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Diversity in Rural Communities: Palliative Care for the Low German Mennonites

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Abstract

Multiculturalism is an important concept in Canada although there has been limited examination of its meaning in rural settings. To expand this knowledge base, this article presents the Low German (LG) Mennonites as a case example within a context of providing palliative care to this diverse population which is one of the Anabaptist groups that practice adult baptism and focus on a literal interpretation of the Bible. Findings from a mixed methods study and a graduate thesis conducted within the framework of this study focus on three main ideas to understand the perspectives related to death and dying among this group: faith-based healthcare facilities; family, community and mutual aid; and, keeping the dying connected. Implications of these concepts to health and social service providers are included.

Canada has prided itself in being a multicultural country, but there has been little in-depth examination of cultural or religious diversity in rural settings. This article presents the research related to understanding death and dying among the Low German (LG) Mennonites as a case example to illustrate the complexity of providing care to a unique religious group in rural Canada. The mixed methods and qualitative research were conducted in both Canada and Mexico. The findings are presented according to the following three ideas: (1) faith-based healthcare facilities; (2) family, community and mutual aid; and, (3) keeping the dying connected. The significance of the findings for the provision of care of this group are also included.

Keywords: religious diversity, Low German Mennonites, rural health, palliative care, rural community

1.0 Introduction: The Diverse Nature of Rural Canada

Rural Canada has always been a heterogeneous setting defined by the diversity of our landscape, geography, economy, and groups of people that reside there. Historically, rural Canada was the home of Aboriginal peoples but the colonization of our country introduced waves of immigrants from various countries from across the world. Migration over the last 100+ years to rural Canada has included the arrival of large numbers of European immigrants needed to stimulate our economy (Sandwell, 2013) through farming or working in the mining and logging industry (Sandwell, 2013). Although immigrants have significantly impacted rural Canada by 2006, rural Canada's total population included an immigrant base of only 5%.

The majority of this group hails from the traditional location of immigrants that have moved to Canada from Western and Northern Europe. Provincial variation of the numbers of immigrants shows that Quebec, Ontario, Alberta, and British Columbia were the four provinces with overall net in-migration to their rural and small town areas (Beshiri & He, 2009). According to the Canada Immigration Newsletter (2012), increases in ethnic diversity have become noticeable with more immigrants choosing “to settle in rural provinces such as Alberta and Saskatchewan to take advantage of abundant job opportunities in a variety of sectors” (para. 5) including the oil boom in Fort McMurray, Alberta.

Unique religious groups who sought freedom to practice their beliefs are one of the original groups that migrated to rural Canada and particularly to agricultural areas in Alberta, Saskatchewan, and Manitoba. One such group is the Anabaptists who are comprised of the Hutterites, Amish, and Mennonites. They all live by the principles of adult baptism, pacifism, and separation from the physical world. Their lifestyle and choices they make are based upon a literal interpretation of the Bible. For each of these three groups, they have sought countries and locations that allow them to live according to their religious beliefs with no government interference. Collectively these groups have contributed to the agricultural sector of the prairie regions and have been the mainstay of parts of rural Canada (Loewen, 2001).

There has been an increase of new immigrants to the Winkler and Steinbach areas of Manitoba (Beshiri & He, 2009) comprising the highest share of new immigrants to a rural geographic location in all of Canada. These regions have experienced a high influx of Mennonites directly from Europe who join the already existing Mennonite population in this province and moved to Manitoba for economic reasons. A secondary migration wave of more conservative and LG Mennonites have also arrived in this region from Argentina, Bolivia, Mexico, and Paraguay due to the political instability of these countries that has been occurring over the last few decades. In some cases the LG Mennonites have migrated from Manitoba to other provinces (Alberta and Ontario) whereas in others this group has migrated directly to other provinces.

2.0 The Low German Mennonites as a Case Study

The LG Mennonite history is a resettlement journey to search for religious and education liberty (Loewen, 2013). Originally, Mennonite groups were from Switzerland, Germany, and the Low Countries, such as Netherlands, Belgium, and Luxembourg. During the Anabaptist Movement, many of them fled religious persecution and resettled in other countries, such as Poland and Prussia. Between 1788 and 1820, the LG Mennonites were invited by Catherine the Great to settle in southern Russia (Krahn & Sawatzky, 1990; Dyck, 1967). Her son, Czar Paul I, later signed a 100-year *Privilegium*. The *Privilegium* assured the LG Mennonites' farmland acquisition, free exercise of their religion, freedom from military services which met their pacifist principles, direct supervision of their own schools, and tax exemption for certain years.

