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UNIVERSITY OF SAN FRANCISCO

**DYING IN THE SHADOWS OF THE LOWLANDS:
ILLUMINATING THE LAO MALARIA CRISIS THROUGH LEADERSHIP AND
IMAGINATION**

A Dissertation Presented

to

The Faculty of the School of Education

The Department of Organization and Leadership

In partial fulfillment of the requirements for the degree of

Doctor of Education

BY

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SAN FRANCISCO, CALIFORNIA

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This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the Faculty of the School of Education in partial fulfillment of the requirements for the degree of Doctor of Education. The content and research methodologies presented in this work represent the work of the candidate alone.

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TABLE OF CONTENTS

CHAPTER ONE	1
FOCUS OF THE RESEARCH	
Introduction	1
Statement of the Research Topic	1
Background of Research Topic	2
Governmental Resettlement	2
Resettlement and Malaria	4
Significance of Study	5
Summary	6
CHAPTER TWO	8
BACKGROUND OF LAOS	
Introduction	8
Lao Origins	8
Geographic and Ethnic Diversity in the Lao PDR	9
The Lao Loum, Lao Theung and Lao Soung	10
Vietnam War and the Hmong	12
Current Political Context	13
Current Economic and Development Context	14
Summary	16
CHAPTER THREE	18
REVIEW OF LITERATURE	
Introduction	18
Governmental Resettlement	18
Definition of Resettlement	19
History of Resettlement in Laos	19
Resettlement Policy as a Tool	19
Resettlement Policy Support by International Aid	20
No Participation by Ethnic Minorities in Resettlement Policy	20
Consequences of Resettlement	21
Eradicating Slash-and-Burn Agriculture	22
Resettlement Policy as Illegitimate Power	23
Asian Values as a Mask for Political Agenda	23
Resettlement generates Mistrust among the Hmong	24
Malaria	25
Malaria Crisis in Laos	25
United Nations Millennium Development Goals	26
Orientation to Health	27
Positivistic Approach to Health	28
UNMDG's Strategy for Malaria Control and Prevention	28
LNMCP's Objective and Strategy	29
A Public Health Approach	29
LNMCP Efforts: Questioning Progress	30

Health as Being	30
Memory in the Horizon of Forgiveness	33
Imagination	35
Summary	36
CHAPTER FOUR	37
THE RESEARCH PROTOCOL	
Introduction	37
Theoretical Framework	37
Language	38
Narrativity	39
Entrée to the Research Sites	40
Selected Conversation Partners	41
Research Categories	45
Health as Being	46
Memory in the Horizon of Forgiveness	47
Imagination	47
Research Questions	48
Data Collection: Conversations	49
Data Collection: Personal Journal	50
Data Collection Timeline	50
Data Analysis	50
Pilot Study	52
Introduction	52
Conversation Partner	52
Data Presentation	52
Government Health	53
Hope Lives Among the Youth	53
Analysis of Text	54
Understanding Hmong Health	54
Youth in the Horizon of Forgiveness	55
Imagining the Malaria-free Village	56
Implications	57
Summary	57
Background of Researcher	59
Summary	59
CHAPTER FIVE	61
DATA PRESENTATION	
Introduction	61
Defending the Lao	61
International Conference on Research and Writing	61
Lao Healthcare	63
Meanings of Health	65
Traditional Healing	67
Malaria Control and Prevention	69

The Problem of Mosquito Nets	70
Not Enough Nets	70
Nets as Poison	71
Nets for Sale	72
Village Participation in Combating Malaria	73
Village Relocation	75
No Hmong Word for Forgiveness	77
Education in Laos	79
Education is Not Enough	80
Health Education	81
Education as Hope	82
Summary	83
CHAPTER SIX	85
DATA ANALYSIS	
Introduction	85
Health as Being	86
Health as Listening	87
Health as Participation	88
Health as History	90
Health as Thrownness	91
Towards the Horizon of Forgiveness	93
Re-remembering as a Foundation for New Thinking	95
The Risk of Forgetting	97
Within the Horizon of Forgetting	98
Shared Narratives	99
Imagination: Out of the Quandary and into Tomorrow	100
Imagining The Malaria-free Village	101
Imagining a Fusion of Health	102
Imagining Education	104
Summary	105
CHAPTER SEVEN	107
RESEARCH FINDINGS AND IMPLICATIONS	
Introduction	107
Summary of the Research	107
Research Findings	108
1. Health as a Fusion of Meanings	109
2. Forgiving, Forgetting and Moving Forward	109
3. Imagination	111
4. Education as Hope	111
Implications for Practice	112
1. Shared Narratives in Program and Policy Planning	112
2. Narrative in Program Evaluation and Assessment	113
3. Leadership Refigured as Village Narratives	114
Suggestions for Future Research	115

Personal Reflections from the Researcher	116
BIBLIOGRAPHY	119
APPENDICES	
Appendix A Map of Lao People's Democratic Republic	124
Appendix B Millennium Development Goals	125
Appendix C Research Participants	126
Appendix D Letter of Invitation	127
Appendix E Thank You and Follow-Up Letter	128
Appendix F Pilot Study Transcription	129
Appendix G Example of Hmong Story Cloth	137
Appendix H IRBPHS Approval Letter	138
PICTURES	
Figure 1 Slash-and-burn Farming	22
Figure 2 Mosquito Net Inside Hmong Home	27
Figure 3 Patient Room in Luang Prabang Hospital	63

CHAPTER ONE

FOCUS OF THE RESEARCH

**When the buffaloes fight, it is the grass that suffers.
–Lao Proverb**

Introduction

Over the past 13 years, the majority of Lao hill people have been resettled to the lowlands and the Lao People’s Democratic Republic (Lao PDR) government plans to move the remaining villages in the future. The rapid resettlement of the Lao hill people has introduced the burden of malaria. Due to the lack of mosquitoes in the higher altitudes in the mountains, the Lao hill people, who comprise a majority of Hmong people, have been able to avoid epidemics from malaria for generations. Their physical relocation to the lower valleys increases their susceptibility to malaria outbreaks. Public health efforts by international development agencies and the Lao People’s Democratic Republic have achieved minimal progress in addressing the growing malaria epidemic.

This research studies the rural development and malaria prevention initiatives in the Lao PDR. More specifically, I explore the implications of governmental resettlement practice of Lao hill people and the malaria prevention efforts by the United Nation’s “Roll Back Malaria” initiative. The aim of this study is to propose policy and practice implications of leadership for rural development and public health in the Lao PDR.

Statement of the Research Topic

Drawing upon my work in public health and experience with Southeast Asian communities in the United States and abroad, this study examines the “Roll Back Malaria” initiative enacted by the United Nations Millennium Development Goals (UNMDG) to eradicate malaria in Laos. I also explore the policy for governmental

resettlement of Lao Hill people. This inquiry into international public health practice and rural development provides the aperture for reinterpreting leadership. I posit that an alternative approach to addressing malaria that considers the lived experience of the Lao hill people may offer new understandings in guiding public health planning and practice for leaders in healthcare, international health organizations, government public health agencies, village communities, and others engaged in public health work. To understand the current public health approach to malaria, it is important to expound on the concept of health. This inquiry investigates the dominant view of health based on positivism and explores the different meanings and configurations of health as a lived experience.

This research studies malaria prevention initiatives and governmental resettlement within the critical hermeneutic tradition. I argue that the positivistic approach to addressing malaria, based on the scientific method and objective knowledge, offers a limited solution to solving the problem. By approaching health from an ontological stance, rather than an epistemological one, this research considers configurations of health rooted in experience. Text of conversations with Lao hill people, Lao citizens, Lao refugees, Lao government workers, and the development community served as data which was analyzed using Hans-George Gadamer's ideology of health and Paul Ricoeur's theorization of memory, forgiveness, and imagination for this research inquiry.

Background of Research Topic

Governmental Resettlement

Under the auspices of rural development policy, the Lao People's Democratic Republic has used planned resettlements to exercise increased control over the highland hill people (Evrard & Goudineau 2004: 938). The Lao government is the primary

resource for providing transitional assistance, such as schools, work, and healthcare.

Although services have been provided to the Lao Hill people, not all of the transitional issues have been adequately addressed, including higher education opportunities, alternatives for steady incomes, providing healthcare and proper malaria control services (Baird & Shoemaker 2005: 16).

Lao governmental policies have not always been in favor of the country's ethnic minorities in Laos, especially the Hmong. The dominant influence of senior military men reflects the political legacy of the communist Lao during the Vietnam War. The Hmong alliance with the United States during the war has generated mistrust between the Hmong and the Lao government. This has resulted in the lack of participation by the Hmong and other ethnic minorities in policy development. The hill people's health, educational and social welfare continue to suffer. The Lao PDR political agenda plays a significant role. The Lao government plan of resettlement has what Habermas (1998: 40) calls the "mere semblance of legitimacy" by acting under the guise of development, while administration intentions include the exploitation of forest resources, profiting from hydropower, seizing of opium markets, integration of ethnic minorities into a Lao "national culture" and more control of the community (Baird & Shoemaker 2005: 6).

With approximately 45 percent of Lao villages dependent upon slash-and-burn agriculture for their subsistence, resettlement creates new challenges in providing food and financial resources for hill people (Lao Upland Agriculture Development Project 1991: 8). To exacerbate the problem, the relocated hill people meet difficulties in finding land, shelter, and other essentialities. The failure of resettlement attributes to several

challenges that Lao Hill people continue to face. This study aims to understand the challenge of controlling and preventing malaria among the resettled Lao hill people.

Resettlement and Malaria

Governmental resettlement efforts prompted the burden of malaria for Lao hill people. The Lao hill people is comprised of mostly Lahu, Akha, Mien, and Hmong ethnic groups. Governmental resettlement efforts center around the relocation of hill people villages from the high mountain regions of Laos to the lowlands, in close proximity to the Mekong River and major cities. The Mekong River serves as an efficient breeding ground for mosquitoes to grow, multiply and attack nearby villages. Some villages have lost up to 30% of their residents due to malaria-related deaths (Evrard & Goudineau 2004: 948). The higher altitudes in the mountains have allowed the Lao hill people to avoid serious outbreaks of malaria for generations. Relocating to the malaria-endemic regions of the lowlands has introduced the burden of malaria to the Lao hill people. The consequences of these large-scale shifts of villages are deadly, resulting in hundreds of deaths from malaria every year (Phommasack 2003: 7). Relocation has added a new problem to the Lao Hill people—a problem that they do not have the means to solve, despite the efforts of the government-run, Lao National Malaria Control Program (LNMCP).

The resettled highland hill people are dying from malaria and the current strategies to eradicate the disease are failing. Phommasack (2003: 6) recognizes malaria as the main public health problem in Laos, ranking as the top three causes of death each year. With sponsorship by the United Nations Development Programme (UNDP), the United Nations Millennium Development Goals (MDGs) provide funding and support to

address the malaria crisis in Laos. To provide a coordinated global approach to fight malaria, the Roll Back Malaria (RBM) partnership was launched in 1998 by the UNDP, World Health Organization (WHO), United Nations Children's Fund (UNICEF), and the World Bank. The Roll Back Malaria initiative is based on the United Nations Millennium Development Goal to reverse the incidence of malaria by 2015 (Roll Back Malaria Partnership 2005). Despite the efforts of Roll Back Malaria, 200,000-300,000 cases of malaria occur annually (Phommasack 2003: 7) in the Lao PDR. This may be an under representation of the problem since many cases are left unreported or misdiagnosed. With millions of dollars pouring into Laos, many are questioning the current strategies to solve the malaria epidemic.

Significance of Study

The current initiatives for malaria prevention and resettlement for the Lao hill people have been unsuccessful, calling for further critique. These initiatives are based on Western leadership theories and a positivistic orientation towards addressing international development and health issues. Leaders in developing countries cannot use the same leadership theories employed in the West (Easterly 2006). Western models inherent in our organizations and the development arena elicit challenges in defining and evaluating human progress. The critical hermeneutic orientation facilitates a shifting of paradigms, from an epistemological to an ontological approach of leadership and development praxis. The ontological orientation of this study involves the personal experiences and understandings of the Lao hill people. Although the Lao hill people are at the center of the resettlement process, they are not taking part in the decisions that are shaping their future (Cottavoz, Diaz-Boreal & Gonzales 2005: 9). This study gives a voice for the hill

people, who have had limited opportunities to share their stories and participate in development and policy discourse. This research inquiry seeks to enliven new understandings of leadership in addressing governmental resettlement policy and the malaria crisis.

The study's critical hermeneutic orientation allows leadership among Lao hill people, Lao government, United Nations Development Programme (UNDP) and other international organizations, an opportunity for new thinking in rural policy and public health planning and development. New thinking may lead to saving many lives from malaria and other consequences of resettlement. Moreover, this new thinking is created by placing the responsibility in the shared partnership of Lao hill people, Lao government and the international development community. A shared world can be created, empowering all those involved to consider the other in its most interwoven potentiality to rediscover the Lao community and appropriate an imagined future. This shared world holds implications for leadership in all the communities and organizations entrenched in improving the lives of the Lao.

Summary

This study examines both malaria prevention initiatives and governmental resettlement policy in the Lao People's Democratic Republic. Resettlement of the Lao hill people threatens the livelihood of these ethnic minorities. The Lao hill people are relocating to the lowland valleys with inadequate resources for food, shelter, income and health services. Current public health efforts by international development agencies and the Lao People's Democratic Republic have seen minimal progress in addressing the growing malaria epidemic in Laos. After an exposition of current malaria and

governmental resettlement initiatives, I conducted research conversations with selected participants to explore different configurations of health.

A narrative approach in critical hermeneutics is employed to propose policy and practice implications for public health and rural development in Laos. This inquiry provides the medium to reinterpret leadership in new ways. Informed leadership is essential in creating appropriate policies for Lao citizens. Chapter Two of this dissertation discusses the historical, economic, political and social context in Laos.

CHAPTER TWO

BACKGROUND OF LAOS

Introduction

Laos' storied past is filled with mystery, contradictions and incompleteness. The emplotted events of Laos' rich history have only been revisited during the last 60 years. Many of the historical written documents were destroyed during the Vietnam War for political reasons and stories were rarely passed down from generation to generation (Stewart-Fox 1997: 1). This section includes an interpretive investigation of Lao history, exploring the origin of ethnic Lao, the Lanna Kingdom, French colonial rule, the Vietnam War, and the Lao People's Revolutionary Party. There is also a review of Laos' current geography, economic and socio-political context.

Lao Origins

One of the many ambiguities in Lao history is the confusion of when Laos existed as a nation. With the conglomeration of numerous tribes and migrations that have originated both within and outside of today's designated Lao borders, it is difficult to understand who are considered Lao and from where they came. Laos traces its initial written history to the Tai people and the first powerful kingdom called, Lan Xang. Fa Ngum, a powerful Angkor vassal was the founder of the Lan Xang Kingdom. In 1351, Fa Ghum captured muang Sua (Luang Prabang) and used this influential base to gather lords from surrounding muang, or ruled district, under his jurisdiction. The exiled Angkor lord sent forces north and south to conquer other muang along the Mekong River. After a series of battles with neighboring regimes, Fa Ngum had control of a new Tai

kingdom named Lan Xang Hom Khao, “a million elephants under a white parasol,” symbols of military prowess (Evans 2002: 10).

After a series of wars between neighboring kingdoms, Lan Xang Kingdom eventually fell under Siamese control during the 18th and 19th centuries. Freeman (1996: 431) describes Laos as being:

crafted out of an all-too-common colonial desire to geographically delineate what had previously been an ever-mutating group of petty kingdoms and vassal states. Laos’s border enjoy scant congruence with the people it envelops, or in the many cases, divides.

Even after the fall of Lan Xang over 650 years ago, geographical delineation has continued to divide the people of Laos.

Following its colonization of Vietnam, the French began to take control of the Lao kingdoms in 1893, igniting a geographical divide among the Lao (Evans 2002: 39). To better understand this divide, a description of the country’s geographic and ethnic diversity is described.

Geographic and Ethnic Diversity in the Lao PDR

Harm de Blij (2009: 136) underscores the “power of place,” including geographic landscapes, as an important factor in determining a country’s pattern of health and sickness, wealth and poverty. The Lao People’s Democratic Republic is a landlocked country bordered by China, Burma, Thailand, Vietnam and Cambodia (Appendix A). As geographers have long pointed out, a coastal state trades with the world; a landlocked state has the propensity to trade with or through its neighbors (de Blij 2009: 137). De Blij (2009: 137) argues that when “those neighbors are well off, as in the case of Switzerland, then the landlocked state does well. If they are not, the landlocked state suffers doubly from its isolation and its abutters’ failures.”

Laos is a mountainous and forested nation with much of its economy dependant on timber. Only about four percent of the land is arable and the forested land area has declined significantly since the 1970s as a result of commercial logging and expanded swidden, or slash-and-burn, farming (Savada 1995: 82). Slash-and-burn farming, which is commonly practiced among the Lao hill people, involves the cutting and burning of forests to create fields for agriculture or to raise livestock.

The Lao Loum, Lao Theung and Lao Soung

The Lao People's Democratic Republic is one of the most ethnically diverse countries in mainland Southeast Asia. According to the Economist Intelligence Unit (2007a: 3), the population of Laos is estimated at about 5.6 million people with more than 40 ethnic groups. There are 49 officially recognized ethnic groups divided into three major categories: The Lao Loum or lowland Lao, Lao Theung or midland Lao, and the Lao Soung, Lao of the highlands (2001 National Human Development Report 2005: 21). The Lao hill people are comprised of both the Lao Theung and Lao Soung who inhabit the mountainous midland and highland regions of the country.

The government recognizes the Lao Loum as ethnic Lao, after whom the country is named (Evans 2002: 212). The ethnic Lao constitute about half of the country's population. Although the government claims to promote cultural integration and equality, the "lowland" Lao Loum holds a majority of political and economic control over the Lao Theung and Lao Soung (Evans 1999: 125). As the proprietors of most major positions in government, the Lao Loum remains the catalysts for health and development policies in Laos.

The Lao Theung, or midland Lao, account for approximately 25 percent of the population and refer to a range of Mon-Khmer and Austronesian groups scattered throughout Laos (Savada 1995: 110). The Lao Soung, or highland Lao, constitutes about 10 percent of the population and includes the Miao-Yao and Tibeto-Burmese speaking peoples, such as the Lahu, Akha and Mien ethnic groups. According to Savada (1995: 110), over 80 percent of Lao hill people are engaged in agriculture and live in rural areas. The villages are generally divided between the irrigated and intensive farming system along the Mekong River and the highland areas cultivated with slash-and-burn techniques.

The Hmong are the most numerous Lao Soung group, with villages spread across the highlands of most Northern provinces within Laos (Savada 1995: 110). During the 19th century, the Hmong migrated from the highest elevation in mountainous southern China. They were farmers who were accustomed to growing rice, maize and opium, which is their major source of income. The Lao Soung has historically conflicted with the Lao government, while political and social tension has persisted between the two groups since the middle of the 20th century (Evans 2002: 212).

Most Lao categorize the country's ethnic groups into the three broad categories, creating a social space for stereotypes, isolation and racism. It was the axial moment of French colonial rule that influenced the social and political divide among the three groups. Due to the geographic proximity with Lao Loum, and ease for close interaction, the French granted the lowland Lao with the highest government positions and greater access to education. Consequently, several rebellions from the Lao hill people were carried out against the Lao Loum and French authority (Evans 2002: 39). Although

French colonization has been non-existent for over half a century, the Lao Loum continues to control Laos' political and economic landscape. The tensions between the Lao Loum and the Lao hill people remain repressed and unresolved today. Much of the tension that persists lies in the events marked by Laos' internal fighting during the Vietnam War, which is discussed in the following section.

Vietnam War and the Hmong

During the Vietnam War, American aid poured into Vientiane for strategic military placement of American troops. Many Lao opted for a policy of neutralism, while a small Lao communist movement, led by the Pathet Lao, opposed any alignment with the U.S. The Pathet Lao were backed by the North Vietnamese, who used the trails through Laos to infiltrate South Vietnam and ignored Lao desires for neutrality. America began its air war and Laos was swept into the Vietnam War (Evans 2002: 93). Several ethnic minority groups from the highlands, comprised of mostly Hmong, joined forces with the U.S. to combat the Pathet Lao and Vietnamese communists.

The Hmong and other Lao hill people took great risk in fighting their own country's regime. America eventually lost the war and withdrew its troops from Laos. The Royal Lao Government and the Hmong were left stranded to fend for themselves. During the Communist Revolution of 1975, the Pathet Lao overthrew the Royal Lao government. The new communist regime in Laos labeled all Hmong as traitors and would make them pay the consequences. The Lao People's Democratic Republic was proclaimed and the harsh regime that came to power in late 1975 caused many Lao to flee the country. As many as 40,000 Hmong and other Royal government loyalists were sent to *samana*, or re-education camps, and as many as 160,000 were sent to prison

(Economist Intelligence Unit 2007a: 5). For the Hmong who were able to flee the country, many were able to seek refuge in neighboring Thailand, the United States, Australia and France. For those who remained, life in Laos took on new meaning. Many Hmong had remained in the highland mountains, only to live under a new government that treated them as traitors (Savada 1995: 66). Many Hmong and other Lao hill people were imprisoned or killed in the aftermath of the Communist Revolution (Evans 2002: 184). The atrocities experienced by the Hmong following the Communist Revolution have been documented in books, films, poetry and art in recent decades by many Hmong refugees who fled Laos. According to the Economist Intelligence Unit (2007a: 9), “the government will continue to struggle to project an image of stability in Laos until it finds a lasting solution to the “Hmong issue,” amid persistent allegations of genocide of the Hmong.” Even though the Lao government and its ally Vietnam “broke the back of the resistance by 1978, they had killed and mistreated so many people in the process, that resentment still festers” (Evans 2002: 186-7). Today, the remnants of perceived betrayal are reflected in Lao government policy and action in services for healthcare, education, economy and social welfare of the Hmong.

