom came and visited me that was really new to her. And now, she's trying to do that a little when she has gone back home. But we don't even put it in the regular fridge; so, you know, deep freezing is not there at all.

We are--In Indian culture, we have lot of specific traditions, the way we eat our food. We are not supposed to drink water standing up. We should always sit down and drink water because we believe that it affects our joints. So you will have joint pain later on in your life if you drink water standing up. So my mom is always, you know, after my life. And there might be some scientific reasons behind it, you know; how those Ayurveda and yoga practices came along and that's what we do.
We don't drink anything with our food. Here, you know, it's very common. You know, any restaurant you go, anybody's home you go they would ask what would you like to drink? And people would always be drinking something with their food. We never drink when we are, you know, having a meal. We try not to drink before 15 minutes and at least 15 minutes after we had the meal. So that's something we do.

There are lots of similarities I was noticing when the other panelists who were presenting. One with the Hmong culture: everybody, my grandmas--we just call grandma and grandpa. We don't call them by name. Every person is called aunt or uncle. We don't call them by their name. So this, you know, calling them by their name is looked down upon and it's very disrespectful if you do that. So we have names for every particular relationship and that's what they are called.

We usually don't talk about death in our culture. Though we believe in, you know, reincarnation. And then we believe that a person when they have a human body after dying, they at least have to go through hundred thousand rebirths and then again they get a human body. So we value human--you know, being human a lot because we know how long it takes for you to go in these cycles and then again become a human being. But we don't talk about death a lot. We don't prepare for death. You know, like here we have five visions, we have advance directives.
If you would talk with somebody about death, they would be very offended by it, you know. They would imply that that's what, you know, you want them--or that's what you want for them to happen. So talking about death or any interpretation and never occurs before, you know, the death and the funeral or the ceremony. It's the family's responsibility. They take care of it. We don't go and get insurance or we don't, you know, put money aside for our funerals and things like that.

It's the elder son's responsibility in the family to take care of older adults. So it's the eldest son. But, you know, with family dynamics, it's also the choice of the grandparents who they want to live with. So if they're really close to the younger one, they might live with them and they might, you know, then take care. But traditionally, it's the eldest son who takes care of it. And if the eldest son dies, then it falls on to the second son. So my uncle, my dad's brother died so now all the major family decisions, it's my father's duty that he has to perform. So that's what. And when it comes to caring, it's mostly the daughter-in-laws who do the caring. You know, sons are for name sake, you know, are put in the front, oh, you know, my son is taking care of it but it's mostly the daughter-in-law who's really doing all the work and really caring for the older adults.

Our death and dying rituals are very, very elaborate. They last sometimes 6 months. We try to, you know, cremate the body as fast as we can. We don't want to, put them--keep them in the home. So we try to do it within a day. But then the funeral rituals just last for a very, very long time. The first 13 days are a very, very intense mourning period.
All the immediate family relatives get together and, you know, they express their sadness to the family and become and they bring lot of food with them. They are there for the family. When my uncle died, my mom moved into their home because there were just so many people coming in throughout the day to visit and we had to feed them. So my mother, you know, moved in with them for 13 days to help prepare food for everybody and take care of all those things. So we will have separate places for women to sit and men. So we would, you know, separate them. They won't mingle together and sit for the funeral. Within the first 30 days, all the distant relatives, who are at a distance need to come and visit the family. So like when my uncle died, my mom's family, they had to bring a truckload of people and visit our family. So like it would be literally a truck full of people with a lot of food, especially wheat flour in big bags that they would bring and they would be there. And most of the times, we do fake crying. So, you know, people will do. They won't be like having tears in their eyes but they would make that sound of fake crying and help the family mourn. The purpose is that might really help the family cry, and it's okay to cry. So everybody participates in it and, you know, tries to cry with them.

Organ donation is really looked down upon. We don't promote organ donation because we do believe in reincarnation. We think if you donate your organs now, then in the next life--if you are donating your eyes, then you won't have eyes in the next life. So that's really, you know, a huge big obstacle for organ donation in our country -- that we don't like that.
When the person dies or before the person dies we have holy water, holy river Ganga, which flows from Haridwar to Northern India and it's--the water is considered really holy. It would never have bacteria, it would never, however long you keep it in a container, it would never get any bacteria. So I think it's the minerals from the mountains that make it really rich and we believe in that water a lot. So we give a spoon full of water to the person who's dying to help them really calm down.