The abolition of the 100-year *Privilegium*, which happened in the 1870s, led to a large scale of migration among the LG Mennonites from Russia to North American countries, including Canada. At the time, the LG Mennonites not only lost their financial and civil privileges, but also experienced a shortage of land. Their private faith-based German schools were asked to provide instruction in the Russian language and all residents, Mennonites included, were required to serve in the

military. These factors pushed approximately 18,000 LG Mennonites out of this country who refused to be assimilated into Russian society (Loewen, 2001). After investigating settlement possibilities and negotiating with the local governments, they migrated to North America. The new countries' governments agreed to release them from military services and to protect their religious and education autonomy. In Canada, the LG Mennonites received large tracts of lands, enabling them to settle as a faith-based community and maintain their agricultural lifestyle. The term faith-based community is used to define the nature of this community. Anderson described a faith-based community "as an assembly of people (or congregation) whose beliefs about God combine with a common identity, shared history, regular worship, and common values to effect personal and social transformation" (as cited in Hickman, 2006, p. 94). Preserving their agricultural lifestyle became a way to develop isolated and self-sustaining communities that respected the rule of God.

After World War I and a growing sentiment against their beliefs, the LG Mennonites again looked for better places where religious, educational and linguistic freedom would be officially guaranteed (Castro, 2004). In the 1920s, about 8,000 LG Mennonites (Janzen, 2007; Dyck, 1967; Peters, 1988) left Canada for Latin America and resettled in Mexico from where some of them moved to Paraguay, Belize, and Bolivia (Bowen, 2006). After living in Mexico for a few decades, this group of people faced the same challenges and difficulties they experienced in Russia and Canada: national government's reinforcement of the public education and official language in their private schools, new restrictions on land purchase, and an increased landless population within the community. In the 1950's, over 5,000 LG Mennonites resettled in Belize (Dyck, 1967; Pauls, 2004). In 1960's, more than 100 Old Colony Mennonites from La Crete, Alberta, left for San Ignacio in Bolivia (Bowen, 2004).

Their resettlement in Canada or the United States during the last 40 years was a reaction to the social and economic issues in Latin American countries. According to John Janzen (2010), the former Low German coordinator for Mennonite Central Committee (MCC) Canada, there are about 250,000 LG Mennonites worldwide, of which approximately 80,000 are in Mexico and 10,000 in Belize (Gingerich & Loewen, 2010). In Canada, there were about 80,000-100,000 LG Mennonites (Janzen, 2010), of which approximately 40,000 to 50,000¹ in Ontario, 15,000 in Manitoba and 12,000 to 15,000 in southern Alberta (Janzen, 2010)

The LG Mennonites have been called "*Kanadians*" (Loewen, 1993; Janzen, 2004) or "*Mexican Mennonites*," who came to Canada in the 1870s and 1880s. "The 7000 Mennonites who moved from Russia to Manitoba in the 1870s were poorer and more hesitant about the social changes" (Janzen, 2007, p. 3) than those coming in the 1920s. In comparison, many of the Mennonites who migrated to Canada in the 1920s, were successful farmers and businessmen in Russia before the Revolution happened (Smith, 1981). Also this group of people had fewer restrictions on the use of modern technologies and on public education (Smith, 1981) compared to the first group.

The LG Mennonites are also known as the plain people, who have a simple dress code and live in a church-centered lifestyle. In general, the LG Mennonites speak a German dialect known as Mennonite *Plautdietsch* (Epp, 1993; Cox, 2008, Hedges,

¹ The specific statistical information about the LG Mennonite population in Canada and in other countries was not available. The demographic statistics presented in this article were estimated numbers provided by former and current employees of the Mennonite Central Committee Canada.

1996), and use Literary Dutch or High German in formal settings (Sawatzky, 2005), such as the church services, and funerals or wedding services.