Current Political Context

Since 1975, Laos has been a communist country with one-party rule under the Lao People’s Revolutionary Party (LPRP). General Choummaly Sayasone took over the LPRP’s top post of general secretary in March 2006, succeeding General Khamtay Siphandone, who had held the position for 14 years following the death of Kayone Phomvihane. General Choummaly’s appointment as president reaffirmed the grip of military at the top of the party, but other changes in 2006 were relatively progressive

(Economist Intelligence Unit 2007b: 6). Both the 11-member Politburo, the party's executive, and the prime minister's cabinet added new and younger members. Pany Yahtortou, a daughter of a Hmong revolutionary hero, became the first female member of the party's top body, while Bouasone Bouphavanh became the youngest prime minister since the Communist Revolution (Economist Intelligence Unit 2007b: 4-9). For a cabinet that traditionally seats Lao military war heroes, the appointment of a Hmong female is revolutionary and surprising and shows signs of a regime shifting towards potential change.

The military has long been well-represented in political life. Thirty years after the armed revolution, the military remains a powerful economic and political force, hampering efforts to accelerate reform and reduce corruption. The military's activities are diverse, including involvement in construction work, private business, timber trade, education, healthcare and development policy (Economist Intelligence Unit 2007b: 8). The melding of Laos' military and political effort also shaped the country's economic landscape, which is described in the next section.

Current Economic and Development Context

The base of the economy is predominantly agriculture, accounting for approximately 47 percent of the gross domestic product (UNDP Assessment of Development Results: 6). Laos' economic development is directed towards exploiting the country's natural resources of timber and hydropower. The Lao government plays the dominant role in the country's economic development. Lao citizens and the Lao hill people have little influence in determining development initiatives. Since the Lao hill

people inhabit regions where most of the deforestation and building of dams persist, they have become the target of government resettlement initiatives.

The Lao government has received both praise and criticism from foreign donors and the international community for its rural policy measures. The World Bank, Global Fund, Asian Development Bank and other international development organizations fund virtually all of the Lao PDR's development projects, with much investment in the hydropower industry.

As foreign investment in hydropower continue to grow, the government's long-term goal of lifting Laos out of the United Nations Development Programme's list of least-developed countries (LDC) by 2020, was declared achievable by the World Bank (Economic Intelligence Unit 2007: 10). The World Bank has historically supported and funded resettlement policies and programs. However, only until recently has the World Bank and other international aid organizations scaled back their support of relocation initiatives (Baird & Shoemaker 2005: 22). This has been partly due to the unexpected consequences of resettlement's impact on the environment and international pressures to halt relocation.

Governmental relocation conveys both the Lao regime's desire for progress and willingness to marginalize the Lao hill people. International aid organizations are vital to the Lao economy, providing primary funding to practically every sector of national development (Economic Intelligence Unit 2007: 17). Until recently, international donors have neglected the consequences of resettlement policies in the quest for development (Moreau & Ernsberger 2001: 26). Due to massive deforestation, the destruction of wildlife and the displacement of thousands of Lao hill people, international development

organizations are “leading to a re-evaluation of the whether the benefits of these dams outweigh their environmental and social cost” (Moreau and Ernsberger 2001: 27).

Aid agencies become consumed with reaching quantifiable objectives rather than adverse consequences from abrupt change and strategic action. Easterly (2006: 169) argues that a major problem with international aid is that the “poor are almost invisible.” Human needs and motivations are too diverse to be reduced to some “one size fits all” rationality (Rist 1997: 258). With more organizations questioning development efforts in Laos, the need for alternative thinking is needed.

In summarizing Hirschman’s idea of group-focused change in economic development, Abraham and Platteau (2004: 219) argue that the individuals or those in power believe that they can advance at their own speed with an expanding economy without obstructing the progress of other people. The Lao government and international aid organizations have assumed that development can progress without destructing its communities. This assumption has led to a worldview incompatible with modern economic growth which cannot instantaneously evolve to suit the needs of an environment of changing aspirations and new economic opportunities (Abraham & Platteau 2004: 219).

Summary

Chapter Two describes the elaborate history, diversity, political and economic context of the Lao PDR. The rich history and diversity are vital in understanding the nature of Laos’ current struggles with rural development policy and public health. Nearly 30 years after the communist takeover of Laos, many challenges persist between ethnic Lao and the Lao hill people. Chapter Three explores several of these challenges based on

the ontology of health, forgiveness of the other, and imagination as a basis for policy development and praxis.

CHAPTER THREE

REVIEW OF LITERATURE

Introduction

The review of literature provides the context of governmental resettlement and the malaria crisis in Laos. This section describes the hermeneutic orientation of health and some of the concepts that seek to appropriate new understandings into praxis. More specifically, I review the context of resettlement, the malaria epidemic, and the United Nations Millennium Development Goal (UNMDG) to eradicate malaria. The final section describes three major critical hermeneutic concepts towards the research topic: health as being, memory in the horizon of forgiveness and imagination.

Governmental Resettlement

In an attempt to control Hmong and other ethnic minorities living in the mountains, the Lao government has called for the migration into the lower mountainous regions within the proposed context of rural development policies, “which aim to ‘settle’ or stabilize their agricultural practices and to accelerate their social and cultural integration” (Evrard and Goudineau 2004: 938). The Lao government understands that economic progress is tied to having one national culture—one that is entirely Lao. This may imply that having numerous distinct ethnic groups has hampered the country’s progress. Clifford Geertz (2005: 38) argues:

Developmentalism, or the drive toward technological modernity and sustained growth, integralism, the political solidification of inherited peoples and devolved territories under a capable and responsive government; and particularism, the cultural articulation of an original and singular social personality remain the founding purposes of national existence, if not as realities at least as ambitions.

Rist (1997: 257) offers a parallel critique of international aid, contending that Westernized development uses the ideology of progress and the “struggle against poverty” as indisputable values to justify programs or strategies which lead to the exact opposite of what they claim to achieve—economic globalization.

Definition of Resettlement

Resettlement, or displacement, includes both the forced and voluntary migration of a people, by a political regime. Forced and voluntary resettlement has been a part of many narratives. America’s past offers several examples of resettlement, including the forced migrations of American Indian and Native Hawaiian Pacific Islanders. The relocation and internment of nearly 200,000 Japanese Americans following the 1941 attack on Pearl Harbor can also be regarded as resettlement by a political regime. In Laos, the construction of dams along the Mekong River has displaced thousands of ethnic minorities (Moreau & Ernsberger 2001: 26).

History of Resettlement in Laos

Resettlement has been a part of Laos’ past and continues to be a part of their present. Historically, resettlement in Laos has been used as a strategy to solve internal disputes, or gain access to new land (Evrard & Goudineau 2004: 942). Historian Georges Condominas (1980: 306) explains that Laos’ history is full of huge displacements carried out by the victorious armies to the detriment of the defeated. Today, the Lao government uses resettlement for other purposes.

Resettlement Policy as a Tool

Resettlements are proposed as a tool by the Lao government to support their development agenda, which includes the (1) limiting of slash-and-burn agriculture, (2)

support of rural development in building roads, schools, sanitation works and healthcare services, (3) control of opium production and drug trafficking (4) exploitation of timber and hydro-electric resources (5) social integration and (6) increased control over the population (Evrard and Goudineau 2004: 938). For the hill people, resettling to the lowlands remains the only way to receive adequate healthcare, education, land rights and other public services. The Lao government believes providing services to the highlands is inefficient and too costly (Evrard and Goudineau 2004: 944). Some remote villages in the highlands take several days to reach and are only accessible by foot.

Resettlement Policy Support by International Aid

There is no official policy regarding resettlement in Laos (Evrard and Goudineau 2004: 944). Resettlement initiatives and actions have long been supported by the Lao government and international development agencies such as the World Bank. With political and financial support by the Food and Agricultural Organization of the United Nations (FAO) and the World Bank, the Tropical Forest Action Plan (TFAP) adopted a resolution in 1990, proposing that 60 percent of the 1.5 million people engaged in slash-and-burn cultivation will be permanently resettled by the year 2000. The resolution declared to move 90,000 midland and highland people to the lowland valleys over the course of 10 years (Lao Upland Development Project 1991: 8-9).

No Participation by Ethnic Minorities in Resettlement Policy

The sociocultural atmosphere of Laos reveals the great influence of the Lao political administration in implementing social, economic, political and development-related agendas. Policies, official or unofficial, have never included the hill people in their development or approval process. The Lao government has issued the removal of

ethnic minorities from the mountains without considering the community. Gadamer's (1988: 269) conceptualization of "horizon" holds that every person has a horizon that includes their history, prejudices, knowledge and "particular vantage point." A "fusion of horizons" comes from the projection of an enlarged horizon through the encounter with the other (Gadamer 1988: 306). The exclusion of hill people in resettlement initiatives has limited opportunities for a "fusion of horizons" or mutual understanding.

Consequences of Resettlement

Consequences of resettlement for the hill people include food shortages, unplanned migrations, loss of work and death from malaria (Evrard and Goudineau 2004: 938-9). During the first years of resettlement, some villages have lost up to 30 percent of their population, mostly due to malaria (Evrard and Goudineau 2004: 948). National and provincial authorities claim they are more alert to these problems and claim to provide adequate assistance for resettled hill people. However, high rates of mortality are still to be found in resettled villages (Evrard and Goudineau 2004: 949).

Olivier Evrard and Yves Goudineau (2004) conducted a study on the forced resettlements of the highland hill tribes and found that the settling process promoted by the government because of its broad and often tragic consequences can paradoxically generate unplanned or unexpected further migrations. A generation gap often surfaced; younger generations of hill people were more receptive to being relocated, while village elders preferred to stay in the mountains. With differing stances on relocation, villagers that have lived together for generations were separating and integrating into other villages.

Eradicating Slash-and-Burn Agriculture

With encouragement from international donors and foreign environmentalists, the Lao government declared swidden farming ‘backwards’ and destructive to forests and the environment (Baird and Shoemaker 2005: 6). Environmentalists abroad believe that

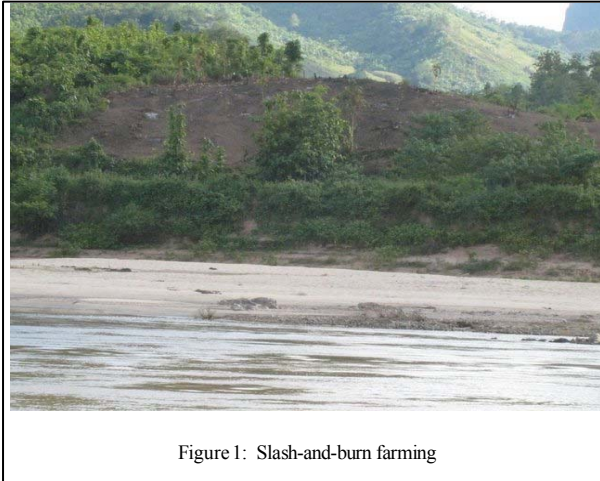


Figure 1: Slash-and-burn farming

slash-and-burn farming is destructive to the forest environment because it entails shifting from old to new plots of land to allow exhausted soil to rejuvenate, which takes at least four to six years (Savada 1995: 155). Figure 1 depicts the aftermath of a planting field after undergoing the slash-and-burn method.

While the Lao government remains officially committed to eradicating swidden agriculture, most researchers and academics working on upland agriculture today recognize that swidden farming has been unfairly blamed for forest destruction and wrongly faulted as an unsustainable form of agriculture (Baird & Shoemaker 2005: 7).

Many environmentalists believe that slash-and-burn agriculture is a sustainable practice when proper rotational systems are used. Swidden agriculture has long been practiced sustainably and could be for many more decades (Fox et al. 2000: 521). The eradication and restriction of swidden farming has contributed to chronic food shortages, decreased human and animal health and biodiversity degradation (Baird & Shoemaker 2005: 7). To some Lao development workers, the eradication of swidden farming has been referred to as *khong kan youtti kan kin*, the “project to stop eating” (Baird &

Shoemaker 2005: 7). The prohibition of swidden farming reveals the importance of relocation initiatives to include alternatives for providing food and sources of income.

Resettlement Policy as Illegitimate Power

The decisions for resettlement policy are heavily based on economic benefits for the country. Habermas views the nature of this decision as illegitimate power. Habermas (1998: 40) states:

Therefore, as a means for organizing state activities related to the functional imperatives of a differentiated economic society, modern law remains a profoundly ambiguous medium of societal integration. Often enough, law provides illegitimate power the mere semblance of legitimacy. At first glance, one cannot tell whether legal regulations deserve the assent of associated citizens or whether they result from administrative self-programming and structural social power in such a way that they independently generate the necessary mass loyalty.

The Lao government has the legal power to make decisions, but it does not make their decisions any more legitimate to the people upon which the laws are enacted. The creation of law in its current state derives more from economic and administrative power rather than its citizens. Moreover, this power comes from only a few administrators who inherited government positions as former Pathet Lao military officials (United Nations 2007: 4). Civic self-determination in creating laws would call for a more collective process that includes all people and their understandings. Habermas (1998: 41) states:

the systemic integration achieved through money and power *ought*, in accordance with the constitutional self-understanding of the legal community, to remain dependent on the socially integrative process of civic self-determination.

Asian Values as a Mask for Political Agenda

The forced resettlement of the ethnic minorities brings forth the assertion of “Asian values” as a means for the Lao government to mask the intention for development

with political and economic interests from the international community. Li (1996: 18) refers to “Asian values” as claims made by Asian governments about human and social rights issues. These claims include that (1) rights are “culturally specific” to particular social, economic and cultural conditions, (2) the community takes precedence over individuals, (3) social and economic rights take precedence over civil and political rights and (4) rights are a matter of national sovereignty (Li 1996: 18-20). Li (1996: 18) discusses the challenges nations face when the assertions of “Asian values” are used as a “convenient tool to silence internal criticism and to fan anti-Western national sentiments.” The Lao government’s rural development policy can be viewed to the outsider as beneficial to the country. To many, the word *development* is associated with a better quality of life, modernity and economic prosperity. These beliefs help mask the Lao government agenda and the reality of the ethnic minorities. In challenging the claim that Asians value collectivity over individuality, Li (1996: 19) argues that, “what begins as an endorsement of the value of community and social harmony ends in an assertion of the supreme status of the regime and its leaders.” Consequently, the Hmong and other hill people never endorsed the relocation plans and it has led to increased animosity towards the Lao regime.

Resettlement Generates Mistrust Among the Hmong

Relocation has generated mistrust and discontent among the Hmong. Hmong Americans and Hmong immigrants in the U.S. have continued to grapple with the plight of their people and relationship with the Lao government. Ethnic minorities and the Hmong have been historically mistreated by the Lao government and continue today in the name of development. To further complicate the relationship between the hill people

and the Lao government, resettlement has attributed to thousands of hill people deaths from malaria infections (Phommasack 2003: 7).

Malaria

Malaria is a mosquito-borne disease caused by the *plasmodium falciparum* parasite (Centers for Disease Control 2008). Malaria is transmitted to a person from the bite of an infected female mosquito, where most bites occur during the early evening hours of the day. Individuals with malaria often experience fever, chills and flu-like symptoms. Left untreated, they may develop severe complications, such as cerebral malaria, anemia or kidney failure, and die (Centers for Disease Control 2008). According to the World Health Organization (World Malaria Report 2005: 1), 350-500 million cases of malaria occur worldwide each year and over one million people die. Today's anti-malaria strategies are relegated to distributing insecticide-treated bed nets (ITNs), spraying homes with insecticide (indoor residual spraying) and providing anti-malarial drugs. Efforts in developing a preventative malaria vaccine are coming close to a reality. With funding from Glaxo-Kline-Smith and the Gates Foundation, a recent study found that a new malaria vaccine was able to prevent 65 percent of malaria cases in an African village (Collins & Barnwell 2008: 2599). With FDA approval, the vaccine may be released as early as 2011. Even with the advent of a new vaccine, it is questionable whether the healthcare infrastructure in Laos would be able to administer a comprehensive immunization effort.

Malaria Crisis in Laos

Malaria is the main public health problem in Laos, ranking in the top three for morbidity and mortality each year. Seventy percent of the 5.3 million people in Laos live

in areas where they are at risk for malaria. Between 200,000-300,000 cases of malaria and 300-500 deaths occur annually in Laos (Phommasack 2003: 7). This number partially reflects the actual malaria morbidity and mortality since many cases are left unreported or misdiagnosed. Most highland regions do not have access to healthcare services. Malaria is often associated with population movement to endemic zones, further complicating the strategy of resettlement. Current development programs regarding malaria control in Laos are largely funded and influenced by the United Nations Millennium Development Goals.

United Nations Millennium Development Goals

The United Nations Millennium Development Goals (UNMDGs) identify and quantify specific gains to improve the lives of the world's poor by 2015 (United Nations 2000). The UNMDGs grew out of the United Nations world conferences and have been commonly accepted as a framework for measuring development progress. There are eight major goals (Appendix B) that UNMDG efforts strive to accomplish, such as eradicating poverty and achieving universal primary education (Millennium Development Goals 2002).

Goal six of the Millennium Development Goals for Lao PDR (United Nations Development Programme 2007: 82) proposes to “combat HIV/AIDS, malaria and other diseases.” The Millennium Development Goal’s target objective states that malaria in Lao PDR will be “halted by 2015, and will begin to reverse, the incidence of malaria and other diseases” (United Nations Development Programme 2007: 82). Progress on this objective is measured by the decrease in death and morbidity rates and an increased

proportion of the population in malaria-risk areas using effective malaria prevention and treatment measures, such as the use of insecticide-treated bed nets.

One of the major strategies in eradicating malaria in Laos is the distribution of



Figure 2: Mosquito Net inside Hmong home

insecticide-treated bed nets (ITNs). Figure 2 depicts a mosquito net placed over the bed inside a Hmong home. The UNMDG Progress Report (Millennium Development Goals 2007) claims that nearly 18 percent of Lao children sleep under insecticide-treated bed nets yet does not explain whether this

strategy has resulted in fewer malaria cases or deaths. The UNMDG Progress Report does not include information on whether malaria control programs are reaching highland populations or relocated highlanders. Moreover, since nets need to be dipped into insecticide solution regularly, there is the risk that the nets are ineffective. It is interesting to note that there are no statistics available on the prevalence of malaria or the use of insecticide-treated bed nets in high risk areas of Laos. The UNMDG's positivistic approach to assessing progress faces many challenges and requires further critique.

Orientation to Health

To gain a better understanding of alternative approaches to health, we need to first query the meaning of health: What is health? What is the meaning of health for the hill people? How does the meaning of health guide the Roll Back Malaria initiative? More importantly, how can these similarities or differences in understanding health move us

towards solving the malaria crisis? The positivist, or deficit model of health is described below. Following this discussion, I describe the non-positivist alternative of health.

Positivistic Approach to Health

The current paradigm undergirding Laos's anti-malaria efforts involves a positivistic approach that views health as the absence of disease. Health or lack thereof, is a diagnosed condition and applies to an individual's biological functioning. This view of health has become a "de facto definition that is generally unspoken and unwritten, yet is reflected in most health-related actions. As such, it has generated a number of problems" (Simons-Morton, Greene, Gottlieb 1995: 5). The World Health Organization (WHO) defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO: 1947). The WHO's ideology of health is the foundation for current efforts in Laos to eradicate malaria.

UNMDG's Strategy for Malaria Control and Prevention

Under the framework of the United Nations Millennium Development Goals, the WHO has partnered with international organizations and the Laos Ministry of Health's National Malaria Control Program (LNMCP) to "eradicate malaria" in Laos. The multi-faceted approach includes (1) the dissemination of insecticide-treated bed nets to families living in malaria-endemic zones, (2) providing health education on disease transmission and use of ITNs, and (3) monitoring malaria activity (Globalfund 2007: 3). The subjectivity of this approach leads to measurement problems and a historic tendency to rely on mortality and morbidity statistics and indices of health progress (Simons-Morton 1995: 29).

LN MCP's Objective and Strategy

With funding from Global Fund, the Lao Ministry of Health's National Malaria Control Program (Phommasack 2003: 12) proposes the objective to:

Reduce morbidity and mortality in all communities at risk through the utilization of insecticide-impregnated nets and the provision of early diagnosis and adequate treatment of malaria. These goals will be achieved through health facility interventions, community health interventions and social marketing.

These strategies are replicated in other countries to combat malaria (Barat 2006: 12).

Similarly, the complementary international initiative, "Roll Back Malaria" claims that the entire Lao population at risk (3.6 million) will be protected by ITNs and malaria morbidity and deaths will be reduced by 80 percent (Roll Back Malaria 2005: 1). The Roll Back Malaria initiative supports a "one size fits all" approach by using malaria control plans that have been employed in other countries. Geertz (2005) argues that positivist thinking tend to repeat itself. It lacks innovation.

A Public Health Approach

Roll Back Malaria's public health approach to malaria strives to implement interventions that will have a population-level effect by influencing modifiable risk factors to prevent and control outbreaks. The public health approach is based on an ecological framework that understands health at which four different levels shape the way individuals and communities act upon health. The ecological framework (Berns 2004) of public health seeks to understand risk factors at four levels: individuals (personal history, biological factors), close relationships (between family, friends and peers), community (villages, schools), and society (societal factors such as poverty, gender inequality, cultural norms and policy). Although this model considers history, culture and

relationships between the individual and the other, it remains epistemological and is currently assessed by the scientific model that understands progress through epidemiology of disease.

LN MCP Efforts: Questioning Progress

The 2007 National Malaria Control Program Grant Performance Report (Global Fund 2007: 3) proclaims “substantial progress with results exceeding expectations,” in the country’s malaria control efforts. The program claims to have protected 2.2 million people with ITNs. By distributing ITNs, they assume that they are preventing many people from contracting malaria. The question comes to mind: If many communities in Laos have insecticide treated bed nets, then why are so many people still dying from malaria? An interpretive approach to health may provide new understandings. A critical hermeneutic approach to health is discussed in the following section.

Health as Being

The positivistic paradigm understands health and disease as an object for scientific investigation. Medical science’s goal is to control the nature of disease. Controlling the disease will help alleviate the biological condition of the other object, the individual. In other words, the medical model objectifies the other. A critical hermeneutics of health offers an alternative understanding of health.