And once the person is dead we don't want their eyes to be open. So we close their eyes and we perform that ritual and we put cotton in their ears and their nose. I think that's mostly, you know, it has a scientific purpose so that air won't go in and they won't bloat. So I think that's why they do it. But they have been doing it for ages.

We bathe the body and we put new clothes on them. And then within the 30 days period we have to burn all their clothes or give it away. We don't keep any of their belongings in the home. So that's very, very important that we do that process. We remove all the jewelry so there is no jewelry they're wearing when we take them to the funeral ground.
After 13 days, the eldest son in the family, they would go to the river—we have 3 main rivers that we consider really holy. And near my house it's the River Yamuna. So we would go take their ashes and their bones and the flowers that were with the body and we would just put those in the water. So there are a lot of environmental concerns right now, and we as social workers are telling people to maybe find some other venue for doing that. But that's our very traditional practice; that we give it to the water and let that person then move on to the next life. We never keep it in the house. You know, in many traditions they do keep ashes in a bowl or a container. We never keep it in the house.

Every month, then, people have to get together and they have to do a prayer for the person, the day that the person died every month and it happens up until a year. So we really have to follow that for a year. Every month a priest will come in the house and would perform rituals and we will do that.

And after one year there would be then a big celebration because the year is kind of sad if the person was younger. And it also depends if you're celebrating, if we celebrate death or not. If somebody older dies we are you know, we really celebrate it and we invite the whole village for the feast. So we put on a big feast, and people come and eat. But if it's a child or a young adult that died, it's a feeling of real sadness. Then people would not watch TV, would not listen to music. And even if somebody in your neighborhood died you're not supposed to that. So you're supposed to be there for the family and participate in that mourning process.
And you know, when we were kids, we wanted to sneak up and watch TV and our parents would be really mad at us if we do that. So they would hide the remote controller or, you know, do things that we won't be able to do that because if somebody else hears it outside the house that we in the house are playing, you know, the community will be really mad and they might outcast us, may not talk to us and things like that. So we really follow that period of sadness.
And I think I do have some good pictures that I want to show. So this is mostly what happens when we are putting fire to the body. Everybody from the house, they go to the funeral ground and it's only male. So you can see in the pictures, there is one fem--there are two females because it was a huge big political leader, you know, and that happened. And so they I think get to go and that's why the guy in black dress is the security. So--but females are usually not allowed in the funeral ground, it's only men who carry the body to the funeral ground and then the eldest son lights the fire. So they do a lot of rituals there. And then they light the fire and you know, they are there until it's all ashes. So they stay there until it's completely burned. And we use wood, we don't use all those electrical things, you know, it's mostly wood. And based on your status and how much you can afford, it depends on the kinds of wood you use. So people use very expensive wood, too, sometimes.
So this is what we do before we burn the body. The eldest son or if the husband is alive, they would have a pot on their shoulder and they would put a hole in it and they would circle around the body until the water, dries up or, you know, is completely out of the pot. So that's what they do and that might be the father, and the people behind him are his sons. So they're just putting a hand on his, you know, back and they walk with him. So, all the rituals are mostly performed by men at the funeral home.
This is what we do once the 13 days are over. Some people do it after 13 days, some people do it at the one-month anniversary. So they go to the river and then they give the ashes to the water. And they perform a ceremony and there is a priest who recites a lot of mantras and that's how they really bring an end to it.
This is called *Shraad* and this happens yearly. We have a month which—and that month is designated as *Shraad*, where we designate that month for our ancestors who have died. And we pray for them and we offer a lot of food to the priest, to the homeless, we feed the cows, we do a lot of donations at that point in time. Even clothes, you know, we would give people clothes with the hope that our ancestors are resting in peace and then they would not come back and haunt us that, you know, we didn't do that.