The LG Mennonites worship at one of several congregational churches, such as the Old Colony Mennonite Church, the Rheinlander Church, the Sommerfelder Church, and Kleine Gemeinde (the Evangelical Mennonite Church), or the Evangelical Mennonite Missionary Church (EMMC). The churches have some common beliefs and practices. For example, the LG Mennonites are taught to follow God's words, the Bible, which is seen as the only truth. Because many LG Mennonites have low literacy skills, they cannot and are not encouraged to read the Bible themselves. People often need to rely on their pastors and other church leaders' interpretations of Scriptures (Enns, 2009), which can be very literal. Pastors and ministers play an important role in people's daily lives and are also involved in or affect a church member's decision making process. At the same time, each church also has its own rules or restrictions on dress, behaviors, and the use of modern or electrical technologies. It is important not to generalize that all LG Mennonites refuse to use modern devices, such as cell phones and vehicles. In fact, many LG Mennonites in both North and Latin American countries have used electrical tools, automobiles or computers, and have attended public schools but still consider themselves as LG Mennonites.

3.0 Research Methods

In order to reach an understanding of the LG Mennonites, the second author has conducted a research program that has generated information about this groups' beliefs and practices regarding health issues (see for example Kulig & Hall, 2004; Kulig et al., 2008). This article focuses on a mixed methods study on death and dying under direction of the second author of this article (Kulig & Fan, 2013a&b), and the other a case study on palliative care completed as an independent thesis research project (Fan, 2011) within the larger study framework by the first author of this article. Our emphasis is on three main ideas: (1) faith-based healthcare facilities; (2) family, community and mutual aid; and, (3) making connections and changes. Ethical approval was received by the authors' academic institution.

3.1 Data Collection

To fully comprehend the complex topic of death and dying, in the mixed methods study, 58 interviews with LG Mennonites and 36 providers (e.g., physicians, nurses, and funeral directors) were conducted as well as numerous discussions with bishops, ministers and deacons in both provinces. We also conducted a documentary analysis of available palliative care guidelines for the general population but focused our search on documents that addressed palliative care needs for ethnic groups to ascertain if and what ways in which cultural diversity were addressed in palliative care. An advisory team which consisted of members of non-profit groups who work with the LG Mennonites and clinicians and program managers who oversee the development and implementation of care to this population provided valuable advice which helped ensure our success in conducting the study. For example, advice was provided about how to approach and interact with bishops and ministers. When we began the interviews we had discussions with the Mennonite representatives on our advisory board to help enhance our understanding of the findings.

Mennonite research assistants were hired to conduct the interviews (Kulig & Fan, 2013a&b). For the mixed method study, the LG Mennonite interviews were conducted with adults of both genders and a range of ages who had all experienced

the death of a loved one. The interviews were not taped; short notes were taken and a summary of the discussion was made by the research assistant after the interview was completed. Thereafter, a transcript was made of the summary and ultimately used for data analysis. This method of data collection has been the standard way in which we have collected data with this group and addresses their concerns with modern technology and their tendency to not be comfortable speaking with a recording device (Hall & Kulig, 2004). The discussions with the church leadership furthered our understanding of the links between the Biblical interpretation and death and dying beliefs and practices held by the ministers and their congregation members. The discussions provided an opportunity to clarify matters such as removal of life support and end-of-life care. Field work at the Durango Colony, Mexico in 2012 including 12 additional interviews were also conducted by the second author in the same manner as noted above. Field notes were maintained that captured discussions and general impressions from our interactions with the LG Mennonites, the ministers and any other individuals with whom we met. This experience and the data that was generated further enhancing our overall understanding of the LG Mennonite lives and their perspectives of death and dying.

Recruitment strategies for the two samples (mixed methods research and the field work in Durango Colony) focused on identifying several individuals and approaching them or having a trusted contact approach the individual and request that they be interviewed. We combined this method with snowball sampling to identify and locate relevant individuals who has experience with the topic of focus. Hence, individuals who had cared for a family member who was dying or experienced the death of a close relative were recruited for the study.

For the case study, the first author conducted ethnographic research and hence lived with the LG Mennonites in three distinct locations and varying time periods: the Cuauhtémoc area in Mexico (three weeks), the Winkler area in southern Manitoba (four months), and the Taber area in southern Alberta (three months). Unlike the Cuauhtémoc and the Winkler areas where the LG Mennonites have their own church supported long-term care homes and healthcare facilities, Taber only had a public hospital with an attached long-term care unit for elders. Also many of the volunteers in this organization were from Catholic churches and did not speak *Plautdietsch* and High German. Moreover, the on-site church services were provided in English by different Catholic churches.