Gadamer (1996: 113) discusses health as a state of equilibrium, where the body and mind is in a constant battle to remain balanced. Any time the state of equilibrium is in fluctuation, it is necessary for the natural biological system and modern medical science to balance it out. This means that individuals are in permanent danger of losing that equilibrium. The critical hermeneutic approach understands health as a condition of

being. Man is healthy, if he is alive and not thinking about his own health. We are always present in health. Gadamer (1996: 108) states that if:

health really cannot be measured, it is because it is a condition of inner accord, of harmony with oneself that cannot be overridden by other, external forms of control.

In the West and in most industrialized nations, the science of medicine dominates our understandings of health. The science worldview bases health praxis on the scientific methodology of measurements and empirical data, rather than an individual's worldview of how one understands health.

We have conditioned ourselves to believe that health can only be understood through science. In referring to the postmodernist belief that science is the best approach to solving all human problems, Foucault (1975: 33) calls this a metanarrative, or theory that passes itself off as truth without exception. The metanarrative of science as the only solution to health problems ignores the understanding of health as social experience.

The meaning of health transcends the objectivity of science. Health is often hidden from us. Rather than a person's lack of biological functionality, health is a feeling of well-being. It is an outlook that facilitates one's potentiality of livelihood. Gadamer (1996: 112) describes that health:

shows itself above all where such a feeling of well-being means we are open to new things, ready to embark on new enterprises and, forgetful of ourselves, scarcely notice the demands and strains which are put on us. This is what health is.

How one understands himself is consciousness (Ricoeur 2004: 104). This consciousness can be applied to how one interprets their own health. The ontology of health is not a condition, but of being in the world with others.

Heidegger (1996: 12) says that each individual is “thrown” towards a particular life that includes our physical surroundings, culture, traditions and history that helps us make sense of the world. Our “thrownness” determines where we start our life, but we are given choices on how to live the rest of it—choices that shape our experiences and worldviews. We are thrown into health and ultimately determine how it guides the life we choose to live.

Gadamer (1996: 107) posits that “health does not actually present itself to us.” The positivistic approach to health creates standards that define whether one is healthy or not. These imposed standard values, even on a person who considers themselves healthy, would only result in making that person ill. Gadamer (1996: 107) further postulates that, “it is illness and not health that ‘objectifies’ itself, which confronts us as something opposed to us and which forces itself on us.” Health is something that one can never fully obtain since illness will always be present in our lives. This is the enigma of health. The current efforts to eradicate malaria are based on this objectifying approach to health.

A critical hermeneutic approach to health that considers the self-consciousness of the other differs from the scientific paradigm. By understanding that the Lao government and hill people have an interrelated relationship with one another, the possibility of being oriented towards new understandings is created. Solicitude or genuine care for another, is manifested in interrelated relationships aimed towards the ethical plane of the “good life” (Ricoeur 1992: 218). Issues concerning people’s livelihood cannot be solved with quantifiable objectives such as those proposed by the United Nations Millennium Development Goals. The critical hermeneutic participatory approach of this inquiry anticipates that learning about possible alternatives calls for conversations with local

people. Health as being involves a broad understanding of health and my research conversations with Lao hill people offers opportunities to discover these understandings. The ontological condition brings forth a sense of belonging to Lao hill people and this is of critical importance in the study of community (Herda 1999: 69). They are a community in orientation towards one another. The other is always present. To ignore this is to deny human dignity (Foucault 1986). To provide a critical hermeneutic framework as a basis for this inquiry, Ricoeur's conceptualization of memory and forgiveness is described in the following section.

Memory in the Horizon of Forgiveness

Memory is not permanent. Our understandings of past events can evolve. Painful memories of the past can change leaving an opening for forgiveness. In reference to how memory changes thru time, Fentress and Wickham (1992: 200) maintain:

Images of unbroken continuity are usually illusions. The transmission of social memory is a process of evolution and change. These changes may be hidden from the community itself, however; for [its members] their stock of memories—their techniques, their stories, and their collective identities—seem to be things that have always remained the same.

There is a “duty to remember” and the act of remembering for both the Hmong and ethnic Lao “consists not only in having a deep concern for the past, but in transmitting the meaning of past events to the next generation” (in Kearny 1999: 9). The act of re-remembering the past allows us to look at the past differently than we ever did before. We become open to thinking something new, different and towards a future. As memories of a painful past continue to change for the people of Laos, it is important to understand their horizon towards forgiveness. Gadamer (1975: 8-9) states:

the great horizon of the past, out of which our culture and our present live, influences us in everything we want, hope for, or fear in the future. History is only present to us in light of our futurity.

Reflecting on the past can elucidate the future. When the past is filled with pain and suffering, the role of forgiveness becomes critical in imagining a collective future.

Ricoeur (2004: 457) explains the nature of forgiveness:

if it has a sense, and if it exists—constitutes the horizon common to memory, history and forgetting. Always in retreat, this horizon slips away from any grasp. It makes forgiving difficult, not easy but not impossible.

Forgiveness is possible when the past memory becomes “carefree memory on the horizon of concerned memory, the soul common to memory that forgets and does not forget” (Ricoeur 2004: 505). Forgiveness does not mean the forgetting of past incidents but rather one coming to terms with the past in the absorption of the present and present future with the other.

Forgiveness enables one’s character in the present by freeing it of its obligations from the past. Invoking memory can be a way of recalling debt; it functions to remind someone of an unfulfilled promise and of the continual demands of justice. Ricoeur (2004: 482) articulates that forgiveness goes beyond justice to charity, beyond recognition to the gift “whose logic of superabundance exceeds the logic of reciprocity.” It frees the other not from the effects of the past but from the debts of the past. Forgiveness makes possible a new future. By being a gift of new possibilities, forgiveness remains the most benevolent form of hospitality and shows the extent to which the inter-subjective constitution of narrative identity opens up the space for ethics. Beyond forgiveness lies the potential for imagination. Forgiveness can lead to a village free from malaria by helping communities move forward in imagining a better future.

Imagination

Imagination propels action towards what may seem impossible in the past. The present needs imagination. Imagination is central in answering two important questions for both the international development community and all Lao peoples: How could a malaria-free village look like? And how do we get there? Otherwise, we are destined to repeat our histories, for without imagination there would be no action toward change (Kearney 1989: 6).

Imagination goes beyond the ethnocentricity of the self. It usually considers the other in its summoning, for imagination's:

responsibility to others has to come from beyond itself—that is, from others...this involves an 'enlarged mentality' of imagining oneself in the place of everybody else (Kearney 1996: 184).

The enlarged mentality of imagination in consideration of the other has implications for policy development, in that it becomes more representative of collective peoples. While this implication can be potentially ethical, it does not simply ignore the self. Those who have the courage to consider the other never have to put aside their worldviews, making it more possible to move forward towards imagining together. Kearney (1996: 185) describes the potentiality of imagination in the following excerpt:

Imagination opens us up to the foreign world of others by enabling us to tell or hear other stories, but it can never be sure of escaping the hermeneutic circle of interpretation, which ultimately strives to translate the foreign into the familiar, the discordant into the concordant, the different into the analogous, the other into the self (or, at best, the enlarged 'representative' self).

The transcending of the self towards new possible worlds through imagination must involve appropriation. Heidegger (1971a: 127) describes appropriation as, "what brings all present and absent beings each into their own, from where they show

themselves in what they are.” Appropriation is an act of making what was alien your own. Without action, there would be no change. Imagination must ultimately be coupled with appropriation if the new proposed world is to ever take place.

Summary

Governmental resettlement of the Lao hill people from the mountains to the lowland valleys has led to thousands of deaths from malaria. The U.N. Millennium Development Goal’s attempts to eradicate malaria have been met with minimal success and call for alternative thinking.

Shifting from a positivist orientation of health to a critical hermeneutic paradigm frees us to take responsibility of our well-being. The positivist paradigm of health understands health as the absence or excess of biomedical characteristics in an individual. This reductionist thinking of health limits our actions by aspiring to attain what is absent rather than understanding what is in our past, present and future. The hermeneutic orientation of health understands the particular “thrownness” of who we are and invites us to participate in our everydayness. A hermeneutics of memory, forgiveness and imagination can lead to appropriating a better future and healthier livelihood. Chapter Four discusses the applied research protocol for this inquiry.

CHAPTER FOUR

THE RESEARCH PROTOCOL

Introduction

Critical hermeneutic theory provided the theoretical and conceptual background for this exploration of governmental resettlement practice and malaria prevention initiatives in Laos. In hermeneutic participatory research, Herda (1999: 93) explains that the researcher's intention is not to represent unbiased social phenomena, but to, "disclose a world of our participants and ourselves." Selected themes of critical hermeneutic theory are described to provide the framework for this study's research protocol. Chapter Four presents an overview of the research protocol for an examination in the critical hermeneutic tradition. The research sites, participant recruitment, research questions, data collection and analysis are described to give a thorough understanding of the research process conducted. The pilot study and background of the researcher is also included in this Chapter.

Theoretical Framework

The theoretical framework that undergirds this research centers on the use of language and narrative. The conceptual background of this study includes both Heidegger's understanding of language and Ricoeur's theory of narrativity.

Herda (1999: 86) explains that field-based hermeneutic inquiry aims to create texts through conversations with research participants and to carry out the integrative act of reading, interpretation and critiquing our understandings. These acts are practiced through the medium of language. Heidegger's ontological sense of language understands language as a medium for being in the world. Heidegger (1971b: 146) posits that "man

acts as though he were the shaper and master of language, while in fact language remains the master of man.” Language is not simply a tool for communication, but a medium that holds the presence of one’s being in a linguistically-mediated world. It is through narratives that language brings forth a text for a particular world.

Language

Language has the potential to create action, for language is the medium in which we live out our lives (Herda 1999: 10). Heidegger (1971a: 65) states that “language is the house of being.” Language is the medium in which individuals learn to understand the world around them. Gadamer (1975: 403) posits that we cannot understand ourselves unless we understand that we are in a linguistically-mediated culture. Man and his speech bring the world into language. From the beginning, he is free for variety in the exercise of his capacity for language (Gadamer 1975: 403). Herda (1999: 39) draws upon Maturana and Varela’s understanding of language as a way to create our own sense of purpose and identity. Our narrative identities are told in stories through the medium of language. When we understand language in the ontological sense, it becomes alive and we begin to shape our narrative identities and the world around us.

Language is an interpretive event. Each person interprets language and its meaning in different ways. Herda (1999: 10) argues to “think of language as a tool or structure limits our creativity and binds us to designated acts outside of our being and apart from our history.” By understanding language as an event, we learn to view language as something movable. As an event, language can take action. If language is used as a tool or structure, it cannot carry the same possibilities.

Language opens us to have “new conversations” with others. Bernstein (1983: 2) describes conversation as a true open dialogue which “presupposes a background of intersubjective agreements and a tacit sense of relevance.” These conversations are genuine dialogue between individuals, where both people can gain new understandings. New conversations create a social space to “allow for relationships to develop, providing for a common ground for further work and the possibility of developing a community” (Herda 1999: 61). Conversations become the narratives that describe, enlighten and propel social experience.

Narrativity

Narratives allow us to distance ourselves from our prejudices, or biases, and open up to new understandings. It is this very power of narrative that gives the possibility of “aiming toward being as power-to-be” (Ricoeur 1982: 94). Here, Ricoeur’s (1982: 292-6) conceptualization of mimesis is at play. In understanding our pre-understandings (mimesis₁), we can effectively use narrative today (mimesis₂) to work towards an imagined future (mimesis₃) of prosperity. Narrative discourse holds the impetus for appropriation.

Distanciation allows the opportunity for an appropriation of the text. Ricoeur (1982: 143) writes:

what I appropriate is a proposed world. This world is not behind the text as a hidden intention would be, but in front of it, as that which the world unfolds, discovers, and reveals. It is not a question of imposing upon the text our finite capacity of understanding, but of exposing ourselves to the text and receiving from it an enlarged self, which would be the proposed existence corresponding in the most suitable way to the world proposed.

Ricoeur suggests that we use language ontologically, in creating re-imagined futures “aiming at the ‘good life’ with and for others in just institutions” (Ricoeur 1992:

172). We must distance ourselves from the text to realize new understandings.

Conversations fixed in text allows for distanciation. Herda (1999: 86) summarizes

Ricoeur:

Ultimately, distanciation takes place in four ways: the separation of the event of saying from the meaning of what is said; the separation of the intentions of the speakers from the meaning of the text; the referential difference between spoken and written discourse; and the world that the text when read points to.

Ricoeur (1982: 197) posits that narratives and the interpretation of text is a useful methodology for understanding social science, or the human experience. The interpretation of the texts gathered in this research opened up new understandings about the topic at hand, the world around us, and of myself.

Entrée to the Research Sites

The research sites included Thailand, the Lao People's Democratic Republic and the United States. The research conversations were conducted between May 2008 and December 2008. This research has abided by the Human Subjects regulations of the University of San Francisco (Appendix H).

Thailand

In May of 2008, I attended the International Conference on Research, Writing and Media Presentation at Loei Rajabhat University in Thailand. Participation in this conference provided opportunities to establish several conversation partners for my research study and to gain information regarding the topic at hand. Fortuitously, the conference organizer coordinated a meeting with the Director of the Malaria Control Program at the Loei Public Health Department. While in Thailand, I conducted research conversations with the leader of a Yellowleaf tribe and a Hmong chief.

Lao People's Democratic Republic

In June 2008, I traveled to the Lao People's Democratic Republic and carried out research conversations with local Lao hill people, Lao Ministry of Health officials, Lao government officials and other Lao citizens. While in Laos, I visited the Bo Keo Province to conduct a research conversation with the director of the Lao National Malaria Control Program at their official headquarters. On the way to Luang Prabang, I took an expedition south along the Mekong River by boat to several villages of hill people to have conversations with Hmong and Khamu leaders. While in the city of Luang Prabang, I had conversations with Lao government officials and Lao citizens.

United States

After returning to the United States, I had conversations with a Hmong shaman visiting from Laos and two Hmong refugees. A complete list of the research participants is included in Appendix C.

Selected Conversation Partners

My research included 15 conversation partners were comprised of hill people, malaria-control workers, Lao government officials and Lao refugees. Several of the research participants lived in remote areas and did not have regular access to telephones, internet and postal services, so I was unable to coordinate scheduled conversations prior to my travels. With the exception of a phone conversation with Ayer Lee, my conversations were conducted in person. Conversation partners were identified through my professional relationships and the assistance of Dr. Ellen Herda and my translators. When possible, I contacted the research partners through e-mail to explain the topic, my intention to conduct research, the research process and to request their participation. On

other occasions I used the telephone or spoke with them in person. The following section provides descriptions of each of my conversation partners.

Tengher Faxao

Tengher Faxao is a malaria control worker at the Luang Prabang Military Hospital. I met Tengher during a tour of the hospital. Tengher is Hmong and was relocated from the highlands to Luang Prabang when he was a child.

Mr. Jan

Mr. Jan is originally from Phounsali and is of Burmese decent. He grew up in the highland mountains of Laos and is now a tour guide living in Luang Prabang. Mr. Jan speaks fluent Lao, Hmong and English. I was introduced to Mr. Jan by my translator, Mr. Juu.

Mr. Juu

During my travels to Thailand and Laos, Mr. Juu was my guide, translator, and conversation partner who evolved into a friend. Mr. Juu was instrumental in identifying several of my research partners. Mr. Juu is Hmong and lived in the highland mountains of Laos as a child. He speaks several languages, including Hmong, Thai, Khamu, Lao and English. We had numerous conversations throughout the trip which I recorded in my journal. Mr. Juu graciously invited me and a few others to visit his village where he shared both the hardships and triumph of his story.

Dr. Kampeng

Dr. Kampeng is the Chief Medical Officer of the Lao Military Hospital and directs the Malaria Control Program in Luang Prabang. He is an ethnic Lao medical doctor and government employee. Dr. Kampeng gave me a tour of the medical facility,

including the laboratory used to identify malaria samples. During the tour, we had an informative conversation concerning the state of the hospital, malaria prevention activities and challenges of providing adequate services to the local people.

Ang-Kana

Ang-Kana is the director of the Malaria Control Program in Loei, Thailand. Ang-Kana works closely with the National Malaria Control Programs of Cambodia and Laos. Ang-Kana's program is in charge of assessing malaria activity in Thel, a border town that crosses into Laos and is home to several Hmong villages.

Ayer Lee

I met Ayer several years ago in Minnesota while partnering to prevent tobacco use among the Southeast Asian community. Ayer joined the Royal Lao Army to fight against the communist Lao. After they lost the War, Ayer fled to the U.S. to avoid persecution. He currently works in the public health field serving the Southeast Asian refugee population in the U.S.

Moua Moua and Da Xiong

Moua Moua and Da Xiong are the village headmen of a small Hmong village near the Bo Keo Province in Laos. Mr. Juu introduced me to Da and Moua while visiting their village.

Sourkiri Moua

While visiting the Yellow Leaf people in Thailand, Dr. Herda introduced me to Sourkiri, the chief of a Hmong village. Sourkiri is a highly educated Hmong chief who believes education is key to a better future.

Dr. Vilasinh Sinhtharapagne

During my first day in Laos, I visited the local Bo Keo hospital. My intention was to meet local health workers who could connect me with malaria control staff in the area. It was serendipitous that one of the local nurses was able to set up a meeting with Dr. Sinhtharapagne, the deputy director of the Lao National Malaria Control Program. Dr. Sinhtharapagne is in charge of all malaria control and education activities in the Bo Keo province of Laos.

Somphanh and Thongphanh

I met Somphanh and Thongphanh while visiting a small Khamu village along the Mekong River in the Oudomxay province of Laos. Somphanh and Thongphanh are the Khamu village headmen who shared their experiences of being relocated from the highlands to the lowland region where they live today.

Chai Xiong

Chai is a third-year doctoral student in the School of Education at the University of San Francisco. Chai's father was a soldier in the Hmong army that supported the United States during the Vietnam War. After the war, the Lao government imprisoned Chai's father for one year due to his involvement with the U.S. After the Communist Revolution, Chai and his family left Laos to seek refuge in the U.S. Chai traveled with me to Thailand and Laos and acted as a translator for several of my research conversations.

Her Yang

Her Yang's Hmong village was relocated to the lowland village of Na Kai nearly a decade ago. Her Yang is an appointed shaman and performs traditional healing rituals in the U.S. and Laos. I was introduced to Her Yang by her niece, Mai Ya-Va.

Mai Ya-Va

Mai Ya-Va is a third year doctoral student in the School of Education at the University of San Francisco. As a small child, Mai left Laos with her relatives to the U.S. Mai was a travel companion during my travels to Thailand and Laos. Fluent in Hmong, Mai translated several of my research conversations. Mai is an elementary teacher in Sacramento, California.

Translation

Communication with several of the research partners required the use of translators in the U.S. and during my travels to Thailand and Laos. Depending on the preference of the research partner, conversations were conducted in English, Thai, Hmong, Khamu or Lao. The translators were familiar with my research topic and at times contributed to the conversations.

Research Categories

Serving as basic parameters for this study's inquiry, the research categories were used to shape data collection and analysis. Herda (1999: 103) draws upon Heidegger's notion of the category as "an idea or concept that stands out in front of the researcher." These categories emerged through the review of literature and discussions with my pilot conversation partner. The research categories that I used to guide this inquiry were drawn upon Gadamer's notion of the ontology of health and Ricoeur's concepts of

forgiveness and imagination. More specifically, the research categories were (1) health as being, (2) memory in the horizon of forgiveness, and (3) imagination. The research categories are described here.

Health as Being

The positivistic paradigm understands health and disease as an object for scientific investigation. Medical science's goal is to control the nature of disease. Controlling the disease will help alleviate the biological condition of the other object, the individual. In other words, the medical model objectifies the other.

The hermeneutic approach understands health as a condition of being. Man is healthy, if he is alive and not thinking about his own health. One is always present in health. Gadamer (1996: 113) discusses health as a state of equilibrium, where the body and mind are in a constant battle to remain balanced. Any time the state of equilibrium is in fluctuation, our natural biological system and modern medical science work to balance it out. This means that individuals are in constant danger of losing this equilibrium.

The science of medicine dominates our understandings of health. Gadamer (1996: 108) states that if "health really cannot be measured, it is because it is a condition of inner accord, of harmony with oneself that cannot be overridden by other, external forms of control." In the scientific worldview, health praxis is based on the scientific method of measurements and empirical data, rather than on an individual's worldview of how one understands health.

The meaning of health transcends beyond the objectivity of science. Health is often hidden from us. Rather than a person's lack of biological functionality, health is a feeling of well-being. It is an outlook that facilitates one's potentiality of livelihood.

Gadamer (1996: 112) describes that health, “shows itself above all where such a feeling of well-being means we are open to new things, ready to embark on new enterprises and, forgetful of ourselves, scarcely notice the demands and strains which are put on us. This is what health is.” This outlook of how one understands himself is consciousness (Ricoeur 2004: 104) and can be applied to how one interprets their own health. The ontology of health is not a condition but of being in the world. Within our sense of being is memory that holds to a unique past.

Memory in the Horizon of Forgiveness

As memories of a painful past continue to change for the people of Laos, it will be important to understand their horizon towards forgiveness. When the past is filled with pain and suffering, the role of forgiveness becomes critical in imagining a collective future. Ricoeur (2004: 457) explains that forgiveness, “constitutes the horizon common to memory, history and forgetting.” Forgiveness does not mean forgetting what has happened but rather one coming to terms with the past in the absorption of the present and present-future with the other.

Forgiveness allows us to be free from the shackles of the past and to redirect our motivations towards the future. Telling our stories help us move closer towards forgiveness. Because stories take a narrative form, the act of remembering and retelling the past provides an opportunity to reconfigure past events. A new narrative may emerge through forgiveness and the guidance of imagination.

Imagination

Imagination propels action towards what may seem impossible in the past. The present needs imagination. Imagination can lead to the reality of a better tomorrow.

Without imagining new ideas, we are destined to repeat our histories. For without imagination, there would be no action toward change (Kearney 1989: 6).

Imagination goes beyond the ethnocentricity of the self. It usually considers the other in its summoning, for imagination's "responsibility to others has to come from beyond itself—that is, from others...this involves an 'enlarged mentality' of imagining oneself in the place of everybody else" (Kearney 1996: 184). The enlarged view of imagination has implications for policy development in that it becomes more representative of collective peoples. Those who have the courage to consider the other never have to put aside their worldviews, making it possible to imagine together. Imagination can never escape the hermeneutic circle of interpretation which strives to appropriate what was once foreign into possibilities (Kearney 1996: 185).