(And—I don't know if I have time. Yeah, I think maybe two more minutes.) If my family was here, they were sitting in the back, they are my American family not my real, you know, blood-related family. They always make me say the story. In my family we are not very religious. We are very spiritual but not very religious. So we don't perform a lot of these activities in my family.
And one time, you know, a snake came and sat right in front of my mom and she was in the kitchen cooking. And my mom thinks, that was during the time of Shraad so it was one of the ancestors giving her the message that yes, you are not doing all these rituals. And he didn't bite her or anything and went back away and it was a cobra. So it was pretty amazing that nothing happened to her. And it was, you know, like this distance from her. So she thinks that he came, gave her blessings, saying that you are a very good-hearted person. You never harm anybody, you do good deeds, so it's okay that you are not performing all the ceremonies and then he went back.

And we don't know where it came from, where it went because we tried to search for it and couldn't ever find it. So we do believe, ancestors come back to us in many shapes and forms like snakes and other beings.

Let's see, I had a lot of notes. I think families in India, you know, women have a really strong hold in India. Many times they would say, that is the “home minister”, you know. So that person is the home minister, they make a lot of internal decisions. And they would be involved in the process. But it's always men who are put in the front. So if my aunt would try to take care of my grandmother, it would be really looked down upon because you know, they would say, you have four sons, you know why did you have four sons for? And why are they not able to care for you? So they can be in the back seat helping but they cannot be the, you know, in forefront.
My grandmother cannot move to their house and stay there, it would be really looked down upon and the whole community will talk about it and it would be a very shameful process for us. So we really, are mindful of that. We don’t like to die in hospital. So we do want to come back home and die. And that’s what most of us prefer, you know, coming back in the home and doing that.

We never send our older adults in nursing homes. There is no such concept of nursing homes and long-term care facilities because oh, you know, if you ask my mom she would be just ballistic if I tell her that, you know. I want to maybe when I get older go in a nursing home and she would say what are you talking about, you know. It’s the whole family of codependence and we depend on each other from day one. We are taught we don’t have any boundaries. So, you know, I’m into your boundary all the time and you’re into my life all the time, and that’s how we create families that we are there for everyone all the time. And most of the care happens at the home, and it’s most of the time daughter-in-laws who are doing that.

I think I cut everybody off at 15 minutes, so I would cut myself too. [Laughter] Thank you so much.
Seema Sehrawat: Thank you so much. I know this is a lot of information but now we can open it up for you guys to ask us any questions.

Andrea Rioux: Because when [inaudible] came up and [inaudible] created this ideas, which in the hope to gain some knowledge so that we can better advocate as care providers. And I cannot thank the panel enough for the information, the opportunity to enter your world for a brief moment, and understand kind of what's important to you. As a medical social worker I wouldn't continue to do it for as long as I have if I wasn't able to advocate for the most intimate of desires. And that's my goal. And even in sitting here and thinking about this.

My goal is that hospitals do want to attempt to create a venue where your needs can be respected. And that's the idea of having this in the first place. And even, the things that I've learned in today, like I would probably address [inaudible] slightly different relation with long-term care. I'm very curious about the foreign objects in the body because I know some of the Hmongs are angry about that and the physicians thinking that they don't understand. It needs to be clearly understood; I can see that now and what's the importance of that. And as a social worker I can consider that, may not be that [inaudible] of that family but I can consider it as an option.

We had a situation in the emergency room where a Korean family asked us to put their clothes outside. Didn't know why, I didn't care, I didn't even know it was important to them. So I ran outside and placed the clothes outside. We've always created a place where they can be, if that's important to you. We certainly have had altars in the hospitals.

So if it's something that you guys need – the unfortunate thing in crisis is that people can't always be the best self-advocates even though they're good at it on their best day. So if we can gain that piece of knowledge it can possibly create a conversation and a dialogue about the possibilities that might be important to you. And so I thank you very much at the bottom of my heart for coming here and sharing.

Seema Sehrawat: Thank you.

Andrea Rioux: So questions for all of you guys. Thank you for coming.