Through this research which allowed for extensive time with Mennonite individuals and families, the insiders' interpretations of, and practices related to, "particular social and cultural phenomenon, in the case of this research, the individual or collective understanding of suffering, illness, death and palliative care was achieved (Fan, 2011, p. 28). In addition, an in-depth understanding of different standpoints on the meaning of death and dying to the LG Mennonites from various congregational backgrounds was also arrived at (Fan, 2011). Extensive field notes were maintained of this case study which were used as a basis for analysis.

3.2 Data Analysis

Our findings were generated from the field work and interviews conducted in several geographic locations: two provinces in Canada (Alberta and Manitoba) and two areas in Mexico where the Mennonites reside (Cuauhtémoc and Durango). However our discussion does not focus on geographic variation in responses because of the similarity in beliefs and practices of the group as a whole. Differentiation is only

noted when there was variation in the questions asked of the individuals in the different geographic locations. In its entirety, the interviews, field work and discussions with our advisory team provided an opportunity to gather culturally informed knowledge, particularly religious beliefs and practices within the LG community to lead to an understanding of the LG Mennonites' experiences and needs (Kleinman, 1988).

The principles associated with qualitative data analysis were employed; therefore, simultaneous data collection and analysis, including frequent reading of the material were carried out (Liamputtong, 2013). Thematic analysis was used to generate themes; discussions were held with the research assistants and thereafter the whole research team to ensure that the findings fit with the cultural and religious context. These discussions proved to be especially fruitful in understanding the nuances and subtle differences between congregations or between women and men. *Plautdietsch* words and phrases were also discussed to ensure a full understanding of their definition but also their meaning in the everyday world of being a LG Mennonite.

Strategies to ensure that trustworthiness was met were also employed. The principles of credibility, transferability, dependability, and confirmability (Sinkovics & Ghauri, 2008) were addressed by applying the following strategies. Hiring Mennonite individuals as the research assistants, including other Mennonite members on the advisory team and hiring a Mennonite translator in Mexico helped ensure that credibility was established. The data analysis included discussions with these individuals and with the translator used by the first author in Mexico to clarify ideas, codes and themes that emerged through the data analysis further established credibility. Transferability was met through discussions with the clinical advisory team members who talked with us about the applicability of the findings to their practice settings. Including the details about the data collection and analysis processes meets dependability criteria. Finally, by achieving concurrence about the themes through discussions with the team members meets the criteria of confirmability.

3.3 Study Limitations

There are several limitations related to this research: (1) the focus of the research is on the LG Mennonites and thus the findings are only generalizable to this particular group of Mennonites; (2) components of the data collection are dependent upon the use of translators and/or research assistants who may have inadvertently misinterpreted the response of the participant or may not have sufficiently probed for more in-depth responses; and (3) although the LG Mennonites are a traditional religious group there is wide variation and continual changes among them. Hence the findings may not represent the beliefs and perceptions of all LG Mennonites.

4.0 Studying Mennonites' Faith-based Healthcare Services

4.1 Faith, Churches, and Healthcare Facilities

Without a doubt "church and Christian faith" (Stoesz, 2008, p. 121) helped many LG Mennonites overcome the difficulties and hardships they experienced in different countries. For the LG Mennonites, the church is part of God's work. Churches are not only a place for worship and prayer, but also an integral part of their life and "the source of everything that defined a Mennonite" (Taves, 1995, p. 2). As a Canadian-born LG Mennonite woman stated, "in a way we already live in

heaven while we are on earth.” We found this to be true in that LG Mennonites apply the principles of their Christian faith to the care of their family members and their church membership.