The transcending of the self towards new possible worlds through imagination must involve appropriation. Heidegger (1971a: 127) describes appropriation as, "what brings all present and absent beings each into their own, from where they show themselves in what they are." Imagination must ultimately be coupled with appropriation if the new proposed world is to ever take place. Under these categories of health as being, memory and forgiveness and imagination, research questions were developed to open the text for study.

Research Questions

The following research questions were used to guide the conversations towards reaching an, "orientation toward openness" (Gadamer 1988: 330). Based on the research categories, the following queries acted as guiding questions that served to initiate and

foster the research conversations. Their purpose was not to receive a response across the spectrum of conversation partners.

1. Tell me about your experience and knowledge of the Lao PDR's resettlement policy.
2. Tell me about your experience and knowledge of malaria in the Lao PDR.
3. What does health mean to you?
4. Is forgiveness necessary? Why or why not?
5. What do you imagine for the Lao hill people to have a better future?

The research questions helped to provide a context for knowledge and understanding with the topic at hand. The narratives created through the conversations provided the data to be collected and analyzed to reach new understandings.

Data Collection: Conversations

Data consisted of text transcribed from conversations, personal journals and documents. Conversations with participants were voice-recorded and then transcribed. Herda (1999: 97) says that “transcription is a text—the fixation of our conversation in writing.” Fixing the conversation as a text distances the researcher from the conversation and opens up the potential for new understandings. New ideas and thoughts can emerge by distancing the researcher to understand what Ricoeur (1982: 62) calls the “matter of the text” or the enduring meaning beyond the text.

Prior to my travels to Thailand and Laos, I learned to speak basic Lao phrases and Lao numbering. Speaking Lao benefited my research conversations by making my partners more comfortable. In addition, speaking Lao helped demonstrate my desire to address resettlement and malaria in Laos with the Lao participants.

When possible, the participants were invited to review transcripts and share suggestions for edits and clarification. Follow-up conversations were completed when feasible. Follow-up conversations were conducted with my research partners in the U.S.

Due to the nature of the research partners who live in remote areas of Thailand and Laos, transcript review and follow-up conversations were not conducted.

Data Collection: Personal Journal

My research journal served as an additional source of data. The written journal was used to record thoughts, observations, feelings, questions, ideas and insights. The journal documented changes in my understanding of the theory and served as a textual space to disclose thoughts on the research conversations and the topic at hand. The text of the journal provided additional data that opened up opportunities for new understandings.

Data Collection Timeline

Data collection occurred from May 2008 through October 2008. I carried out research conversations during my travels to Thailand and the Lao People's Democratic Republic in May and June 2008. The remaining research conversations were performed in from July 2008 to December 2008 in the United States.

Data Analysis

Herda (1999: 98) explains that in data analysis, "the researcher appropriates a proposed world from the text." To understand the process of data analysis in the critical hermeneutic tradition, one must understand that the researcher has a different worldview than before the research inquiry. When I expose myself to the text, I come away with a new understanding of myself and the topic at hand. The boundaries of this research are created by the people who have agreed to participate within the selected categories for

data collection and analysis. How the data are understood and interpreted by each reader depends on what each reader brings to this text.

The transcribed conversations and journal entries formed the texts that were examined for data analysis. The examination involved understanding the research issue at a theoretical level and provided an opportunity for discovering implications in addressing governmental resettlement and the malaria crisis. The narrative was intertwined with the theoretical framework, experiences of the researcher, and the topic at hand and then appropriated for implications for further study and practical application (Herda 1999: 99).

As described by Herda (1999: 98-9), the following sequence encapsulates the steps employed for data analysis:

- I fixed the discourse by transcribing the taped conversations.
- I listened to the audio-recording and manually transcribed conversations into a word processing program. Listening to the recorded conversations allowed an opportunity to reflect and discover new understandings on what was said.
- I examined the transcribed conversations for significant statements to organize into pertinent themes and categories.
- I substantiated the themes or important ideas with quotes from the conversation transcripts, and included data from the personal journal. Every attempt was made to remain as close to the original language and sentiment of the conversation partner.
- I examined the themes to determine what they mean under the theoretical framework of critical hermeneutics, further developing a text for more reflection and written discussion.
- In developing the written text, I discussed the themes in view of the theory and the problem at hand.
- After examining the collective text, I revealed implications that provide insight and direction for addressing governmental resettlement and the malaria crisis.
- I identified opportunities in the research that merit further study.

- I provided examples of the learning experiences on the part of the participants during the research process.
- The final step of data analysis involved reflecting on the study's influence and role in the researcher's life. I discussed my enlarged self, or broadened learning experience, in the written text.

Pilot Study

Introduction

A pilot study was conducted in the fall of 2007 with Chai Xiong, a Hmong refugee from Laos, and a first-year doctoral student in the School of Education at the University of San Francisco. The purpose of the pilot study was to field test research categories and questions and provide an opportunity to conduct participatory inquiry in the critical hermeneutic tradition. The complete pilot study transcript of the conversation with Chai Xiong is included in Appendix F.

Conversation Partner

Chai Xiong is of Hmong decent and was born in Laos in 1975. Chai migrated to the U.S. as a refugee seeking asylum in 1989. Chai resides in Fresno, California, home to the largest Hmong refugee population in the US. Chai speaks fluent Hmong and continues many of the Hmong traditions with his family of seven. His family regularly communicates with relatives in Laos. They have relatives in Vientiane and in the highland mountains of Luang Prabang province.

The intent of my conversation with Mr. Xiong was to discuss issues of health, memory and imagination from the worldview of a Hmong refugee. The following includes a synthesis of our conversation, followed by a presentation of analysis and implications.

Data Presentation

Government Health

To open up a conversation towards understanding the Hmong orientation of health, I asked Chai about the way Hmong understand health. Chai responded, “I think that from the outside, you can look at someone and see that they don’t have any physical limitations or that there isn’t anything wrong with them on the outside. But, no one can tell if there is something wrong with them on the inside. There is an internal part of someone that can make them unhealthy.” This internal part of someone transcends beyond biomedical and psychological models. It involves the spirit and being of a person.

Hope Lives Among the Youth

Chai feels hope in the younger generations of both Hmong and Lao citizens. Chai said, “I’m hoping that the younger generations will be able to let go or to forgive that resentment because of change, because of time.” He understands the difficulty of forgiveness, but has hope that change for the better can happen in the next 10 to 15 years. I am encouraged by Chai’s hopefulness but also by his passion to educate younger generations of Hmong. I add that the, “pre-1975 officials will be out of power soon, just because of their age. And I’m hoping that the next generation of leadership will be able to consider the other, to be inclusive of the Hmong in its thinking.” Chai considers the interrelatedness of the other by saying, “I think that not just the Hmong, but the Lao citizens are hoping for [change] too. I also think that from an international and global perspective, that is what they are waiting for too. Hopefully, with those people in

government will be out of power soon and new people will bring new ideas and change.”

Chai explained the essentialness of education:

I think that the Hmong, not just the highland Hmong, but all Hmong in Laos really need better education, health and economic development. And in order for forgiveness to happen, these three things need to be in place. And once the Hmong see that these are in place, they will see that it is possible. And then, hopefully, forgiveness can happen.

I feel the conviction and faith that Chai places on the new generation of Hmong. His drive to achieve academically is fueled by his interest in creating a better future for the Hmong people. Chai imagines working for an international development agency in addressing education in Laos. Although he lives in Fresno, thousands of miles away from his birthplace, Chai will never forget where he came from.

Analysis of Text

My conversation with Chai brings forth new understandings of how the hill people understand health, how collective memory is tied to forgiveness and what an imagined future looks like for all Lao people. Understanding how the Hmong interpret health is crucial in determining solutions for public health problems.

Understanding Hmong Health

In Laos, there are a wide range of understandings, concerning the causes of malaria. Dzuber (2006: 148) mentions that some “Lao imagine malaria not as a parasite carried by mosquitoes that breed in standing water, but as other possibilities including something in the water caught while swimming, something in the wind, a bad spirit, or a result of karma.” Chai’s cousins believe that their daughters’ deaths are tied to their spirits.

The paradigm of medical science does not address health in terms of spirit. It ignores possibilities that cannot be measured, tested or evidence-based. Gadamer (1996: 133) posits that, “everything which is not accessible to examination, which cannot be opened up to scientific method and so to regulation and control, is said to lie in the so-called grey areas where things cannot be treated with scientific exactitude.” How can programs, such as Roll Back Malaria, understand health within the Hmong worldview? Without this understanding, they will continue to use methods that deny human dignity and ignore the other. If we look at the ontological nature of the Hmong, we understand that their being in health is tied to their ability to farm. If I am able to farm and contribute to the well-being of my family, then I am healthy. By the same turn, if I am healthy, then I am able to farm. Like the debilitating nature of malaria, relocation takes away one’s ability to farm. This denies health! What good is health if I cannot provide for my family? Moreover, what good is health if our people are unable to eat?

Youth in the Horizon of Forgiveness

Positive change for the hill tribes may not take place without forgiveness of the Lao government. Conversely, the Lao government will have to learn that positive change will not come about without the forgiveness of the hill tribe people. In my conversation with Chai, I gained the understanding of the great difficulty of forgiveness on both sides. To the Lao, the Hmong betrayed their country. To the Hmong, the Lao communists have persecuted and killed many of its people. It is our hope that memory lies in the horizon of forgiveness. The memories of the Lao are never destroyed. They are always present, for “history can expand, complete, correct, even refute the testimony of memory

regarding the past, it cannot abolish it” (Ricoeur 2004: 498). Memories remain with us. Forgiveness becomes an opportunity for dealing with memories of anger, pain and regret.

Chai has hope that the youth will forgive and forget. Although memory is tied to the past, it does not have to be acted upon in the present. Forgiveness can create a context for imagination.

Imagining the Malaria-free Village

The malaria-free village is where people can farm in peace, provide sufficient food and shelter and continue their way of life. It is also a place where they can pray to the spirits, sing Hmong courtship songs, share stories and create intricate hemp dresses. Chai believes that it is a place where the children receive proper education and gain a “vision of the future.” It is an imagined future that propels the younger generations of Laos to think otherwise.

The Lao rural development policy of relocation fail by creating a narrative that excludes the other. This comes from a lack of imagination. We must expose the “throwness” of who we are and be open to imagination. An orientation towards reaching understanding will be the first step in exposing oneself. It is in language, discourse and conversations that this can start. Both the Lao government and the hill people can re-encounter their past, delve into their insecurities and remember. They can activate their memories, which are filled with anger, sadness and regret. If the act of remembering is intended for forgiveness, then forgetting is possible. The belief that we are inter-connected breeds an imagination that considers the other in not only policy-making but in how we as humans can potentially treat one another.

Implications

This pilot study drew significant implications for rural development policy and anti-malaria program development. Laos' rural development policy (although not official) includes the relocation of the Lao Soung to the lowlands. These forced and voluntary migrations have produced negative consequences for the hill people, including displaced families, broken social ties and deaths from malaria.

Relocation policies can be inclusive of Hmong traditions and relationships. The development of relocation plans may create an opportunity for relationship-building between the Lao government and the hill people. This will create a context for forgiveness and open up opportunities for new understandings to emerge from the memory of pain and suffering. The younger generations (post-1975) of Lao Loum, Lao Theung and Lao Soung may imagine a new national identity that is inclusive, rather than divisive. Since relocation involves the loss of swidden farming, the Hmong way of life is in jeopardy. This needs to be considered in how relocation is implemented. It is an implication that needs to be incorporated into rural development policy.

Anti-malaria program development can be inclusive of the other as well. If health is understood as the human condition of well-being, they would understand that removing communities from their homes and destroying their way of life also has a bearing on health. Health alterity, or inclusive otherness, can transcend the biomedical model's approach to health towards an orientation that values tradition and experiences in the development of malaria prevention programs.

Summary

In order for public health efforts to come from an ontology of health, several initial questions need to be asked. The orientation of how health is defined is a vital step for one *being* in health. What is health? What does health mean to you and your community? How does one reach health without reducing it to biomedical understandings? The Lao Ministry of Health and international agencies address malaria in Laos must ask these questions from the populations they are working with.

This pilot study offered implications into rural development policy by suggesting that memory towards the horizon of forgiveness opens up a context for imagination. It goes beyond the distribution of bed nets or teaching villagers to educate others. It involves giving the freedom, trust and opportunity to take genuine ownership of their situatedness and to discover new thinking together. Gadamer (1996: 113) explains that health is, “a condition of being involved, in being in the world, of being together with one’s fellow human beings, of acting and rewarding engagement in one’s everyday tasks.” The hermeneutic orientation towards health involves a shift from the epistemological to the ontological, from science to experience, and from absence of disease to being in the world.

The pilot study provided the experience of engaging in the critical hermeneutic research protocol. I learned the challenges of having a genuine conversation, rather than interviewing the research participant. I was given the opportunity to distance myself from the text and use a hermeneutic theoretical framework to interpret the data. In addition, I was able to confirm the value of my research categories for future inquiry.

The pilot reaffirmed my commitment to the Lao people and public health. The conversation with Chai Xiong provided a greater understanding of the topic at hand and

inspired me to move forward with the research inquiry. As a strong public health advocate, the potential of saving many lives from the debilitating and deadly disease of malaria is my motivating factor for this research.

Background of Researcher

For the past 10 years, I have been involved in the field of public health. I have a master's degree in public health and currently work as a health education manager for the California Department of Public Health. My work with the Asian & Pacific Islander American Health Forum initiated my passion as a health advocate for disparate Asian and Pacific Islander populations. I have been involved with a variety of public health issues with many Southeast Asian communities, including the Hmong. I am educated in the discipline of public health. Its theories, methodologies and ethics are engrained in my thinking and motivate my public health praxis. I was drawn to critical hermeneutic participatory research because it offered an alternative approach to public health that moves beyond a reductionist ethos of health to one that intimately involves the other.

Summary

This research inquiry embarked on an exploration of governmental resettlement and malaria prevention initiatives in the Lao PDR under the critical hermeneutic tradition. The critical hermeneutic orientation offered a theoretical framework to help guide the research process. The research categories and guiding questions are used to provide a space for genuine conversation and new understandings to emerge through continual interpretation. Fixing the conversations into text presented opportunities for reflection with theory, and thus, created new narratives that were appropriated for implications on the research topic. These implications provided not only a practical

application for leadership in local and international communities, but recognized a shared world of genuine care for one another. Following the research protocol described in this Chapter, the research conversations were transcribed, examined and substantiated into themes that form the data presentation presented in Chapter Five.

CHAPTER FIVE

DATA PRESENTATION

In telling a story about the transcriptions and the experiences of data collection, the point is to discover a plot (Herda 1999: 127).

Introduction

According to Herda (1999: 127), there is a second text that is created after the research conversations are transcribed. This second text presents a collective story that incorporates selected data from the research conversations, journal and researcher's notes. The following data presentation configured a totality out of scattered events telling a new story of malaria prevention and village resettlement in Laos.

The conversations that took place during the summer and fall of 2008 are stories shared with me by Lao hill people from various ethnic communities, malaria control workers, healthcare workers, Lao citizens, Hmong immigrants and a traditional healer. The stories revealed themes of hope and despair in the heart of malaria prevention and village relocation. While interwoven with my own experiences and prejudices, the narratives told by the conversation partners house themes of Lao healthcare, meanings of health, malaria control and prevention, village relocation and education.

Defending the Lao

International Conference on Research and Writing

In May 2008, I attended the "International Conference on Research and Writing: Culture and Social Change" at Loei Rajabhat University in Thailand. The town of Loei borders Western Laos, ensuing in regular interactions with Lao hill people who live in its neighboring mountains. Loei's proximity to Laos is significant to my research since the Loei public health department provides healthcare services to Lao hill people who are

sick from malaria. The Thai Ministry of Health identified the Loei-Lao border as one of the highest malaria-endemic regions in the country (Konchom et al. 2003: 487). During the conference, many Thai professors and post-graduate students had given presentations on Southeast Asian development, Thai identity, language, healthcare, tourism, and village leadership. During several presentations on Thai-Lao relations, I was struck by the Thai's negative sentiment towards their Lao neighbors. In my journal, I noted how one of the presenters, a Thai doctoral student, said, the "Lao want to be more like Thai. We have more progress. The Thai can help them become more developed." I noted that the student did not say this with malice or any intention to degrade Lao people. I felt as if he genuinely wanted to help the Lao. But, the sentiment behind his statement and others throughout the conference reflected an understanding of the Lao people as lazy, uneducated, less civilized, and dependant on Thailand. I remember being bothered by the Thai's understanding of the Lao, but at the same time curious of whether some or all of their accusations had some truth. I recognized that I was a foreigner who had never been to Laos, and had little experience to challenge their opinions.

At the close of the conference, after everyone was acknowledged and praised for a successful event, my professor and mentor, Dr. Ellen Herda, spoke to the audience full of Thai professors, college administrators and graduate students, as noted in my journal:

I have been to Thailand many times. I have heard from my Thai friends and other Thai that you look down on the hill people and the Lao. The hill people are treated like second-class citizens. I am not Thai, but this is what I have observed in my visits to this beautiful country. I hope that you learn to look at them with respect and treat them well. Thank you.

Unfortunately, I have learned that the Lao hill people are viewed as second-class citizens within Laos. My research conversations provide stories from the understandings of Lao

hill people. These narratives centralize the hill people as the main characters of the story, revealing an orientation that is often neglected, especially in policy and program development. The narratives tell a story about Lao hill people and hopefully reveals what Dr. Herda wished to achieve in her heartfelt request to the Thai—the potentiality of the Lao hill people to enliven the greatest of possibilities. To understand the circumstances surrounding the health of Lao hill people, I began my journey in learning about Lao healthcare.

Lao Healthcare

During my travels to one of Laos' major cities, Luang Prabang, I visited a military hospital and had a conversation with the hospital medical officer, Dr. Kampeng. He gave me a tour of the hospital, where I noticed the dilapidated conditions of the medical



Figure 3: Patient room in Luang Prabang Hospital

facilities. All of the patients were situated in one large room, with no walls or partitions to separate them. The room was crowded, with open-air windows, making it more likely for disease to transmit between patients, healthcare workers and visitors.

Figure 3 shows the primary care room of the hospital where the patients were housed. The hospital walls, counters and floors were dirty and unsanitary. Dr. Kampeng described the hospital conditions:

We have only four Lao doctors, one Hmong doctor and a few nurses. We need at least three or four more. As you can see, we have very poor facilities here and old equipment. Our x-ray machine is broken, so we can't even take x-rays to diagnose serious health problems.

Dr. Kampeng tells me that this is the main hospital where the Hmong and other hill people go for medical treatment. I asked Dr. Kampeng if this was their only alternative for care, and he told me that these are the only resources that the government provided and that the hill people may go to Thailand if they needed better care. I noted in my journal how disappointing it was for the hill people to travel so far, only to receive such paltry healthcare.

A sub-theme that was revealed from both my experiences and conversations in Thailand and Laos was how Thailand offered services and opportunities to the Lao hill people that Laos could not. Dr. Kampeng expressed that Thai healthcare was more technologically advanced and that they sometimes sent patients to Thailand to receive care.

While in Thailand, I visited the small town of Loei, where I was able to visit both the Loei hospital and Loei Public Health Center. Loei hospital was recently built with government funding and contains state-of-the-art medical equipment, new facilities and fully staffed medical professionals—a stark contrast to the poor healthcare facility of the Luang Prabang Military Hospital. At the Loei Public Health Center, I met with Ang-Kana, director of the Malaria Control Program in Loei, Thailand. Ang-Kana told me how Thai hospitals and health clinics often treated Hmong and other Lao hill people coming from Laos to receive medical care. She said that the Lao hospitals are inadequate to treat serious illnesses and each patient must complete a lot of paperwork, whereas Thai healthcare is free or low-cost and there is minimal paperwork to complete. In addition to learning about healthcare services for the Lao hill people, I also hoped to get an understanding of what health means to the Lao.

Meanings of Health

While in Laos, I wanted to speak with Lao hill people to get an understanding of how they understood and experienced health. Western models of public health have been used to combat malaria and other health problems, so I wanted to understand if this Western notion of what it means to be healthy is aligned with the hill people's understandings of health. My conversations revealed that the hill people understand health differently than the West.

One of my conversations around the meaning of health was with Mr. Jan, a Luang Prabang native, who spent much of his life living in the mountains of Laos. Mr. Jan explained how the Hmong and other hill people understand the meaning of health. He said that traditional Hmong are only concerned about health when it disrupts their ability to work in the fields or when it disturbs family dynamics. He viewed health as two components:

You can be healthy on the inside and on the outside. To be healthy on the outside, you must have enough food and clothing. And we can do anything we want on the inside. It is up to me. Health inside is a feeling of happiness, and I can transfer it to you. The chief of the village wants to transfer health to others.

It was interesting to hear that physical health was something on the outside, distinct from the inside of being healthy. Health transcends the biological aspects of the physical body into the emotional and spiritual realms of a person. Health is flexible, transferable and moves from person to person, much like the conceptualization of a spirit. Mr. Jan further explained that, "Being sick is only on the outside. I can still be healthy, even though I am sick."

This dichotomy of health has implications for how the Lao diagnose malaria. When malaria is not treated early, the chance of becoming seriously ill increases. If someone has the initial symptoms of malaria (fever and chills), but they are still able to work in the fields, then they may believe that they are healthy. They may not seek medical treatment, preventing them from getting early treatment.

During my travels through Thailand and Laos, I was fortunate to have Mr. Juu as a tour guide and friend who shared his story as a Hmong growing up in the mountains of Laos. Mr. Juu's village was relocated from the highland mountains to the lowland regions in the province of Luang Prabang. He speaks fluent Hmong, Thai, Lao, Khamu and was a translator for several of my conversations partners. I noted many of our conversations in my journal. During one of our conversations, Mr. Juu and I discussed the meaning of health:

Mr. Juu (MJ): Health is very important to my people [Hmong]. But, I don't believe that it is something that we think about much. If I am cut, then it is okay. I can still work in the fields. If I have a cold, then I can still work too.

Edgar Ednacot (EE): But, what if you are so sick that you can't [work in the fields]...