Audience member: I was wondering, you know, in our American culture, which is really not much of a culture, we don't really have rituals – or you know, very shallow type rituals. My father died, you know, we had the funeral and it was nice, we get together as a family and laughed and we changed stories and things. But for my mother, she was never able to really come into terms-- [Noise] Rituals and altars, and you know, celebration, things like that is in terms of grief and depression, anger--
And I know clearly in that information [inaudible] your process of grieving whether it'd be to have a priest come into that site or to have that altar? There certainly was that grieving process which is another motivation to help initiate that process.

Andrea Rioux: When I worked with families is that they will have some kind of ritual in place and it lingers, and it can linger--it can come out in the next generation. [Inaudible] this other issue going on and we'd use some family history and find that oh, this happened and so you bring a ceremony into the present over the past and that you can actually take all those—

Art Sanchez: [Inaudible Remark]

Seema Sehrawat: And in Indian culture we start that process, you know. Once the person – for people to come in the home and doing that fake crying and involving the family is an effort to involve them in the process to accept, you know, what has happened and to help them with the process. But yes, there are still lot of unresolved issues that remain. And many times with death, you lose your status. Like for my uncle's family, he was the oldest. He always made all the decisions so his family always got the best, you know, because he had power so he could make all those decisions. And now, that power has shifted to my father. So for that family it was more, you know, loss than just losing him. You know, they lost that status and now they have to look up to somebody else to make all those decisions. So, it can get really--and many times then the families would play that card, too. You know, they would say, "Oh, you know, poor us, you know, this is what happened to us." So you see both the, you know, both sides happening, you know, that something really unfortunate happened to them and in our culture I don't think there are really good ways to help families deal with it or talk about it. So, you know, it's mostly friends and friends becoming helpers to just mourn and grieve. But we don't have set ways to do that.
**Audience member:** And you know, sometimes [inaudible] comes to terms with it. My mother was in her middle age, when she shared with me one day just out of the blue. She came across from Colorado, we went to Washington, Oregon, and then came to California. They land in the Sutter Basin, in Woodland. And she came with another family. In her family there nine kids and the other family had 13 kids. And along the way, my mother [inaudible] lost a little brother. And he was buried. She always just talked about that she was very long way and that [inaudible] because it was—he was just buried along the way And that's the way she applied that – she was just eight years old, just a little girl. But she never – there was no time for grief. He was there one day and then he was gone.

**Loretta Steinke:** Queen Victoria, she mourned the death of her husband for the rest of her life. She wore black every day, she would not allow his room to be changed or anything. Different people mourn, doing it differently. One of the things that I lost – I've lost a number of relatives in the last few years. When my brother died and for the first time understanding the synagogue [inaudible] I realized [inaudible] had been in this position, praying and saying this prayer. It doesn't--I mean you [inaudible]. But it does give you a feeling of not being alive.

**Art Sanchez:** You discover other things, too, in the process. In my family when my mother died, I mean my aunt raised me, my mother died [inaudible] – being placed in juvenile hall. So I had kind of a strained relationship with social workers. A strained one in the earlier years. But now, I think I'm more of a social worker with the psychology problems anyway. But one of the things I was in charge of as the older son [inaudible], I was in charge of the house and the rooms getting everything organized but my sisters really did all the work, they did all the work and always did. And that's how it is, in life in my tradition [inaudible] The same thing with the husbands. They seem to be important figureheads but not really having much power. My grandmothers was in charge of everything. But one of the things we discovered, [inaudible] is this letter, it says to me [inaudible]. It was written in Spanish. I said, "Okay." Opened it up, [inaudible] and it's a letter of somebody she was in love with in Mexico, asking her to stay in Mexico with him because she had a child out of wedlock. In Mexico, you don't get the name of the person. You get your own name from your[inaudible] mother's name and then everybody knows that she's in this dilemma about should I live in the United States or should I stay in Mexico. She decided to come to the United States. But she held onto this letter, of this person she was actually really in love with, who wasn't the father, who is another person who said I'll give your daughter my name. And but it just--to discover this after she has passed away, she had never shared it. She had it in her drawer for 85 years. Or [Inaudible] about sixty years, it's amazing of what that story says about her and why and then the explanations you get about why. Maybe she wasn't quite as happy as she could have been. She made this decision [inaudible] and her daughters [inaudible] my sisters—
Art Sanchez: That letter is like, wow, [inaudible] letter. But it says it all, I mean, it really is a love letter and it's like, wow, hey, this is interesting. I mean, that we've never knew about [inaudible] it just brings a different story forward.

