

Preface

When the Middle Path Intersects the Way of the Cross

In an effort to provide culturally appropriate care for the Khmer community in San Jose, California, my clinic was in discussion with the Buddhist monks at the local temple about partnership. Many of the Khmer refugee population who relocated to San Jose lived in a low-income area and remained very isolated. Many Khmer refugees did not receive adequate healthcare or mental health treatment because of barriers of language and culture, as well as financial, social, and transportation limits. And many did not have healthcare because they just did not know how to access it.

The neighborhood served by our clinic was a true cultural “melting pot” with as much diversity as one can imagine. Immigrants from El Salvador shared playgrounds with children from Vietnam. Shop signs in the same strip mall were posted in Spanish, Vietnamese, Chinese, Korean, Khmer, and even English. Our clinic, by definition, had to be culturally sensitive and culturally competent in order to conduct its work each day.

The temple was in the midst of the Khmer community and in the middle of Silicon Valley, an enclave of poverty in the shadow of billion-dollar high-tech companies like Google, Yahoo, and Facebook.

We wanted to discuss with the monks ways that we could create greater connection to healthcare through the temple. Patient confidentiality, boundary issues, and clear roles in healthcare were just some of the ethical and professional concerns we thought. For the Khmer, the temple is the center of the community, and the monk is the center of the temple. It is certainly not the doctor and definitely not white, English-speaking doctors who play a leadership role for their community. Beginning partnership with the Khmer monks catalyzed my education in the real issues of cultural sensitivity and opened a dialogue that explored the limits of Western professionalism and medical ethics in a multicultural context.

We met in a house-turned-temple in a neighborhood known for crime, with bars on the windows and broken glass in the street. This temple maintained the respect of the community, although it lacked the glory of Khmer architecture seen in Cambodia. The Khmer social worker from my clinic genuflected when the monks came in and bowed her head, forehead to the floor. We sat cross-legged, in a converted garage filled with incense, under a mural of the Banyan Tree with a giant golden Buddha covered in brightly-colored lights behind. The abbot spoke for the monks, his English far better than my Khmer. Despite many years as a healthcare provider for Khmer speakers and some professional travel in Cambodia, I only knew basic greetings.

Choum Reap sour; I greeted with an unconvincing accent, with my hands clasped in the traditional *sampeah* greeting. Very formal.

The monks were disarmed by my attempt at cultural appropriateness and smiled.

Sok sabay, the abbot returned. It means “happy, healthy.” Very informal. And the monks laughed.

The brilliant conversation that followed was full of enthusiasm and frustration. It was clear that we all shared a common goal of supporting the Khmer community in accessing health and mental healthcare. But some basic ethical and professional questions were tested by our very different worldviews.

For instance, the monks seemed to see little utility in confidentiality. The abbot asked, puzzled, “How can the community help if we all don’t know everything that is happening with one of our people?” A thought of my HIPAA training made me wince. “Everybody knows what everybody else is doing.” That openness included health issues, mental health issues. Everything.

The abbot then suggested that we could perform health and mental health treatment in the temple. He could identify people with physical disease or mental disorders, and I could treat them right there: clinic in temple. The problem of boundaries and overlapping functions was entirely unfamiliar to him—and unclear even after we discussed it.

In fact, his whole concept of disease was quite different from mine. For him, disease is more of a spiritual state than a physiological one. *Samsara* is the continuous flow of birth, life, and death, filled with *dukkha*, or suffering. The cure to suffering is following the “Middle Path,” or a spiritually balanced life. Health comes from following “...the Middle Path, which makes one both see and know, which leads to peace, to discernment, to enlightenment, to Nirvana” [1]. They don’t teach that in American medical schools.

“Don’t worry, Doctor.” He smiled. “We can convince the peoples. Then you can make them *sok sabay*.” Happy healthy.

I remember thinking how challenging it would be to reconcile such different cultures as we walked out of the temple back into the open air. The Western ideal of individualism, so praised in my medical ethics that it is protected in laws and codes celebrating autonomy and privacy, clashed against an Eastern ideal of collectivism, so celebrated by the Khmer people that it shaped human experience.

My senses still reeled from a flood of Khmer ethnic images, as though I had been transported to Angkor Wat for an hour. I felt as though the cultures could not clash more obviously.

And then I saw Jesus.

Jesus Christ was walking down the sidewalk, a cross on his back and a crown of thorns on his head. Roman soldiers were on all sides of him with whips and chains. A congregation of wailing mourners followed. For a moment, it seemed clear that I was amid a bizarre dream with amazing religious overtones.

And then it dawned on me that it was the Catholic holiday of *Viernes Santo*, Good Friday, and we were in a neighborhood heavily influenced by Mexican immigrants. “Jesus and the Romans” were performing *La Via Crucis*, the Way of the Cross, a procession in which an actor portraying Christ bears a cross down a street.

More bewildered than I, the monks looked at the scene with shock. *Why is a bloody man in shackles carrying an enormous piece of wood along our sidewalk and getting whipped by Mexican gladiators?*

And the Christian congregation looked back at the monks with wonder. *Why are these orange-robed Asians with shaved heads and eyebrows standing in the way of our sacred procession?*

The Way of the Cross passed right through the Middle Path, if you will.

As the Christians moved past, the Buddhist abbot asked, “Who is that?”

“That?” I responded, not really sure how to start. “Oh, that. Well, that’s Jesus Christ.”

The monk paused. And he then leaned in close, as if trying to get in on a secret. “Who is...Jesus Christ?”

He had never heard of Him.

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Good Friday and Magha Puja, 2007

Reference

1. Kornfield, J., editor. The teachings of the Buddha. Adapted from the Samyutta Nikaya. Boston: Shambala Publications; 1993, p. 30.

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