MJ: Then, I am worried about my health. I need to work to feed my family...my village. If you are healthy, then you can grow rice, you can live in the mountains, you can go to school. With health, you can do these things. With health, you are alive.

Mr. Juu reiterated Mr. Jan's understanding that health provides the capacity to work, live and provide a future. After exploring different orientations of health, I turned to learn about the present configurations of traditional healing for the Lao hill people.

Traditional Healing

I explored traditional healing practices as an alternative to Western medicine, which included shamanism, herbs, cultural ceremonies and other non-Western practices that are used to prevent and treat illness. I read and heard about alternatives in preventing malaria, such as growing lemongrass around the village to ward off mosquitoes and applying mouthwash on indoor walls as insect repellent. Dr. Herda described a malaria project, where the teaching of how to use malaria nets was incorporated into a traditional Hmong ceremony. The process of dipping the nets into the solution and placing them over the beds was part of an already existing ceremony of celebration.

When I returned to the U.S., I was fortunate enough to have a conversation with Her Yang, a Hmong shaman who was visiting her family living in Sacramento, California. When I went to pick up Her at her sister's home, I walked into the middle of a spiritual ceremony. Her had a small red blanket covering her face and shoulders. She was facing a framed picture of a deceased relative on the living room mantle surrounded with candles and incense. She was violently bowing her head and body and chanting. I had seen similar rituals with my Hmong friends but have never had the opportunity to have a conversation with a shaman. I was interested to learn about Her's experience as a shaman.

Her Yang is a Hmong shaman, living Na Kai, Laos. Her Yang was appointed to become a shaman because a village shaman revealed to her that she was able to communicate with spirits. Her described the relationship between health and shamanism:

As a shaman, I can help in the spiritual world. Let's just say you keep getting ill, like the fever, then I can see what's wrong with you because maybe your spirit has traveled out. We have a strong belief that even though we are living, our spirits can go and start another life, and that is

why you are ill. And if the spirit is gone, then you can die. So this is why I try to get the spirit back. Without the spirit, you would die.

In my journal, I noted that shamans and the belief in spirits have not been incorporated in any public health efforts before. This is another opportunity for health professionals to be more inclusive of traditional healing into practice. Dr. Kampeng mentioned that “shamanism is for the mountains, not the hospital.” Shamanism is still looked upon as “medicine for the poor” in Laos. Her said:

Lao [healthcare workers] know about the shaman, but don't let us use it in the hospital. So when a person is sick, they run tests on them and give them medication and shots. If they still are not better, the patient goes home with the family and let them do the spiritual ceremonies. This is when the hospital can't do anything to help any more. And there have been many times where the shaman was able to help the sick person after the hospital could not.

After visiting several hill people villages, both in Thailand and Laos, I heard about and witnessed various health problems, including diarrhea from drinking unboiled water, heat exhaustion from working long hours in the fields, measles from unvaccinated children, and skin boils from poor sanitation and hygiene. After visiting several villages in Laos, I noticed that most of the adults had rotting teeth. For many, I had given them their first toothbrush and had to teach them how to brush their teeth.

None of the villages that I visited had an on-site medical professional to diagnose or treat health problems. It was usually up to the village leader or local shaman to provide treatment. I noted in my journal that shamans might be a useful link to providing public health services for the Lao hill people. I wondered how the Lao could incorporate the Lao hill people's understanding of health and traditional healing into malaria control and prevention programs.

Malaria Control and Prevention

During my visit with Dr. Vilasinh, director of the Lao National Malaria Control Program of Bo Keo Province in Laos, he mentioned that one of the major challenges of preventing malaria in Laos is the lack of understanding of the disease. Many of the Lao hill people do not know what causes malaria or what the disease is. The Hmong word for malaria is “yoov ncauj nte,” which translates into the “fever of the mosquito.” I noted in my journal how I met several Hmong who believed malaria came from drinking water from the river while others were unaware of its severity. Dr. Vilasinh explained that most of the Lao hill people, especially the Hmong, are animistic, with an unwavering belief that spirits control people’s fate when it comes to financial welfare, relationships, and health. Dr. Vilasinh explained that there are still many Hmong who believe that malaria comes from spirits:

Not all of the villages know where malaria comes from. Some think it just comes from the water or spirits. It is hard to explain that malaria comes from the bite of a mosquito when they believe it comes from bad spirits. There are still many villages that have not been trained on malaria. Out of the 351 villages in Bo Keo, only 250 have been trained.

I wondered if the 250 villages that have been educated found these trainings helpful. The trainers were composed of primarily government employees telling villagers that malaria does not come from spirits but from infected mosquitoes. There may be a lack of trust of government employees who disrespect Hmong for their belief in animism. I thought to myself that there should be alternatives of educating the villagers about malaria while incorporating or recognizing their belief in spirits. Instead of discounting what they believe, the hill people may be more willing to understand the Western causes. Furthermore, by showing the Hmong that they understand and respect their traditions, it

may be a good start for developing a relationship with the other. I wondered if Dr. Vilasinh or other government malaria control workers have imagined working collectively with the hill people to develop malaria projects. Let us now change the altitude of our discussion to the strategy of mosquito net distribution in Laos.

The Problem of Mosquito Nets

The major strategy of the Roll Back Malaria initiative is the distribution of insecticide-treated bed nets (ITNs). It is a simple public health concept of prevention that I have been professionally trained in—if you distribute mosquito nets to villagers, then the number of malaria cases will decrease. However, the strategy of distributing nets in Laos does not consider the history of conflict between government officials and the hill people to be served. The following stories expose the challenges of using mosquito nets.

Not Enough Nets

Dr. Vilasinh pointed out that there are not enough mosquito nets to distribute to the Lao hill people. The funding from Globalfund is not enough to provide nets for each family. Dr. Vilasinh warned that 2008 would be the last year of funding and that they would have to find other resources for continuing the malaria program and purchasing nets. Dr. Vilasinh said:

Another major challenge is that they do not have enough nets to distribute. Out of the five districts in the provinces, three of them do not have nets. There are 30,000 families and we only have 17,000 nets available. This is the best way to stop malaria.

I questioned whether nets were the best way to stop malaria. Distributing nets is the strategy used by Roll Back Malaria projects in other countries, but I am not convinced that this is the “best way to stop malaria” in Laos. I remember thinking about other

alternatives to prevent malaria and wondered if the Lao National Malaria Control Program (LNMCP) considered other ways of addressing the problem.

The LNMCP strategy and activities to “eradicate malaria” are based on the United Nation’s Millennium Development Goal’s Roll Back Malaria program. The program uses Western strategies that have been successful in the West, which are now employed in Africa and other parts of the world. It is a one-size-fits-all model that has yet to see substantial success in Laos. I believed the Lao strategy should involve a flexible and ground-up model that incorporates village-level participation in program and policy development.

Although nets are effective in preventing mosquitoes from biting humans within the home, it does not protect humans while outside in the fields or to help diagnose and treat them after they get sick. There are significant gaps in malaria healthcare that need closer attention and effort that transcends programs and policies based on measurable objectives and Western models of prevention. The following narratives reveal further complications of net distribution.

Nets as Poison

After having the conversation with Dr. Vilasinh, I was disappointed with the lack of available nets, but even more disappointed in the lack of effort to find an alternative solution. I mentioned my disappointment in a conversation with Mai Ya-Va, a Hmong immigrant living in the U.S. Mai told me that the lack of available nets was only part of the problem. She said, “It may not matter whether there are enough nets or not. What matters is that Lao government officials are in possession of the nets.” Mai explained that some Hmong, “think that the dipping of the nets into the solution and then placing

the nets over their beds while they sleep makes them fear that the Lao government is trying to poison and kill them. Poisoning their food and water supply was one of the tactics used during the war.” I am reminded how past suffering is linked to the present.

Nets for Sale

During my travels to Laos, I visited a small Hmong village just along the Mekong River. It was early afternoon and most of the adults and older children were away working in the fields. I was fortunate to have a conversation with the two village headmen, Da Xiong and Moua Moua. Da and Moua described the various health issues that the villages faced, including diarrhea from drinking unboiled water and heat stroke from working long hours out in the sun. Despite the amount of health problems that the villagers face, they rarely seek medical treatment. Da said that a district nurse who works for the Lao government has visited the village twice in the last six years and that their only way to get treatment is to go to the nearest city, which is nearly 30 km away. This distance is very difficult for a village with no means of transportation, except by foot.

Moua mentioned that the children were often getting sick from high fevers, which is a symptom of malaria. I took this opportunity to have a conversation about malaria. Da explains that the villagers do not have enough mosquito nets to protect them from the disease. The government visited the village last year to educate them about malaria and how to use the mosquito nets. Da stated, “I know that because we are Hmong, we are treated differently.” Da said:

The government brings the mosquito nets. But, they do not donate the nets. They charge about one dollar per one...they tell us how to control with the mosquito nets, but we have to purchase them. The government says that the fees are the costs for importing and exporting the nets...60 percent can afford that, but the rest cannot.

Several of my conversations with other Lao hill people revealed that the government asked villagers to pay for the nets. According to Globalfund, the nets were supposed to be delivered for free and made available to all Lao citizens living in malaria-endemic areas (Phommasack 2002: 20). I was disturbed to learn from Da that they were being charged for the nets. I was shocked to hear that other villages were experiencing the same injustice. I wrote in my journal that malaria prevention efforts could improve by involving villagers. I was fortunate to learn about such a project while speaking with Ang-Kana, the director of the Malaria Control Program in Loei, Thailand.

Village Participation in Combating Malaria

Throughout my research conversations, I heard stories about successful malaria programs that incorporated Lao hill people and their traditions. Ang-Kana, who works directly with the Hmong, told me about a project that incorporated village participation in malaria control efforts. The project entailed a contest between different hill people communities to see which village would have the least amount of mosquito larva in the water. Ang-Kana had an instrument that could scan bodies of water to determine the number of mosquito larva. The project allowed villagers to educate one another about malaria. The village worked together on educating and coming up with strategies to decrease the amount of mosquitoes in the village, such as growing lemongrass and using insecticides. If the villagers were able to decrease the amount of larva in the village, they were given funding to hold a celebration. Ang-kana believed that the project was successful for not only decreasing the amount of larva in the region, but by empowering the villagers to address malaria.

Much of my understanding of the Hmong can be attributed to my public health colleague and friend, Ayer Lee. I worked with Ayer on several public health projects to prevent tobacco use among the Hmong and other Southeast Asian refugees living in Minnesota. My experience and friendship with Ayer initiated my interest in the health of Southeast Asian communities. Ayer was a Hmong refugee who fled Laos after the Vietnam War. At the age of seven, Ayer had joined the United States in combating the Pathet Lao communists. After losing a brother and father during the war, Ayer escaped to Thailand and later emigrated to the United States to avoid persecution by the new communist regime. Ayer resides in Minnesota and is considered a strong public health advocate in the Hmong refugee community.

Ayer and I discussed the importance of incorporating tradition into public health practice. He said:

Using tradition can complement public health programs. If you are able to use traditions that are already in place to educate the Hmong, then it will be better since it will have relevance to them. Traditional Hmong won't understand facts and figures, but they will understand stories and their role in a story.

Ayer pointed out that the Hmong have had a written language for less than 50 years, and that most Hmong in Laos are illiterate. Ayer told me that, "storytelling has been the only way of passing down our history and traditions from generation to generation." Ayer explains that the Hmong have used "story cloths" to record and share narratives of traditional folklore, life in the mountains, and hardships experienced during and after the Communist Revolution. An example of a story cloth (depicting the Hmong fleeing Laos after the communist takeover) can be found in Appendix G. I asked Ayer how

storytelling could be used to educate Hmong villagers about malaria and we discussed the practical use of the Hmong story-cloth:

Edgar Ednacot (EE): How can storytelling or the incorporation of tradition be used in educating the Hmong about malaria in Laos?

Ayer Lee (AL): There is a project that I've been thinking about here in Minnesota to use Hmong story-cloths to educate youth and elders about tobacco. Story-cloths are traditional weavings that have pictures on them and are used for blankets, pillowcases, bedding and artwork. They can be used to illustrate a story.

EE: So, the story-cloth can be used to educate about malaria!

AL: I was thinking that the youth who create the story-cloths will not only learn about the dangers of smoking but also learn to appreciate their Hmong culture by learning this tradition.

EE: And maybe villagers can weave story-cloths that tell the story of how malaria is transmitted or how to prevent malaria...there can also be a story-cloth about a villager that died from malaria to make it relevant. This has a lot of potential and can be a very exciting project in Laos.

AL: Yes. That is a great idea. Story-cloths are also sold to tourists, so this can provide a means for funding too.

EE: Yes! This project can educate the villagers and provide funding for more nets!

It was fortuitous to have a conversation that intersected my interest in malaria prevention and Ayer's idea of using story-cloths to educate youth on tobacco. Ayer and I imagined a development project where public health educators collaborated with Hmong villagers to create story-cloths used for health education. Moreover, story-cloths may reach the illiterate Hmong through the use of images in the embroidery. Such a project could provide funding to purchase mosquito nets by selling the educational story-cloths to the growing tourist population in Laos. I now turn to the hill people who share their stories of village relocation.

Village Relocation

During my visit to Laos, I was able to visit three Lao hill people villages that have been relocated from the highland mountains to the lowlands. The conversations with the

village leaders indicated that life has improved since moving to the lowlands. They have been met with struggles, such as having to learn how to farm different crops and not receiving proper health and educational services. However, each of the leaders told me that life was better in the lowlands because the government provided free schooling and land to grow crops. Da explained, “The government wanted us to move here so we won’t cut down the trees.” Moua described life after being relocated, “It is easier. The men think it is easier here because they don’t have to carry as much. Before they had to carry rice very far.”

My conversation with Thongphanh, a village headman of a Khamu village, also revealed positive sentiments surrounding relocation. I asked Thongphanh if he liked living in the lowlands or in the mountains and he said, “Here. Here [in the lowlands]. We now have a school. The government help with a primary school, that is free. We now have land to grow crops.”

Prior to my travels to Laos, I had read literature and heard stories of hill people that were against village relocation. I had the prejudgment that most hill people would rather live in the mountains. It surprised me to hear the narratives of my conversation partners explaining otherwise. I wondered if the Hmong and other hill people believed in the government’s intention to help them.

During my visit to the Luang Prabang Military Hospital, I asked Tengher Faxao, a Hmong government employee who was relocated from the highlands five years ago, about the government’s agenda with the hill people. From sharing our experiences in working for government public health programs, I felt comfortable in being frank in our

conversation. I was interested in his thoughts regarding the government attitudes towards the hill people. Tengher echoed the same positive sentiment concerning relocation:

Edgar Ednacot (EE): Do you think the government doesn't like the hill people?

Tengher Faxao (TF): That is probably not the case. Because the hill people used to farm opium and the government wants to reduce that, so that is why the government wants them to come live down here [in the lowlands], so they can help them. They now have access to the roads. It is much better here for my people. We can start a new life. There is no future in the mountains.

The prohibition of opium growing in the highlands have changed the way the Hmong and other hill people provide income for the village. Without opium production, the hill people have learned that moving down to the lowlands to grow crops and receive government assistance is the only alternative. I remembered thinking how helpless the Hmong must feel to be under the control of government regime that did not trust them. When will the Hmong no longer suffer from the remnants of the war? Is forgiveness needed for the Lao elite and Hmong to have a future together? I explored these questions during my conversation with a Hmong who lived through the war and another who left Laos as a small child.

No Hmong Word for Forgiveness

One of my most interesting conversations was with Mai Va and her aunt, Her Yang. Mai emigrated from Laos to the U.S. as a small child to flee persecution from the Lao government. Her Yang was relocated from the Lao highlands to the lowland town of Na Kai where she lives today. It was interesting to get different understandings from a Hmong-American growing up in the U.S. and another Hmong, who lived through the Vietnam War and resides in Laos as a traditional shaman. During our conversation, we discussed the relationship between the Lao government and the Hmong. Her Yang said

that she does not hold any grudges towards the Lao government for the past atrocities enacted on the Hmong. She understands the government's reasoning for relocating her village to the lowlands. She said that the government moved her people from the mountains to stop them from growing opium and practicing slash-and-burn farming. She said that life is better in the lowlands. Her said that the, "government has provided land to grow crops and schools for the children. They care for the villagers. It is only the Hmong rebels that they are worried about, not all of the Hmong." Her's narrative about the Lao government contrasts with stories of cruelty by the government which I learned from Hmong immigrants in the United States. I am reminded that there are always multiple narratives of past events. What we hear and also what we do not hear shapes our understandings. My horizon of the Lao government has enlarged. Although I believe the regime has significant problems with corruption, they have also exhibited solicitude and care for all of their people.

I asked Her if there is a need for the Hmong to forgive the government. After I asked this question, Mai explained the concept of forgiveness. Mai told me that the Hmong do not have a word for forgiveness and it is difficult to understand its meaning. Both Mai and Her Yang believe that there is no need for forgiveness. Mai said that the past is now in the past and that it would be more helpful for the younger generations of ethnic Lao and hill people to have conversations about a future together. Her said that there are now younger generations in the Lao government who want to help the hill people and would like to integrate them more into a "national Lao culture." Creating a singular Lao national culture and society is one of the justifications for moving the hill people into the lowlands (Evrard and Goudineau 2004: 938). Another justification for the

relocation of the Lao hill people is to provide easier access to health and educational services. Education emerged as a theme in my research conversations.

Education in Laos

While visiting the Khamu village in the summer of 2008, I had a conversation with the two village headman, Somphanh and Thongphanh. During the conversation, we sat on four-inch wooden stools in the middle of the village. I found myself surrounded by a dozen dilapidated grass huts on stilts and about three dozen half-clothed barefoot children staring at my digital recorder and me. It was sunny and humid, which helped to accentuate the smell of the stray pigs and roosters. I remember feeling guilty asking about the future to the village headmen after witnessing the bleak conditions of the village. I asked the Khamu headmen about what they needed for a better future. Somphanh said, “We want to develop the village. We want education for the children.” Somphanh continued, “I am not sure that we have a better life here [lowlands]. Most don’t have an education. If possible, we would like to go to training to grow mushroom, corn or to feed more pigs. We really want our kids to go to school, but after they go to [primary] school, it is hard for them to go to next step.” Primary school is free for the villagers. Somphanh said that after primary school, high school and college are no longer free and they cannot afford to continue their education. Somphanh stated that the nearest high school is a long boat ride away. The village does not own a boat. They cannot afford the boat fees to travel to high school, so the children end up working in the fields with the adults for the rest of their lives. The question came to mind whether education was enough to make a difference in the lives of the hill people.

Education is Not Enough

I had a conversation with Mai Ya-Va, who is a Hmong doctoral student at the University of San Francisco. Mai was a companion on my trip to Laos and translated several of my conversations. Mai fled Laos 20 years ago and found refuge in Sacramento, California where she lives today. During our conversation, Mai warns that receiving an education is not the singular answer to creating a better future for the Hmong living in Laos. She believes that the Hmong youth must remain grounded with who they are so that they will return to the village and give back to the community. The importance of retaining Hmong culture and traditions are not taught in the Lao classrooms but at home with the village community:

Edgar Ednacot (EE): I think the great thing about education is that it gives people hope that they can take action with life's hardships.

Mai Ya-Va (MY): Education is a key factor in helping them have a future, but at the same time they need to value education. If the parents don't value it, then the children will not. What is important to them is giving them the right ideas and right education. Sometimes it depends on each individual. Some would get a good education and come back and help their people. Some would just move on and leave. Education is a big factor, but for me, it is more the influence of the community. The community should get together as a group and decide how education can help their people. We don't want education just because the whole world gets education.

EE: It's not just that. It's so much more.

MY: Even here in the U.S., there is a struggle with kids. Some go to school, to college and just forget who they are. And some who don't go to college are still very helpful to the family and community and they know who they are. But within the political realm in here and Laos, they also need to take part in that. The more Hmong people that have an education and political role, then they are more able to do more things and make things happen....if they are in it for the right reasons. A lot of Hmong men political leaders forget their role in helping the community. They forget where their roots are, and they don't advocate. I think that's worst than someone with no education but helps their family.

Mai believed that the desire for education needs to be linked with meaning. If there are no jobs available after receiving an education, there is little that a person can do to help their community. If they are ever to benefit from education, it needs to be tied to the realities and responsibilities of the villagers. The following conversation offers a story that linked education with health.

Health Education

While in Thailand, I had the opportunity to meet with a Sournkiri Moua, a Hmong Chief who strongly believes in the importance of education and health for his people. I asked Mr. Moua what he thinks the Hmong in Laos need for a better future and he said, “Education is the first thing that needs to happen. Education...would help to...have new ideas. Unless this happens, there won’t be a future for them.” Mr. Moua also expressed that education can benefit the health of the villagers. He said that the children get educated on how to be healthy in school and then teach their families what they learn when they get home. Mr. Moua provided an example of how families can learn about health through the education of the children:

When the children come home from school, they try to educate the rest of the family on what they learned. Families always used to always eat from one bowl. Then, the children teach them that you need to eat from different bowls and spoons, so that if one person gets sick, that it does not spread to the others. So, through the children, this has changed what the Hmong thinks of what a healthy person is.

Education teaches children how to be healthier. Education allows village youth and young adults to learn other ways to move beyond their poor conditions. Mr. Moua poignantly described education as, “the door to new thinking.” Education builds upon the capacity to imagine new possibilities for the future. In essence, education can be refigured as hope.

Education as Hope

In June 2008, my Lao friend offered me, my wife and two other USF colleagues studying Laos to visit his Hmong village just outside Luang Prabang. Mr. Juu and his village were relocated from the Northern mountains of Laos to this lowland village 16 years ago. After we traveled past the modern and growing city of Luang Prabang, we arrived to an unpaved and bumpy road that led to a small village with 10 grass roof huts made of bamboo and teak wood. There were about a dozen children looking to see the *farangs*, foreigners that had come to the village. There were stray chickens and pigs walking between our legs during our tour of the village. We sat down with Mr. Juu in his home and discussed his life growing up in the village. His story is of great accomplishment and perseverance. Mr. Juu said:

I used to travel very far to go to school. I am lucky to get a good education and learn English. I am the eldest child and have to help lead the village here. While I went to school, I also had to take care of the villagers. I built the house that we are sitting in now. I had to cut down the trees and grass and build it all.