Audience member: One thing we do have in this area, Chico [inaudible] a wonderful hospice program. And all the medical people and they got a support group that lasted up three months. And you go through the grieving and they suggest some letters, [inaudible] books. There's couple of things, books right now about grieving. And you write letters to your loved one, that type of thing. And you’re with a support group of 8 or 10. So you are all in the same place and you can let it out.

Andrea Rioux: I have noticed at the bedside, there is so much depth [inaudible]. There is a significant difference between those that have some spiritual convictions and those that don't. And the grieving is very significant when they don't. There's a sense of, I know there is something greater, better. There's a sense of celebration when there's that strong sense of spiritual belief [inaudible] there is a lot of struggle in their thoughts, interestingly enough of what [inaudible] a lot of regret [inaudible].

Seema Sehrawat: And every person mourns very, very differently. You know, you can give them all the tools and you can offer them rituals in their culture but they would still not want to do that because, you know, that person and their belief system. So we have to be mindful and respect and maybe, you know, that's how they want to be and maybe time to time reach out to them and see if they want any help. And if they don't, maybe just leave them, you know, the way they are functioning. Sometimes, you know, that's the best we can do if, they are not accepting our help.

In India, we, remembering of dress, we do--if your husband dies before you, then you're not allowed to wear all these colors. You have to wear a very plain dress; most of the time, white. You are not--very light colors. You are not allowed to put the bindi. Bindis is significance of your husband's long life and you put it so that your husband will have a long life. So you are not allowed to wear jewelry, really dress up, put a lot of make up because that's then a sign of, oh, you are trying to entice other men and that's really...So they put a lot of shame on that women; and in many cultures, they shave the women's head. Because you being so pretty, then other men will get attracted to you, so you remove that. They try to make everything possible so that you will not attract other men which is really a very horrifying process, because it has happened.
And then we have—we used to have [inaudible] we don't have it anymore where we will ask the women to burn themselves with their husband. So that used to happen, too. But in India, we wear bangles, glass bangles when you get married and now we wear all these things for fun and fashion. But you do that and then you have those glass bangles and if your husband dies, you have to break them. So people will come and do that ceremony and would break them, you know, in front of people and they would be on the floor all over. So we do these certain things to make them realize that that person has passed away and is no more. But to me, they are very, very harsh and, you know, yeah, really harsh traditions on people.

**Audience member:** How long does that last, a year or forever?

**Seema Sehrawat:** Forever, you are not supposed to, yeah, yeah. And remarriage is something you just don't do. So if you are a young mother and, you know, your husband passed away, you are just stuck. Or, if that person had a younger brother, they might tell you, "Okay, now you are wife of the younger brother." He might have a wife already but they would say, "Okay, you know, now, we are saying you are wife of this person, too." So that happens within families. Yeah.

**Audience member:** I think a lot of the [inaudible] when someone dies and you know they're going to die, it's a little bit easier to get accepted and [inaudible]--I lost [inaudible] I have a sister who's dying now. But I know, you know, [inaudible] in July when I lost a sister and it was something that I was expecting. And so it's easier to accept, but if it's something that you just out of the clear blue, that's what [inaudible]. You know, you didn't get a chance to say goodbye. You didn't get a chance to say the things that you feel that you should have said or wanted to say. [ Inaudible Remark ]

**Art Sanchez:** I lost a brother at a very young age. And now that I have a son... [inaudible]

**Audience member:** I think one of the issues that I [inaudible], I think at least in my community is they called it [inaudible] A difference between the older generation and the younger generation about death and dying. And I don't know if you've seen issues of when you have clients who is really traditional and you have half of the family kind of traditional [inaudible]. And then you know having difficulty of putting all of them together to deal with this issue of dying. And, you know, I wonder if it's the best way to come from a social perspective and would the different cultures think about me, 'cause that's the issue that I've seen a lot of. And also the issue of having their [inaudible] which was not done, you know, you're responsible for your parents. [Inaudible] and now you're seeing more and more of the western kind of—

**Andrea Rioux:** Influence...