Mr. Juu is the only person in the village to finish high school and is now trying to ensure that all of his little brothers and adopted son complete high school. His parents live in a different village and have left Mr. Juu to take sole responsibility for the family. At the age of 11, Mr. Juu was responsible for providing food and shelter for the family. Mr. Juu will be attending college in Thailand in the fall and is training his younger 12-year old brother to be responsible for their family and the village.

Mr. Juu described his typical day, “I get up every morning and make sure there is food available. Then, I dress up and go to work. After work, I come home and tutor the children to make sure they finish their homework.”

Mr. Juu is 23 years-old with significant responsibility. I wonder how the village would fare without someone as dedicated and resilient as Mr. Juu. Mr. Juu feels that education is the key to their future. He said, “Going to school is the best thing for my village. The children must learn English, so that they can get good jobs. Tourism is growing in Luang Prabang. But, you must finish school and learn English.”

My conversation with Mr. Juu encapsulates the sub-theme of hope through education for the Lao hill people. Mr. Juu has experienced the benefits of education in his own life. Mr. Juu is a self-taught man who has used his education to get a job and provide for his village. Today, he emphasizes the importance of education among his younger brothers and adopted son. Through education, Mr. Juu sees an opportunity to improve their lives. This is why he continues to tutor the village children. Mr. Juu said, “When I come home from work, I make sure to look at the children’s grades and report cards. If they do not do well, I tell them to improve. I look at their homework and make sure it is okay.”

Mr. Juu said that after he finishes college, he intends on coming back to his village and help his people. During our conversation in his humble home, Mr. Juu poignantly expressed his need to return to the village:

I cannot leave this place. This is my home. You look at me and I wear nice shirts and pants. But I am from the mountains. I will always be from the mountains. That is why when you sleep in the hotel, I come back here and sleep on this bed. This is where I am from.

Summary

The themes introduced in Chapter Five through the conversations and my own understandings about malaria prevention in Laos were (1) Lao healthcare, (2) meanings of health (3) malaria control and prevention, (4) village relocation and (5) education in

Laos. Inadequate healthcare and the challenges of mosquito net distribution has shaped the malaria prevention story in Laos, reinforcing the need for new ideas such as the incorporation of traditional healing practices and understanding the hill people meanings of health. Despite my pre-judgements of village relocation, the narratives shared by my conversation partners revealed a new story of village relocation as an opportunity to start new lives by receiving access to new land to grow crops and schools to educate their children. Moreover, these stories shed a new light on the Lao government as an administration that supports the hill people. Surprisingly, education emerged as a theme in the research. Education was realized as a course for new thinking and hope.

The conversations with Lao hill people, village leaders, malaria control workers, healthcare professionals, Hmong refugees living in the U.S., Lao citizens and a traditional healer provided a diverse range of narratives that tell a larger story of the malaria epidemic in Laos and revealed opportunities to learn about possible solutions in improving the health and lives of the Lao hill people. The collected stories offer a new way of understanding the research which can lead to new ideas for change. Chapter Six provides an analysis of the data applying the categories of health as being, forgiveness, and imagination. This secondary analysis will address the themes covered in Chapter Five using hermeneutic theory to open up new understandings of the topic at hand.

CHAPTER SIX

DATA ANALYSIS

There is always more order in what we narrate than what we have actually lived: and this narrative excess of order, coherence, and unity is a prime example of the creative power of narration (Ricoeur 1984: 22).

Introduction

Chapter Six on Data Analysis takes the selected stories from Chapter Five and uses critical hermeneutic literature to discover a deeper plot in the stories of malaria prevention and governmental resettlement. The act of narrating preserves a history that is behind us so we can have a future (Herda 1999: 127). The preservation of the research process, coupled with the participant and researcher's conversations and memories are preserved in the text so we can have meaning in front of us (Herda 1999: 128). This newly arrived text opens up a world of possibilities by calling upon the productive imagination grounded in quotes from critical hermeneutic theory and the research conversations. Herda (1999: 128) explains that the "interpretation of the text is complete when the reading of it releases an event in our lives whereby we understand each other anew, and we learn how to address our social challenges in a different light, one that gives each of us a future with dignity."

Using critical hermeneutic inquiry, I have made the supposition that the ethical wisdom to address the problem of malaria in Laos may be discovered through the narratives of our lives. Insight into developing solutions towards a better future are housed within people who have been ignored from participating in the planning process. The Lao government and many international development organizations have neglected to include these resources in its efforts to solve the malaria epidemic in Laos, marking the

point of failure for these organizations and the starting point of where my research begins. Critical hermeneutic research centers on the stories of people's lives as a way to provide insight into the topic at hand. This ontological approach views people's livelihoods as what Herda (1999: 79) describes as a "community always on its way" towards the future.

Health as Being

Gadamer's idea of health was selected as a research category and a medium for data analysis to explore the importance of understanding the Lao hill people's meaning of health in addressing the problems of malaria control and prevention in Laos. According to Gadamer (1996: 108), health transcends beyond the scientific definitions and meanings of Western medicine and practice. Health is much more than a biological condition or medical well-being of an individual. Furthermore, health is more than the epidemiology, or the causes, distribution and control of diseases in populations, of a designated population, country or village. Gadamer (1996: 112) posits:

health...manifests itself in a general feeling of well-being. It shows itself above all where such a feeling of well-being means we are open to new things, ready to embark onto new enterprises and, forgetful of ourselves, scarcely notice the demands and strains which are put on us. This is what health is. It does not consist in an increasing concern for every fluctuation in one's general physical condition or the eager consumption of prophylactic medicines.

Nor does health center on the distribution of mosquito nets as the primary means for solving the burden of malaria.

Gadamer's interpretation of health emphasizes the importance of health among the poor. This general feeling of well-being can help induce people to be open to new

opportunities and relationships. And it is the disruption of health that limits opportunities in addressing problems, continuing traditions, and being open to new opportunities.

In contrast to the epistemological approach to health, an ontological perspective is possible. Through Gadamer's interpretive understanding of health and the stories of my conversation partners, I gained new understandings of the research topic. I posit that the Lao hill people's understanding of health is different than Western medicine's understanding of health. These differences are only part of the reason why Western strategies to eradicate malaria have fallen short. There are similar parallels with the failures of Western-based approaches in international development, education and economics (de Rivero 2001: 115). The stories shared by my conversation partners and my understandings may offer new insights into addressing the topic at hand in new ways and may lead to new possibilities, giving policy-makers, health professionals and those involved in malaria work, a new context for understanding the problem of malaria in Laos. The following sub-categories that emerged from data analysis include (1) health as listening, (2) health as participation, (3) health as history and (4) health as throwness.

Health as Listening

The approach of listening is what has been lacking in the planning and implementation of health policy and practice in Laos. We must discover what Gadamer (1996: 98) describes as "fitting and appropriate" for the Lao hill people. In order to do this, Gadamer (1996: 99) suggests that we "observe and listen." Observing pertains to the way modern science has achieved describing and defining those systems which effectively sustain not only our own biological organism but also the innumerable institutions and establishments that constitute our social world. Western science has been

able to observe the biology of health to the point where there is a terminological language for nearly everything and a strategy for controlling anything it can define, such as malaria epidemics. Listening involves both the skill and ethical wisdom to understand and treat people with care through a “sensitive ear” and relationship built on trust.

The Roll Back Malaria strategies to manage malaria by tracking and measuring outbreaks are a way to observe the disease in an effort to control the disease. Although this is an important tactic in preventing malaria, it ignores the experiences and potentiality of understanding the broader situatedness of those who are suffering. By not involving the hill people in the development or implementation of malaria control efforts, there has been no listening to tap into the ethical wisdom of the Lao hill people. In the short time that I shared with the Lao, I saw they were yearning for opportunities to participate in their future. I speculate that part of the reason why they welcomed me in to their villages was because it was the first time that anyone has asked what they needed. They seemed excited to be listened to, and I was humbled to take part in the experience. I hope that government administrators and others take the time to listen to the villagers rather than implement strategies that they think will work. The Lao hill people have much wisdom and insight to share regarding efforts that seek to help them. Investing into the experiences of the Lao hill people may lead to the discovery of new strategies in health education, treatment and prevention.

Health as Participation

Health is an important aspect of Lao livelihood and its meaning transcends beyond the biological condition of the body and towards the spiritual (bad vs. good, karma), the well-being (ability to eat, sleep, work, provide for family), the cultural

(practice traditions, religion and ceremonies) and the ontological (I am thrown into this world and must live an authentic life), what Gadamer (1996: 113) describes in Heideggerian fashion, “Because I am healthy, then I am here and present in this world.” In my conversation about the meaning of health with Mr. Jan, he portrayed health as something fluid, such as a spirit that can transfer within a person to others. Although Mr. Jan is aware of the benefits of Western medicine, he understands health much differently than Westerners. Health involves the individual’s ability to control their health and well-being. This is a stark contrast with the traditional belief that spirits determine our fate. By not involving Lao hill people in its planning, the current malaria control efforts are in conflict with Mr. Jan’s belief in his ability to address the health problem. The top-down traditional approach neglects Mr. Jan’s understandings about health and creates the risk of mistrust and further exclusion.

Similar to Mr. Jan, Gadamer (1996: 100) believes that there is some control that individuals have in determining one’s health:

What goes beyond this, however, is the ‘treatment’ which we carry out with respect to ourselves, our capacity to listen to and be sensitive to what takes place within us.

When we can understand what is happening within ourselves, Gadamer (1996: 112) explains, “in those moments when we are not disturbed by pain, we are able to experience self-fulfillment among the myriad riches which the world offers to us. In these moments we are closest to ourselves.” Health allows us to enjoy life and the world around us. There is a part of health that we must proactively attain and participate in. Public health projects needs to realize the importance of our need and ability to participate in our own health.

Health as History

When we are asked by a medical professional, “what is your medical history?,” we typically describe our allergic reactions, medications, family disease history and past illnesses. When asked to talk about ourselves, we usually tell a story of where we are from and how we got to where we are today, with insights into our future. The first is technical, descriptive in nature, while the latter is interpretive, narrative in form, and assumes a certain amount of trust between the speaker and listener.

The narrative approach has the potential to discover new understandings in addressing malaria in Laos. Just like a relationship based on trust between a doctor and patient, a similar relationship between malaria control workers and Lao hill people may yield possibilities of collaboration and lead to healthier communities. Malaria control efforts may involve relationships based on trust that considers our histories, our identities, and our shared stories. Ignoring our histories abandons opportunities to understand one another.

As someone trained in the field of public health, my understandings of health have revolved around science and a positivist orientation. Public health interventions are based on the prevention of disease among populations. If we are able to prevent disease or behaviors (tobacco-use, over-eating, lack of exercise) that lead to disease, then we will never have to worry about its diagnosis and treatment. There is a depersonalization that occurs with public health practice.

Illness objectifies people by defining the person who is sick and their biological attributes, rather than their life experiences, culture and in essence, their narrative identity. A sick villager becomes a case of disease. A sick village becomes an outbreak

of disease. Multiple sick villages become an epidemic. People and cultures become populations. The objectification of health and narrowly defined language helps us understand a disease scientifically, in order to learn how to test and control diseases within endemic populations.

The public health understanding of health behaviors ignores social, cultural and traditional aspects of individuals and communities. In my professional work on preventing tobacco use among the Hmong community in the U.S., it was essential that public health interventions consider culture. For the Hmong, tobacco is used in traditional ceremonies and offered as gifts. To tell a Hmong person that tobacco is dangerous has different implications than it would with another community.

Malaria prevention measures within Laos must also consider history. While in Laos, Mai Ya-Va shared that some of the Hmong fear that the mosquito nets are used to kill them in their sleep. She explained that when the Lao government comes to educate the village on how to use the nets, the people are suspicious of their intentions. The history of the war and other conflicts between the Hmong and the Lao government continues to breed mistrust. It is imperative to work through past sufferings before implementing projects that involve the other. Distributing mosquito nets seems like a simple solution to solving the malaria epidemic, but understanding the other's past, culture, and experience may be important to consider.

Health as Thrownness

According to Gadamer (1999: 113), health is something that is unseen. Health is being alive, present in our situatedness and as Heidegger (1996: 12) coined, to be in the “thrownness” of our lives. We are essentially thrown into the world at birth and must

live our lives how we see fit: We are thrown into a particular culture, tradition, livelihood and biological condition, such as being blind or having brown eyes. Mr. Juu sees health as being able to live in the mountains, grow rice and get an education. Health is living in the world as he chooses, tied to his history, traditions and identity. It is not a biological condition, but the opportunity of living his particular throwness of life. Health is not a condition or statistical morbidity rate, but something personal and as Gadamer (1999: 100) stated, “closest to ourselves.” Thus, disease is an experience that deters us from living the life we are thrown.

We are thrown into a world and are left to make sense of the world and take action on the paths we decide to follow. An ontology of health maintains that we are beings living with others in this shared life-world. This helps me understand that my health is interconnected with others. For example, the choice to smoke cigarettes influences the health of others around me, so I must take responsibility for my actions in consideration of the other.

My exploration in to the Lao hill people’s meanings of health revealed that it is centered on the present. Mr. Juu explained that hill people are only concerned about health when it disrupts their ability to work. He places the importance of health in being able to provide for the village. This is different than my understanding of health. I desire health to live a long life and enjoy it with the least amount of impediments as possible; health is a lifelong investment and journey into the future. A dichotomy of health understandings exist between the Western, privileged, long-term approach and the practical everydayness, throwness of the Lao hill people.

The dichotomy of health understandings imparts a significant challenge in malaria efforts in Laos. Mr. Juu and Mr. Jan's understandings of health do not consider long-term consequences of illness. Disease or sickness is only relevant when it impairs daily life. Health is a present condition. Chronic diseases, such as lung cancer and diabetes, develop over time. These are illnesses that can be prevented. The concept of prevention holds that we take action in the present to influence our future. Because many hill people are more concerned about survival in the present, they may not understand prevention the way Westerners might. Public health projects that attempt to educate hill people about the prevention of diseases that they have not experienced, may not effectively reach them. A village that has not seen someone suffer from malaria may not understand the reasons to try and prevent it from happening. Programs that reveal malaria as a real disease (i.e. share stories of villagers who died of malaria) and teach prevention activities that do not disrupt their daily lives may be included in health education projects.

Towards the Horizon of Forgiveness

The path towards forgiveness includes the act of re-remembering the past. Ricoeur (Ricoeur 1995: 290) argues that we have a 'duty to remember' the past in order to honor our 'debt to the dead' and to ensure that it never happens again. Remembering and telling our stories helps to prevent forgetfulness and repeating past mistakes and atrocities.

On the other side of remembering is the act of forgetting. Ricoeur (2004: 418) says that we should not actively forget the past only to neglect what happened. We can actively forget by choosing not to recall the past. Forgetting can be a way of manipulating memories so that the aggressors, or the guilty, will no longer be prosecuted

for past actions and past events. By forgetting the past, the guilty and their victims will have difficulty in releasing the past and moving forward.

Forgiveness allows us to be free of the past and move towards the future. By remembering the past and telling our stories, we move closer towards forgiveness. In the act of remembering and retelling the past, we learn to both understand and become more acceptable of our memories. Accepting the past is a form of reconciliation that leads towards forgiveness. Without a feeling of democracy or a public sphere to have dialogue, the Lao have limited opportunities for discourse.

Forgiveness is difficult when it is not sought or there is no sign of repentance. The lack of discussion about the past and the paucity of a free press in Laos limit an understanding of shared experiences. It has been over three decades since the war. It may be important to ask, “Whom should seek or grant forgiveness?” It is also difficult when the victims or perpetrators of the wrong-doings are no longer alive to either ask for or receive forgiveness. In these instances, Ricoeur (2004: 505) suggests the appropriation of an optative use of language and thought, where we are able to forget the past by using language and living in a “disposition and a way of being in the world which would be insouciance, carefreeness.” Ricoeur (in Kearney 1999: 31) reiterates this idea:

Sometimes, some places...it is important to let go of history...to ‘actively forget’ the past in order to surmount the instincts of resentment and revenge.

The communist war veterans of the Lao government are passing away. This is an opportune time for all Lao citizens to reflect on the present and look towards the future.

Re-remembering as a Foundation for New Thinking

Re-remembering the past provides the foundation for new thinking about the future. When referring to how the Lao government treats the Hmong hill people, Da Xiong said, “I believe the war plays an important role in how we are treated. I know that because we are Hmong, we are treated differently.” It disturbed me to learn from Da and leaders from other hill people that the Lao government were charging the villagers 8000 Kip (approximately one U.S. dollar) for the mosquito nets. According to a Globalfund report, there was adequate funding to provide mosquito nets for the entire 3.6 million Lao citizens living in malaria-endemic regions (Phommasack 2002: 23). Da said that only about half of the villagers were able to afford and purchase the nets. The government promise made to international donors in providing free mosquito nets are inconsistent with reality.

Due to the Hmong’s past relations with the Lao government, the present Hmong living in Laos suffer consequences of the past. The resentment and mistrust of the Hmong are reflected in today’s development and health policies. I doubt the stories told in Lao schools, books, and media reflect the views of the Hmong and other hill people. The stories about the past have been told through the understandings of Lao government officials rather than the Hmong and other ethnic minorities within Laos. The neglect of Hmong narratives within the schools or Lao society has helped “freeze the history of each cultural group into an identity which is not only immutable but also deliberately and systematically incommunicable” (Ricoeur 1996: 7). The collective memories of the dominant Lao regime freezes the country in time which makes forgiveness more difficult. To “unfreeze” history, Ricoeur (1996: 7) suggests a “plural reading” of narratives, where

the diversity of stories are exchanged. Perhaps the Lao elite and the Hmong can share their memories and help one another “set free that part of life and of renewal which is found captive in rigid, embalmed and dead traditions” (Ricoeur 1996: 8).

Da and his villager’s livelihoods are influenced by the past through traces of resentment and revenge. Would the nets be distributed for free if the Hmong and the Lao government had, as Ricoeur (in Kearney 1999: 7) says, “worked through” the past together? Resentment and mistrust between the Lao elite and the Hmong are the emotional remnants of the Communist Revolution of 1975. This is part of the reason why the Lao have remained in the past. There is no opportunity to have conversations about the past, share understandings and move forward. The Lao have remained stagnant and this is reflected in resettlement initiatives that do not consider the other. The Hmong have had a limited opportunity to imagine something new.

It may be important for the Hmong to remember the past. But for the Lao government, there may be “too much” remembering of the past, where the Lao are unable to move forward towards a better future. Ricoeur (in Kearney 1999: 6) says:

in some places we could say that there is too much memory, but in other places not enough. Likewise, there is sometimes not enough forgetting, and at other times, too much forgetting.

I posit that the Lao have too much memory and not enough forgetting. Because of this, the Hmong have been treated poorly as the lesser citizens of Laos. They have been neglected essential services and kept from being involved in policy planning and practice at the local or national levels. The Lao government has been unable to let go of the past, think of new ideas to move the country into a better place, and involve the ethnic minorities and hill people into its thinking.

Remembering the past without the other may lead to repeating the past. By remembering the past with others, new narratives are shared, providing an opportunity for innovation. Moreover, the act of re-remembering, especially with others, helps to “work through” the past, in hopes to move on. We may also experience a sense of mourning by remembering our past regrets and sorrows. We distance ourselves from the narratives we hear and tell, critique and then learn from them.

According to Ricoeur (in Kearney 1999: 7), memories must not only be understandable, they have to be acceptable. In recalling the past, the Lao can distance themselves away from the past and learn to accept what has happened, who they were and what they have become. In doing so, they may be able to understand who they want to become.

The Risk of Forgetting

The act and duty of remembering the past is conditional to Ricoeur. Ricoeur (in Kearney 1999: 31) explains that there are other times when it is important to let go of history to “actively forget the past in order to surmount the instincts of resentment and revenge.” To some degree, the Hmong and Lao have forgotten the past. However, the traces of the past war between the Hmong and Lao government are the resentment and mistrust between them.

Before I traveled to Laos to have my research conversations, I had the prejudice that government relocation policy was nothing more than a government ploy to control the Lao hill people. I saw relocation policy as a way for harboring anger from the past war. In my research conversations, I have learned that the Lao government has not shared their resentment very well to the younger generations. My friendship and

countless conversations with Ayer Lee shaped my understandings of the Lao government as corrupt and hateful of the Hmong. I came to view the Hmong living in Laos as “sitting ducks,” awaiting further persecution by the government.

I heard and read stories that Lao hill people were treated poorly and persecuted by the Lao government. However, my research conversations with the Lao hill people and other Lao citizens revealed a different narrative. I learned of multiple narratives that reflect a Lao administration that is either despised or revered. I found that most Lao hill people were happy with the resettlement to the lowlands. Da said that they have better access to education, healthcare and other essential services. The Lao government has built schools and provided land to grow crops. Da and many of my other conversation partners believe the government has good intentions for resettlement, including the improvement of education, health and environment. It seems that the Lao are beginning to forget the past. What does this mean for the future of the Lao hill people? The fear is that without understanding the past, we are at risk of repeating it. There is minimal critique of current policies and without a public medium for discourse, the hill people have limited opportunity to improve their lives; they remain poor, sick and uneducated. There is a risk of prolonging the present situatedness and suffering in the shadows of the past.

Within the Horizon of Forgetting

The Lao are within the horizon of forgetting. However, the path towards forgetting has not included forgiveness. Mai said that the Hmong do not have a word for forgiveness and do not understand its meaning. As the Lao government “old guard” passes the reigns to the younger generations of Lao, the opportunity for a new

relationship between Laos' ethnic minorities is possible. My conversations with Tengher and other Lao citizens who were born after the Communist Revolution show me that the resentment has not been handed down to younger generations of Lao. These young government workers tell me that they want to help the hill people. My conversations with the hill people revealed the same sentiment. The Lao are in a moment in time where they may be able to forget a past that has been created by their predecessors and discover a new narrative that is as Ricoeur (1992: 172) envisioned, "aiming towards the good life with and for others, in just institutions."

Shared Narratives

As opposed to the past memory that repeats, there is the memory that breeds innovation. In recalling memory, we can learn to understand the past and critique to recognize what is useful and what is not. We learn to imagine something new and different from the past by learning from past mistakes. Ricoeur (2004: 25) says:

To call up the past in the form of an image, we must be able to withdraw ourselves from the action of the moment, we must have the power to value the useless, we must have the will to dream. Man alone is capable of such an effort.

Laos is lacking the public space to have dialogue in recalling the past. The narratives in Laos exclude the Lao hill people. The hill people that I spoke with have been neglected from any public health or resettlement initiatives. The research data reflects the lack of "fusion of horizons" between the people being served and those trying to help. If there is true solicitude as the words "public health" implies, then there must be a shared understanding or fusion of horizons to bridge the connection. A medium for inclusive discourse is needed for shared narratives. My conversation with Mai revealed the importance of shared narratives.

Mai believes that there is no longer a need for forgiveness, but rather a conversation between the younger generations of Lao and Hmong to discuss the past, the present and decide where they should be headed. Mai explained that the Hmong language does not have a word for forgiveness and most Hmong would not be able to understand its meaning. The other difficulty towards reaching forgiveness is determining who should seek and receive forgiveness. The only one who can forgive is the victim. Ricoeur (1996: 10) argues that giving forgiveness is a type of charity. Charity should be regarded as a surplus of compassion and tenderness (Akrivoulis 2003: 11). The Lao hill people may find it difficult to be charitable when they remain hungry and sick.

Since many of the former Lao communists that resent the Hmong have either passed away or are older, it is the responsibility of the new generations of Lao and Hmong to create a new narrative that is shaped by the shared experiences of all Lao citizens. Ricoeur (2004: 346) argues that we can understand our past as the past, by pairing it with our future and present. Re-remembering the past is not merely a retrospective look into the past but a guide into imagining a future.

Imagination: Out of the Quandary and into Tomorrow

Imagination is a far cry from what we know as fantasy. Imagination is less about make-believe than it is about what we believe we can make. Imagination is based on the reality of the present, yet invested into the future. Imagination remains the key to innovation, which discloses possibility (Kearney 1998: 9). The act of imagination does not come easily. There must be a degree of freedom for imagination to emerge from a person or community. The paucity of a public voice in Laos, tied with decades of trauma following the Communist Revolution, fosters a socio-political environment where

imagination is hindered. Communities must be in a space where differences are recognized, but shared understandings drive new meanings and ideas for thriving together in this world.

Kearney (1998: 149) tells us that imagination is not confined to circles of interpretation; it provides us with a world of action. It is through narratives that imagination can ignite action. Ricoeur refers to the social imaginary as “that body of collective stories, histories, and ideologies which informs our modes of socio-political action” (Kearney 2004: 6). Shared narratives allow others to acknowledge and learn to accept differences and similarities, which may be an initial step towards acting upon what has been imagined together. The narratives shared by my conversation partners, which included Lao hill people, malaria control workers, Hmong refugees and other Lao citizens provided stories of malaria and education where imagination can have a place for action.

Imagining The Malaria-free Village

With nearly 300,000 people infected each year, malaria continues to be a major public health threat in Laos, despite the inordinate quantity of mosquito nets intended for distribution by the U.N. During my visits to several Lao villages, I was surprised to see very few mosquito nets. Dr. Vilasihn, director of the National Malaria Control Program, told me that they only have enough nets for half of the people living in areas at-risk for malaria. It was even more disturbing for me to learn from both Hmong and Khamu village leaders that the nets were being sold to them. If the nets are not distributed to the people, I question where all the nets or the funding for the nets have gone. Dr. Vilasinh hoped that more malaria nets would be available if Laos receives more funding from

international development organizations. Dr. Vilasinh did not explain why the supply of mosquito nets has vanished. I wonder if Dr. Vilasinh ever imagined alternatives to mosquito nets, such as planting lemongrass in the village to ward off mosquitoes or creating programs where villagers can weave their own nets. Imagination seeks alternatives and before it is created, it must first be imagined through the shared understandings of both malaria control workers and Lao hill people.

In the contest organized by Ang-Kana, competition allowed the villagers to take ownership of the problem and be an important part of the solution. It helped to initiate discourse about the problem of malaria within the village, while simultaneously educating the villagers on its causes and the preventive measures. Such a project helped to form a sense of community among the government officials and villagers. Perhaps a similar project could be developed in Laos. I remember giving this idea to Tengher Faxao, a malaria control worker, and he thought that it was a good idea. More imagination is needed when current strategies are failing.

Imagining a Fusion of Health

For a country that has retained their strong sense of culture and traditions, Laos seems to have adopted Western medicine practices in its healthcare system. Although the Luang Prabang hospital that I visited had old equipment, the medical facility was still modeled after those in the West, with similar staffing structures (medical assistants, nurses, and doctors) and basic treatments (vaccines, medications and blood transfusions). There was no use of a shaman or traditional medicine, such as herbs or chanting. Dr. Kampeng believed shamans are for villagers that do not have access to doctors. Essentially, shamans are only for the poor. I wondered if he ever imagined combining

Western medicine with traditional healing practices. This may be a way of incorporating Hmong traditions and a sense of belonging. This fusion of healthcare may allow Lao hill people to appropriate malaria control and prevention efforts. What would happen if it was imagined that traditional healing was an important aspect of health?

Her Yang, a traditional shaman, believed that Western medicine was separate from traditional healing. Her believed that Western medicine is suitable for treating diseases and the biological agents, such as bacteria or parasites that cause disease. According to Her, the shaman's role is to heal a person's spirit. She said that if there is a spiritual problem, "it may be because your spirit has gone and cause trouble...then I am here to help." Her explained that the body is intricately tied to the spirit, where if your spirit is evil or if it has left your body, then you will be ill. Her's role as a shaman is to get the spirit back to the body. I asked Her if the Lao hospitals allowed shamans to perform healing ceremonies with patients and she told me that the Lao do not allow shamans in the hospitals. Her said that shamanism has helped some patients when western medicine was unable to help. It may be helpful if Lao healthcare workers imagined combining Western medicine with traditional healing. Both traditions could realize each other's benefits and limitations to provide quality healthcare that combines the technological advances of modern medicine with tradition. This involves a broadened horizon of health which encapsulates multiple meanings of health, such as health as being and scientific knowledge. A similar idea of combining Western models with traditional healing could be powerful when applied to malaria control efforts. However, to become a reality, these ideas must come from the imagination of the Lao and others who are involved in malaria work.

Gadamer (1996: 101) recognizes the value of Western medicine but also believes in what Husserl called, the “shared life-world,” where we are all interconnected and “partners in a life-world which supports us all.” There is a double obligation for people practicing medicine and the public health community to combine specialized skills and abilities of modern medicine with participation in the share life-world. Malaria control can combine the technical and practical uses of mosquito nets, indoor insecticide treatment with the understanding that everyone is interconnected in this shared life-world. This is a good example of linking tradition and creating something new. Solutions to the problems that we face need to involve the other in its thinking.

Imagining Education

My family has always stressed the importance of education. I have learned that receiving an education helps our social and mental development and opens up opportunities to find employment, ultimately providing a means for food, clothing and shelter. Many of the Lao hill people told me that education is key to a better future. Mr. Juu is a prime example of a Lao hill villager who has used education to improve his livelihood. Da said that it is rare for a villager to complete high school. I question the benefit of Lao education if most children do not have access to it beyond the fifth grade. I wonder how the hill people learned to value and imagine education as a means to a better life. How have the hill people been able to imagine education as a means to improve their livelihood?

Mai was skeptical about the need for education. With limited opportunities to find work, even with a college education, I can understand her critique of education in Laos. The promise of education is an unfulfilled promise. Mai expressed that the

Hmong should not “want an education just because the whole world gets education.” Mai feels the need for education should not be based on the status quo. Education is worthless as an unfulfilled promise; it needs meaning. This is why imagination must be realized through an understanding of the past and aimed towards the future. Ricouer (1988: 181) says that, “the empty place to be filled by the imaginary is indicated by the very nature, as nonobservable, or what has been.” Shared understanding may breed the social imaginary. Mai suggested, “the community should get together as a group and decide on how education can help their people.” Through conversation and open discourse, the Lao hill people can reconfigure the story of education to realize its potential and limitations. Imagination is not a utopian vision, but a projection of the future based on the realities of the present. These realities can be established through the shared narratives of the Lao.

Summary

Chapter Six discusses the analysis of the themes presented in Chapter Five. The analysis is used to reconfigure ideas of Western models of health in solving the malaria crisis towards an ontological understanding of health that incorporates the past, culture, and traditions. The research categories of health as being, horizon of forgiveness and imagination were used to guide the analysis of the themes generated by the narratives told in my research.

Health as being reflected alternative understandings of health that highlight the importance of listening, history, participation and thrownness. Lao culture and traditions are great assets for improving the livelihood of all Lao citizens. There is much wisdom in the experiences and practices of the Lao people. Traditional healing and the

incorporation of tradition can be used to complement public health projects aimed at malaria prevention. The horizon of forgiveness guides the reflection of understanding the time and space of forgiveness for the Lao government and Lao hill people, especially the Hmong. Imagination is used to reflect the possibilities of the malaria-free village through alternative thinking. Imagination helps to refigure a fusion of traditional healing into public health practice and a refiguration of education. Chapter Seven finalizes this dissertation with a summary of research findings, implications, recommendations for future research and a final reflection of the researcher.

CHAPTER SEVEN

RESEARCH FINDINGS AND IMPLICATIONS

As a researcher, one's charge is not to merely represent or symbolize human affairs by creating a contrived correspondence between propositions and what they denote. Rather, the charge is more inclusive—to disclose a world of our participants and ourselves (Herda 1999: 93).

Introduction

Chapter Seven presents a summary of the research project which includes a review of the research topic, the literature review, description of conversation partners, theoretical framework, research process and findings. I also discuss the implications of the research and suggestions for further research. The dissertation concludes with my personal reflections of the research topic and thoughts on the research experience.

Summary of the Research

This research studies public health efforts to combat malaria in Laos and explores the rural development initiative to relocate Lao hill people, from the highlands into the lowlands. The two initiatives are linked in that village relocation has led to malaria outbreaks—one of several consequences attributed to resettlement in Laos. Through conversations with Lao hill people, Hmong refugees, malaria control workers and Lao citizens, practical wisdom and insight into moving towards a better livelihood for the Lao was revealed. Conversation partners included a diverse range of human experiences from Khamu village leaders, a Hmong shaman, and administrators from the Lao National Malaria Control Program.

To provide a context for the research site, the history, development and political landscape of Laos was presented. The country of Laos is largely governed and influenced by the military regime that came to power after the Communist Revolution in

1975. Traces of the war continue to agitate the lives of Lao hill people and other ethnic minorities.

The review of literature presents the background of the research topic, describing the context of governmental resettlement, the malaria epidemic and the United Nations Millennium Development Goal to eradicate malaria in Laos. The Western-based public health approach to malaria is examined to impart a positivistic orientation. Critical hermeneutics of health is discussed as it related to health as being. There is also a discussion on the three major critical hermeneutic concepts towards the research topic, including the ontology of health, memory in the horizon of forgiveness and imagination.

The research protocol was guided by the critical hermeneutic tradition as described by Herda (1999). The research categories guided the conversations and text analysis to be deciphered into implications of the research. Data is collected from transcribed conversations and experiences of the researcher to discover a plot in the collective story of malaria prevention and resettlement initiatives in Laos. The themes that surfaced out of the data were Lao healthcare, meanings of health, malaria control and prevention, village relocation and education.

Research Findings

The conversation narratives, text analysis and findings of this research show that a fundamental reorientation of malaria control and resettlement initiatives in Laos may be necessary to overcome the limitations which persist in current efforts. The findings of the research are (1) health as a fusion of meanings, (2) forgiving, forgetting and moving forward, (3) imagination and (4) education.

1. Health as a Fusion of Meanings

Health transcends the epistemological meaning of health. Health is a condition of being involved in the world with others and actively engaged in what life has to offer. Health has many meanings and understanding them may shed light on the best way to shape public health policies and programs. To understand the Hmong's understandings of health, there must be an understanding of the Hmong's history, culture and traditions, with an outlook that they are a "community on the way" towards a future that can be envisioned together with others.

Hence, it is important that public health efforts by the Lao government, international development organizations and initiatives and others working on malaria control and prevention, focus on a broader meaning of health. They can have an understanding of how the Lao hill people view health in order to have a better context in providing public health services.

Examples of different approaches towards public health are many. Perhaps mosquito nets could be delivered as a gift that can then be transferred from the village chiefs to the villagers. Traditional ceremonies and shamans may be useful resources in health education projects. The transferring of the nets can be represented and regarded as transferring health from one person to another. This may help ensure the proper use and value of the nets by incorporating and helping to sustain tradition.

2. Forgiving, Forgetting and Moving Forward

By telling our stories and re-remembering a painful past, we are able to move a step closer towards forgiveness. By accepting the past, we are able to forgive and move forward. When there is too much memory of a painful past, Ricoeur (in Kearney 1999:

31) suggests that we attempt to “actively forget the past in order to overcome instincts of resentment and revenge.”

The Lao have been limited by the lack of forgiveness, absence of a public sphere and corruption by authoritarian elites. The Lao have remained frozen in time with little opportunity to imagine. Re-remembering the past can help to refigure the past into the present so that they may have a future. There needs to be a public space for mutual understanding and conversations.

The Lao are within the horizon of forgetting. The Lao are at a crossroads for re-remembering and forgetting the past. The government elite from the Communist Revolution are getting older and passing on. There has been little reflection of the past and the emotional remnants of the War have not been passed over to the younger generations of Lao very well. The younger generations of Lao and hill people have an opportunity to re-imagine a new future for Laos. The Lao are at a moment in time where they can attempt to forget the past and imagine a future with all Lao citizens.

The Lao are anticipating a new story to be experienced. The ice is slowly melting with time and new narratives may be realized with the new generations of Lao and Lao refugees anticipating to help their people. Although the research has shown that relocation has benefited Lao hill people, many consequences of resettlement such as malaria exist and must be addressed. As hill people continue to resettle closer to the cities, opportunities for partnership may be identified. More importantly, mutual respect and a responsibility in the care for one another can be realized.

3. Imagination

Imagination is critical for the Lao hill people in improving their poor conditions and every day lives. Imagination realizes a future through an understanding of the past. The research conversations are replete with examples that imagination is vital to the livelihood of the Lao hill people. The director of the Lao National Malaria Control Program did not imagine solutions or alternatives to the lack of mosquito nets. However, it came through the imagination of Ang-Kana that village competition would be a successful way of combating malaria.

If innovative projects were imagined, such as using story-cloths for teaching hill people about malaria, then the capacity to address malaria enhances. Incorporating traditional healing practices, such as shamanism into Western-medicine may no longer be imagined as for the poor, but as viable resource.

4. Education as Hope

Education emerged from my research conversations and analysis, and became pertinent to the research topic. After visiting three hill people villages and talking with Lao citizens, education surfaced as a recurring issue when discussing their hopes for the future. Mr. Juu imagined education as the key to a better future for his village. The prospect of education gives hope to the Lao hill people. However, hope within the Lao educational system is limited if most villagers do not have access to education beyond primary school.

Although Da and other hill people imagined education as important to their futures, Mai expressed the importance of understanding why education is important. The Hmong and other Lao hill people need to be critical of how education can benefit their

lives. Education needs to have meaning if the hill people are to invest in it. Imagining education is fruitless unless it is tied to meaning. The social imaginary is a collection of shared experiences that informs our socio-politico actions. We imagine actions that may lead us towards a better life. However, for these shared experiences to be shared and realized, a medium for new conversations must be made possible.

Implications for Practice

This research project has significant and direct implications for leadership, program and policy development and program evaluation. These practical implications for international public health programs and rural development policies include (1) linking program and policy planning with shared narratives, (2) coupling program policy evaluation with narrative assessment and (3) leadership refigured as village narratives. The following implications are addressed to the leaders who develop and assess programs and policies in international public health and rural development.

1. Shared Narratives in Program and Policy Planning

Program and policy planning can incorporate the use of shared narratives. Whether it is the development of relocation policies or strategies to combat malaria, programs may benefit by considering the shared stories of those who are the focus of receiving assistance. The process of shared narratives seeks meaning. This is much different than planning based solely on statistics, since shared narratives consider history, culture, tradition and fosters a relationship between professionals and those they serve. Involving communities that are typically neglected in the planning process opens opportunities for alternatives and new thinking.

Shared narratives in policy development can lead to imagination and then action. By sharing their experiences and ideas, Lao hill people may gain a sense of ownership with the proposed plan and lead to an appropriation of the policy or program. Together, hill people and Lao administrators in health and development can imagine the malaria-free village. They can answer the question: What does the malaria-free village look like and how do we get there? However, there needs to be a public space for narratives to be shared. This public space may liberate mutual understanding, trust and a sense of responsibility for one another to be appropriated and crafted into policies and programs.

2. Narrative in Program Evaluation and Assessment

The use of narrative assessment in program evaluation may complement evaluation plans that are based on quantifiable outcomes (number of nets distributed, number of malaria cases). Program evaluation is used to improve and determine future program funding and support. Learning about people's experiences through conversations and the stories they tell may reveal new understandings in determining a program's progress and limitations.

Measurable outcomes established thru the use of science-based tools, such as surveys, Likert scales, and tallying, can be used to quantify progress towards specific objectives. However, these tools are less fit to elicit meanings of the program on a community's livelihood. A large number of nets distributed do not always translate to less malaria deaths. Nor does this statistic explain why nets are not being distributed or why villagers do not use them. The example that the nets can be perceived as a way to kill the Hmong while they sleep presents an instance how narratives may reveal a deeper

understanding of mosquito net usage. Programs need to improve in understanding the suffering in order to address it.

3. Leadership Refigured as Village Narratives

Leadership may be refigured through the inclusion of village narratives. Village elders and headmen provide a traditional sense of leadership through their title and designation based on tradition and responsibility. The inclusion of village women and children may offer new leadership opportunities in taking responsibility for the livelihood of their community. Leadership is not defined by one's characteristics, but by the event of doing. Leadership is reflected in the act of participating in improving village health. Leadership may be refigured through the participation of village women and children in health education.

Ayer Lee referred to the practical use of story-telling within the Hmong community, where story-telling can be used to educate villagers about various health issues. Village woman can weave Hmong story-cloths to tell the malaria story. The story-cloth becomes a text that can be shared among the villagers to learn about the transmission and prevention of malaria. Such a project may allow international public health projects to involve Hmong women in providing health education.

Children may also offer leadership in the village by educating their families and villagers from what they are taught in school. The story of the Hmong leader and his children present the value of this refigured leadership. The children gain awareness of taking care of one's health and then educate their families and village. International public health projects may work together with the Lao educational system in conducting health education projects for Lao hill people.

Suggestions for Future Research

The act of emplotment involves the configuration of scattered events that tell a story. The nature of narrative gives way for a story to include discordance, contradiction and gaps in the story. In essence, there are many stories yet to be told in my research project. Future research may be able to tell these stories.

1. The Hmong Refugee Relationship with Laos

With thousands of Hmong refugees now living outside of Laos, many still have deep concerns about the family and country they left behind. Ayer Lee told me that he is always mindful of political developments in Laos and looks for ways to help his family still living in the mountains. Discovering new knowledge around Hmong refugees and their relationship to Laos may elicit new ideas for providing support to those left behind.

2. Implications on the Loss of Shamanism

As the hill people continue to resettle near cities, it would be interesting to learn how migration influences the practice of shamanism. One of the major goals of the Lao government is to integrate the hill people into a Lao national culture and society. If shamanism continues to be viewed as “medicine for the poor,” it will be interesting to learn the implications of the loss of shamanism. Does the loss of shamanism influence a change in identity?

3. Understanding other Lao Hill People

Although this research centered on the experiences of the Lao hill people, a majority of the research focused on the Hmong. A broader understanding of the Lao hill people’s experiences may be gained by studying other ethnic minorities in Laos such as the Akha, Dao or Shan.

Personal Reflections from the Researcher

Allow me to recall the story of my experience during the International Development Conference at Loei Rajabhat University in May of 2008. It was during the conference that I heard from several Thai doctoral students and professors that the Lao were lazy, uneducated, and dependent on Thailand. I had the impression that the Thai, albeit highly educated development professionals, felt that they were better people due to the progress in development, education, technology and socioeconomic status that Thailand has experienced during the past few decades. After hearing the unflattering opinions of the Lao, I was inherently disturbed to hear degrading sentiment of a people that I had found humble, polite, and giving. After leaving Loei, I remembered feeling a sense of guilt for not speaking up and defending the Lao. I was happy that Dr. Herda spoke up and expressed her feelings regarding the Thai-Lao relationship and suggested that the Thai respect their Southeast Asian neighbors. But, I felt as if I had little experience to express any strong opinions about the Lao or to disagree with the Thai.

After experiencing this rich and unforgettable research process, I now know how I could have responded. I would have told the Thai scholars that the Lao offer humanity something that most are unable to achieve—hope in a desolate situation. Each time that I visited a Lao village, I was always astonished by the villager's unyielding hope and promise for tomorrow. There is a Southeast Asian proverb that describes the Lao: "The Vietnamese grow the rice. The Cambodians watch the rice. The Lao listen to the rice." We can all learn from the Lao to listen and begin to understand the people around us. Learning the importance of listening is what I will take back with me in my profession as a public health educator.

Allow me to take a final turn in my reflection to discuss health. Health is the most important aspect of life. Living requires health. The necessity of health is what has drawn me to fight for it—whether it pertains to its accessibility, disparities or education. Without health, we cannot live out the thrownness of our lives. Leaders in health are able to make decisions that shape our destinies, more so than any other issue. De Blij (2009: 141) says that such “decisions in areas such as education and religion, while important for the future of their young citizens, do not normally have life and death consequences. But when governments take initiatives in the public health arena, they touch the destinies of millions.” Leaders in public health have a responsibility and opportunity to save lives. A doctor can save one life at a time, while the public health leader can save communities.

The research has drawn me to think more critically about my own praxis as a public health professional. It is only within the past 40 years that public health has shifted its approach in health promotion and prevention from educating communities to involving communities in the education process. The civil rights movement and notably, the writings of Paolo Freire influenced a cadre of public health professionals towards ideas of community organizing. This set forth a framework that looks into involving the very communities that they are attempting to provide health education for. Involving the community in health programs from its initial stage of program development through implementation and into evaluation would garner better health outcomes. Community-based models of public health continue to dominate the field in how it provides services to the population. In addition, community-based participatory research are considered valid and favorable in both academic and practical applications of public health. Critical

hermeneutic participatory research allowed me to take a critical look at the paradigm of public health that has been engrained in my understanding.

Although I have been entrenched in this thinking, I realize that even these “grassroots” approaches to public health are still epistemological. Despite the consideration of the other, the practice of community-based models rarely involves genuine leadership and ownership from the community. Its progress remains based on health outcomes and its orientation towards health lies in the objectivity of science. The scientific worldview limits community-based models of health as the quantifiable absence of disease. In a way, public health today acts in the guise of the hermeneutics of oneself as another.

I hope that this research has contributed to the understanding of the growing malaria crisis in the Lao People’s Democratic Republic. What drew me towards this research study is how critical hermeneutic participatory inquiry involves an active engagement of addressing a problem. In this case, hundreds of Lao hill people continue to die from malaria each year. This type of research implies that new understanding has the potential to save lives from this deadly disease. Saving lives is the reason that I chose the field of public health and this research granted me an opportunity to combine my educational, professional and personal aspirations.

According to Ricoeur (1982: 143), we always come away from a text with an “enlarged self.” This research has changed my understanding of public health practice. I plan to continue my work in public health with a different approach that seeks to foster relationships with the other, take advantage of existing wisdom and share my experiences, knowledge and prejudices through shared narratives and collective action.

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Appendix A

Map of Lao People's Democratic Republic



Appendix B Millennium Development Goals

MILLENNIUM DEVELOPMENT GOALS TO BE ACHIEVED BY 2015

- **HALVE EXTREME POVERTY AND HUNGER**

1.2 billion people still live on less than \$1 a day. But 43 countries, with more than 60 per cent of the world's people, have already met or are on track to meet the goal of cutting hunger in half by 2015.

- **ACHIEVE UNIVERSAL PRIMARY EDUCATION**

113 million children do not attend school, but this goal is within reach; India, for example, should have 95 per cent of its children in school by 2005.

- **EMPOWER WOMEN AND PROMOTE EQUALITY BETWEEN WOMEN AND MEN**

Two-thirds of the world's illiterates are women, and 80 per cent of its refugees are women and children. Since the 1997 Microcredit Summit, progress has been made in reaching and empowering poor women, nearly 19 million in 2000 alone.

- **REDUCE UNDER-FIVE MORTALITY BY TWO-THIRDS**

11 million young children die every year, but that number is down from 15 million in 1980.

- **REDUCE MATERNAL MORTALITY BY THREE-QUARTERS**

In the developing world, the risk of dying in childbirth is one in 48. But virtually all countries now have safe motherhood programmes and are poised for progress.

- **REVERSE THE SPREAD OF DISEASES, ESPECIALLY HIV/AIDS AND MALARIA**

Killer diseases have erased a generation of development gains. Countries like Brazil, Senegal, Thailand and Uganda have shown that we can stop HIV in its tracks.

- **ENSURE ENVIRONMENTAL SUSTAINABILITY**

More than one billion people still lack access to safe drinking water; however, during the 1990s, nearly one billion people gained access to safe water and as many to sanitation.

- **CREATE A GLOBAL PARTNERSHIP FOR DEVELOPMENT, WITH TARGETS FOR AID, TRADE AND DEBT RELIEF**

Too many developing countries are spending more on debt service than on social services. New aid commitments made in the first half of 2002 alone, though, will reach an additional \$12 billion per year by 2006.

Appendix C
Research Participants

Name	Age Range (years)	Title/Affiliation	Organization (if applicable)
Tengher Faxao	19-25	Malaria Control Worker	Luang Prabang Hospital
Mr. Jan	19-25	Lao Citizen	
Mr. Juu	19-25	Hmong Village educator	
Dr. Kampeng	40-50	Chief Medical Officer, Malaria Program	Luang Prabang Hospital
Ang-Kana	40-50	Director	Malaria Control Program, Loei Public Health Center
Ayer Lee		Program Specialist, Hmong refugee	Lao-American non-profit organization
Moua Moua	50-60	Hmong Village Chief	
Sourkiri Moua	35-45	Hmong Village Chief	
Dr. Vilasinh Sinhtharapagne	40-50	Deputy Director	Lao National Malaria Control Program, Bo Keo Province
Somphanh	50-60	Khamu Village Chief	
Thongphanh	50-60	Khamu Village Chief	
Chai Xiong	25-35	Hmong refugee	
Da Xiong	50-60	Hmong Village Chief	
Her Yang	60-70	Hmong Shaman, Lao Citizen	
Mai Ya-Va	25-35	Hmong refugee	Sacramento School District

Appendix D Letter of Invitation

Date

Participant Name

Title

Organization

Address

Dear Mr./Ms.:

Thank you for agreeing to participate in my research study. This research examines the current governmental resettlement of the ethnic minorities (Lao Loum) in the Lao People's Democratic Republic. Resettlement has contributed to many deaths from malaria and the current efforts to address the epidemic calls for critique. It is my hope that this research will provide insight and implications towards finding a solution to the malaria crisis in the Lao PDR.

Please sign and date the consent form. This will provide permission to audio-record and transcribe our conversation(s) to be used in my data analysis. Following our conversation, I will transcribe and send to you for any edits you may have for clarification.

For our conversation, I will have a few guiding questions to help facilitate an open dialogue concerning the research topic. Your experiences and knowledge on the topic will be valuable, as we have a dialogue, not an interview, on the current situation in Laos.

The following questions may be posed:

- Tell me about your experience and knowledge of the Lao PDR's resettlement policy.
- Tell me about your experience and knowledge of malaria in the Lao PDR.
- What does health mean to you?
- Is forgiveness necessary? Why or why not?
- What do you imagine for the Lao hill people to have a better future?

I appreciate your participation and look forward to conversing with you.

Sincerely,

Edgar Ednacot, MPH
Doctoral Student
University of San Francisco
School of Education
Organization and Leadership Program

Appendix E
Thank You and Follow-Up Letter

Date

Participant Name

Title

Organization

Address

Dear Mr./Ms.:

Thank you very much for giving me the opportunity to have a rich and engaging conversation with you. I appreciated you sharing your experiences and opinions on governmental resettlement and the malaria epidemic in the Lao People's Democratic Republic.

I have attached a copy of our transcribed conversation for your review and approval. Please review the transcription and provide any feedback, changes and/or additions that you may have. This is an on-going document and any new understandings or reflections are important to include. Please provide me with your comments by [date].

Thanks again for your participation.

Sincerely,

Edgar Ednacot, MPH
Doctoral Student
University of San Francisco
School of Education
Organization and Leadership Program

Appendix F Pilot Study Transcription

The intent of my conversation with Chai Xiong, was to address issues of health, memory and imagination, from the worldview of a Hmong refugee. The following includes my transcribed conversation with Chai on November 9, 2008. “EE” is designated as myself, while “CX” represents Chai Xiong. The highlighted markers are notes that were taken after the conversation.

EE: Can you talk a bit about your immigration story and how you got here?

CX: We immigrated from Laos to Thailand in 1984. I was nine years old. We stayed in Thailand for five years. Then, we immigrated from Thailand to the United States in 1989. I have been in this country since that time.

EE: We're there already a lot of Hmong when your family arrived?

CX: At that time, yes. In Fresno, there were about 10,000 Hmong.

EE: Was that considered the first wave or the second wave?

CX: Probably the second wave, because I believe the first wave was in the early 80's.

EE: How often does your family keep in touch with family in Laos?

CX: We have very close family in Vientiane and in the highlands and keep in touch. But before 2000, we did not keep in touch as much, because the technology and communications were not that advanced. But since 2002 to now, the government opened up communication, and it has been more frequent.

Note: Older generations have memories of the past and have difficult time looking into the future. They are repeating the memories and hence the same narrative. Younger generations don't have this memory and can think otherwise.

EE: The government became a bit more liberal.

CX: Yes, allowing more families to have phones and cell phones. I think before that, they were restricting it.

EE: With the restrictions, and close government rule, what do the Hmong think about the Lao government? Do they resent them? Is there lots of anger? I've heard so many different stories of resentment.

CX: I think it depends on the location or province of where they are from, as well as the gender and age. If you ask the older folks, they probably have more of a negative view of the government, but if you ask the younger generations, they probably have more positive in terms of how they see the government. And in the case of locations, I know that if you are in more remote areas, you might have more positive attitudes of the government, but if you are in the city, then you might be more negative, because of discrimination and oppression.

EE: How about on the government side? Do you think that its only the older pre-1975 generations that feel negatively towards the highlanders or is it also the younger generations?

CX: I think that the older generations have a lot of resentment. But for the younger, I'm hopeful. I'm hoping that the younger generations will be able to let go or to forgive that resentment because of change, because of time. But its difficult, its harder for the older folks to change from the government side, but also from the ordinary citizen side.

EE: Yes, I can see that.

CX: But hopefully, with the development and economic development, with all the different foreign aid going into the country, hopefully with that, it will not totally change it, but I think that will have some impact on how they treat and view their citizens, especially the Hmong, because one thing I know, when the government asks for foreign aid, they will target mostly Laotian citizens in the city, but they use the Hmong poor condition as a rationale to . . .

Note: Resources are not the issue. Memory of pain influences development or lack thereof.

EE: Get that money.

CX: But I'm not sure whether that money gets to where its supposed to.

EE: I think that from what I've read and heard, that they use some of that money for nets, healthcare services and development projects in the uplands, but I've also heard stories that there isn't enough healthcare or services, that they are just doing the bare minimum for those communities, because just like you said, they can get all this money, but only provide minimal services, and part of it is that resentment that you were talking about. That history is still there. And greed is part of it too, possibly.

CX: Yeah, and a few weeks ago, I talked to a student. For an exchange program, she went to Thailand for her studies and she told me that the same situation, that the Hmong

situation in Thailand is very similar with the Hmong situation in Laos. When you travel around the country, when you travel around the Hmong village, they are probably the same as the villages in Laos, in that the government in terms of development, when the Thai government talk to the outside foreigner, they will present that we treat all minorities and all people in our country the same, that we're providing the same services. But in reality, that's not the case. When you go to the Hmong city or Hmong town, you can see that significant difference, in terms of the economic development and education. No school, no healthcare. That's an issue in Thailand also.

EE: Yes, and I know that the Royal Thai government are pushing them back and deporting them back to Laos. There is this whole struggle between both countries. It's like ping-pong, going back and forth. It's amazing what that can do to a community. There are grave implications. People are dying from malaria. People aren't going to school. It's scary.

CX: Yes.

EE: The last time we spoke, you talked about two relatives that had malaria.

CX: I talked to my parents and that those two cases, they had symptoms from malaria or similar to malaria. The kids were my cousin's daughters and this happened in 2002. Those two children had fever symptoms, then after two days, they just died. They believed that this incident was tied to their spirit, but I know the reality that this was from a medical cause. I was doing some reading on the internet on malaria and I didn't know it was such a deadly disease if it's not treated. I didn't think it was fatal disease, but it is. I was thinking, wow!

Note: Chai didn't know malaria was deadly. How could his family in Laos know?

EE: Absolutely! There are thousands of cases of malaria in Laos.

CX: And over there, two of my cousins...they just had a fever. They didn't know it was Malaria. They thought that it was just a light fever and that's it.

EE: What do they think it was due to? How do they think they got the "fever?"

CX: I don't think that they know that the disease can be transmitted through mosquitoes. I'm not sure whether they know that or not. And I don't know if they were given nets or not.

EE: I'm wondering how they think malaria is transmitted. If it's not transmitted by mosquitoes, then what else?

CX: I don't think that the majority know how the disease is transmitted.

EE: Right now, the ministry of health coordinates the National Malaria Control Program, which is in charge of the country's major malaria control efforts. They are funded millions of dollars by the World Bank and Global fund to distribute nets, track disease prevalence and educate people on prevention. The project proposes to extend its efforts out into the mid and highland areas and work with the villagers in anti-malaria promotion. These two agencies have given them nearly eight million dollars over the past eleven years eradicate the disease, but not much progress has happened. I wonder where this money has gone. I think their efforts have not reached many of the villages that they proposed. It is more likely that they have concentrated on helping ethnic Lao in the cities. It's the bare minimum effort, to get that money into the country.

Note: This needs to go beyond training leaders. It had to involve them from the identification of the issue and then the development of a solution, or imagining how the future will look.

CX: And even with that bare minimum, it mostly goes to the Laotian citizens in the Lao cities and only about twenty-five percent of that goes to people who really need the services.

EE: And I also question whether this strategy is the right one. Is the distribution of nets the best way of decreasing malaria? Do you think that if you hand someone a net, and tell them to put it over their bed, then that is enough?

CX: I think that you need to educate them on how and why they need to use the net. Explain the benefits.

EE: But what if that person giving the net and education is from the government? There are trust issues and a historical dynamic that is still present. I think that the malaria control efforts need to involve the villagers from the beginning and take ownership of the program.

Note: Memory lies in the present. Forgiveness gives a context for imagination.

CX: And this is not just with the Hmong culture. I think that with any community, you need to go from the inside to do the project. This would be more effective than a stranger coming from the outside trying to penetrate. That is going to get a lot of resistance.

EE: Exactly. And the organizations implementing the programs are often government employees or NGOs.

CX: Although they have good intentions, there will still be tension.

EE: Do you think that there is a difference between what a Hmong thinks of health, as apposed to what an NGO would think of health? Westernized notions of health understand health as the absence of disability and disease. It can be diagnosed and measured. Other cultures may look at health as being able to spend time with family or

as a state of well-being. If you feel good, then you're healthy. How do the Hmong understand health?

CX: I think that from the outside, you can look at someone and see that they don't have any physical limitations or that there isn't anything wrong with them on the outside. But, no one can tell if there is something wrong with them on the inside. There is an internal part of someone that can make them unhealthy. I think that people don't think of health that much because they are not regularly educated on it. They just don't have the knowledge for it. But, if they were educated on things like nutrition more, then they would care more. If they don't get the knowledge, then they'll just live their normal life.

EE: I hear and read stories about the Lao government being forceful in pushing some villages down to the lowlands....sometimes by gunpoint. What kind of stories do you hear in terms of relocation?

CX: I do read some stories like that on the internet, but for it to be confirmed, I don't know. But what I do know, is that the government is restricting the Hmong system of slash and burn farming. They are pushing them down in this sense, by getting rid of their way of life.

EE: And the NGOs and external development community are seeing relocation as a good thing. Relocation is seen as a way to save the environment, control drug trafficking and provide services for the upland peoples. But this is not exactly the same way that the Hmong see it. I think they see it as a way to control their way of life. It takes away resources in selling opium, food, and shelter. They may believe that the government has other intentions.

CX: Word has already gotten around that the Lao government's purpose was not to save the cutting of trees. They have been involved in lots of illegal logging. I think that U.N. has some evidence that illegal logging has been going on.

EE: And what is the number one economic export in Laos?

CX: Timber.

EE: Exactly. Hmong slash and burn agriculture takes money away from the government business in timber.

CX: Yes, and I think they are trying to hit two birds with one stone.

EE: Yes. Now, considering the future, at what point do you see the Lao government considering the other, especially the upland people, the Hmong? And what point do you see the Hmong forgiving the Lao government? Or vice-versa, the Lao government forgiving the Hmong? Do you see this ever happening?

CX: I can see it happening and also hope that it happens in the next 10 or fifteen years.

EE: Eventually, the pre-1975 officials will be out of power soon, just because of their age. And I'm hoping that the next generation of leadership will be able to consider the other, to be inclusive of the Hmong in its thinking.

CX: I think that not just the Hmong, but many Lao citizens are hoping for that too. I also think that from an international and global perspective, that is what they are waiting for too. Hopefully, with those people in government will be out of power soon, and new people will bring new ideas and change. This is a more non-violent way towards change. The Lao citizens and international community want non-violent change as well.

EE: I'm sure that they are all tired of war and violence. Where do you see forgiveness fitting in?

CX: I think forgiveness will take a very long time, for both sides, not just the Hmong.

EE: It seems like there is still a lot of resentment on both sides. The Lao government has a lot of distrust for the Hmong and can be seen as paranoid that the Hmong will revolt again. But the flames of mistrust continue to be fanned by continued Hmong revolts and more notably, the recent attempted plot to overthrow the Lao PDR. Because of all this, forgiveness is even harder to fathom, let alone do.

CX: I agree. I even heard stories of the Hmong who sided with the ethnic Lao during the Vietnam war. After they won the war, the Lao PDR still treated these Hmong with the same prejudices as the Hmong who sided against them. So, it made no difference whether you sided with the Hmong or the Lao communists. You were still Hmong and would be treated badly anyways. And this is reflected historically in our past. A Hmong lord named Fang Dang, sided with the Pathet Lao against the Royal Lao government. When the Pathet Lao got into power, they denied the Hmong lord from getting power. The communists were using Fang Dang's leadership as a way to have Hmong fight against each other and not be united. It is said that if Fang Dang never sided with the communists, then there wouldn't have been as many Hmong casualties. Because Fang Dang is Hmong, he knew how the other Hmong thinks, so that is how the Pathet Lao had an advantage in the war with the Hmong. They had one on their side. Fang Dang went through all this sacrifice, and he wasn't even able to have a place in power. It got him nowhere. He should have been in a very high position, since all of the other Pathet Lao military leaders were able to get leadership position in government. They still do today.

EE: He was used.

CX: Yes, and when he died, he said that he regrets siding with the Pathet Lao. But he also said that because I am Hmong, I would have lost anyways. The Hmong would end up losers whether they sided with the US or the Pathet Lao. And this is where a lot of the resentment comes from. Them not able to forgive comes from this history.

EE: And how about future generations of Hmong in Laos? If they are taught in schools about the glories of the Pathet Lao overcoming the Royal Lao government and the US, where are they in their thinking?

CX: Yes, the Lao government is very strict in the subjects and history taught to the children. They only say good things about the government and praise them.

EE: Are Hmong parents telling them otherwise?

CX: It depends on the location of where they live. If they live in a place with high economic development, like in some of the lowlands, then they probably do not talk much about the Hmong suffering. But in the highland hill tribes, they will still remember the past and tell their kids the history. I think that the Lao government is careful in building schools for the Hmong. Because if the children become more educated, then the children will question their history and the government more. The government does not want them to have that vision that things should be better for them.

EE: Knowledge is power.

CX: Yes, and if they don't have knowledge, then they won't question what had happened to them. They won't think of the future. They will just live their everyday lives without wanting more. That's your life. You farm. Your parents' farm. That's it. Generation after generation. If I were to have some influence on my people in terms of development, I think education would be the first thing to address. Secondly, health and the third would be economic.

EE: There goes your dissertation, right there!

CX: I think that the Hmong, not just the highland Hmong, but all Hmong in Laos really need better education, health and economic development. In order for forgiveness to happen, these three things need to be in place. And once the Hmong see that these are in place, they will see that it is possible. And then, hopefully, forgiveness can happen. But, with all the things that are happening in Laos, I don't see that happening any time soon.

EE: I can understand that.

CX: And the government receives a lot of foreign aid to do development work. The government has become dependent on foreign aid. Unfortunately, the money is not going to the people that really need it.

EE: Earlier you told me about how your father is asking that your relatives who live in the highlands to relocate to the lowlands, although they don't want to move. How do you see it?

CX: It all depends on what time of program will be in place when the family relocates to the lowland. You're going to ask a family to change their whole lifestyle . . .

EE: From a place where they are able to provide food and shelter for their family . . .

CX: . . .where they are independent, to a place where they are dependant on the government for assistance, then that is a major change.

EE: So if the appropriate services are there, then its okay?

CX: Yes, well I think that if the Hmong hear good stories about relocation, then you don't have to tell them to relocate. They will do that on their own. But if they don't see that, no matter how much you force them to come down from the hill, they will not move. If you do force them, then they will move back up.

Note: Evrard's study mentions how many hill tribes moving back up to the highlands after being forced to relocate, creating unexpected migrations.

EE: What kinds of stories are they hearing?

CX: They are not hearing good stories of relocation. They are hearing that its difficult to get the government services. They hear that they have to purchase land, and they don't have those resources. I remember that when my other relatives had to relocate, we had to provide the money to purchase their land, and even the water, we had to pay for it.

EE: And in the highlands, its essentially free.

CX: Yes. So for upland peoples that have relatives that are will to help them out financially in relocating, then they are more likely to move. But for those that don't have those kinds of resources, then they will not move.

EE: In talking about providing services for the highlanders, it only makes sense to provide healthcare services and malaria programs directly in the highlands. But money is an issue. The government sees it as costly . . .

CX: And when it comes down to it, I don't think that they really want to service the highland people. I think that they already have the resources to provide the services, but just don't want to because of the resentment and mistrust. But I think that even if the government helped in educating the highlands on malaria, then they wouldn't have to spend money. If the Hmong are educated on malaria, then they will provide these prevention services to their people for free. This is because they want to be healthy. They want to live long. But unfortunately, the Hmong villager doesn't have a vision of the future. They just see their hut, and their farm. Education is important in gaining that vision. The Lao government knows this. Every authoritarian government knows it's a way of controlling people.

Appendix G
Example of Hmong Story Cloth



Appendix H
Copy of IRBPHS Approval Letter

April 15, 2008

Dear Mr. Ednacot:

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) has reviewed your request for human subjects approval regarding your study.

Your application has been approved by the committee (IRBPHS #08-029). Please note the following:

1. Approval expires twelve (12) months from the dated noted above. At that time, if you are still in collecting data from human subjects, you must file a renewal application.
2. Any modifications to the research protocol or changes in instrumentation (including wording of items) must be communicated to the IRBPHS. Re-submission of an application may be required at that time.
3. Any adverse reactions or complications on the part of participants must be reported (in writing) to the IRBPHS within ten (10) working days.

If you have any questions, please contact the IRBPHS at (415) 422-6091.

On behalf of the IRBPHS committee, I wish you much success in your research.

Sincerely,

Terence Patterson, EdD, ABPP
Chair, Institutional Review Board for the Protection of Human Subjects

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