For the LG Mennonites, faith and church are inseparable; they play an important role in the development of healthcare facilities in some local LG Mennonite communities. Beyond the range of services that these facilities provide (i.e., rehabilitation to long-term healthcare), they also represent the social networks and relations among the Mennonite churches and groups in different areas. For example, *Hoffungsheim*, a local facility in the Cuauhtémoc area, Mexico, is for people who are mentally or physically challenged. There is a similar facility in Durango Colony. Another example is the *Altenheim*, a senior home, built in 1986 in Cuauhtémoc that has been run by local LG Mennonites. *Altenheim* turns its kitchen and dining room into a restaurant every Saturday afternoon, and the income is used to maintain this facility. There are also some “folk” healthcare providers working as chiropractors or specialists curing people with burn injuries (Fan, 2011).

Mennonite faith-based healthcare facilities also can be found in the Winkler area in Southern Manitoba. For example, ten Mennonite churches in this area have supported two healthcare facilities: Salem Home, a large long-term care home, and Eden Mental Health Centre, a faith-based mental health, and social services organization. In Salem home, the church services are provided in *Plautdietsch* or German by different Mennonite churches. Most of the pastors and pastoral care providers working with these organizations could speak *Plautdietsch*, which made it convenient for the clients and their family members to communicate with them.

“Next to the family, the church affects the lives of more colony people than any other organization” (Fretz, 1953, p. 83). There are a variety of examples including LG Mennonite churches that have organized support groups for people with addiction problems. Women who are in Bible study groups also help each other with looking after an ill family member. Delivering meals, such as chicken noodle soup, and babysitting are common examples of how help is provided to community members who are unwell. During the *Bible* studies, people share their concerns with each other, and may ask the group leader to lead a prayer to God for the difficulties and challenges they have experienced, such as their family members’ health issues.

4.2 Family, Community, and Mutual Aid

According to the LG Mennonites, they attempt to live as independently as possible. However, when a person loses the ability to live independently or is dying, his or her family members, particularly the daughters, are often the primary care givers. It is unusual for the elders or patients to be taken into the *Altenheim* in Mexico or a similar facility in Canada. The exceptions are when the family and the community cannot provide the appropriate care. The church members also help the family when needs (e.g., money and food) arise and will provide assistance; for example, women often bring food to the family, and men help the family with their farms, such as harvesting. Obedient acts confirm their faith (Veen, 2005) that must be lived out in their daily life (Mennonite Central Committee Ontario, n.d.). Additionally, people believe that they only can be saved by faith and through Jesus Christ, who is the concrete expression of God’s love. To live like Jesus, their love towards God should not only be expressed in their prayers. Instead, it is also expressed through their actions, such as the practice of “*mutual aid*,” which is the practice of mutuality and accountability (Toews, 1996) among the church and colony members.

We discovered that the LG Mennonites are taught that they need to be aware of their dependence on God and on His disciples. As sisters and brothers, the LG Mennonites share each other's burden and provide different kinds of help to the members in need. Care for the end-of-life, in fact, is an important example of this cultural practice among this group of people. When a person is at the end of his or her life, and the family is suffering from financial and emotional difficulties, the church provides assistance. A LG Mennonite woman explained:

The church helps with money and brings food, says prayers, and everybody visits them.... They provide meals, they visit, everybody gets together and decides who will go clean their house; they will have prayers for them. Family members who are wealthy or better financially fit, or when the mom or dad choose to go there, whoever have the ability to help best is who helps. We're willing to take any kind of help we can get, it's just the older Mennonites they can't speak the language [English] so they really prefer family, and we love take caring of our elderly.

4.3 Keeping the Dying Connected

We found that the experience of illness, death, and dying is personal, but caring for dying people is fundamentally communal which contrasts to the way in which palliative care services are provided by our provincial health system. Within the LG community, individual community members may become informal healthcare providers when a sick person or a family needs help. Many female LG Mennonite participants in this study stated that they cooked meals or babysat for other families that had sick family members. Normally, when the church members are sick, hospitalized, or dying, the pastors with other church members will pray for those people and their families. Attending the church service is very important for the LG Mennonites, but when people cannot go to churches or "death is expected, the minister or the deacon will give support through visiting and by praying and comforting the dying person and the family," a LG Mennonite woman said.

The result of our studies shows that the LG Mennonites have tried to keep the dying people in their social networks and to help them maintain their sense of belonging in various ways. For example, "being there" and "being with the person through the difficult time" are important for the LG Mennonites' culture. Others have also noted this practice; indeed, "being with the dying person" is "a shared responsibility of the entire community. This responsibility is expressed through sitting at the bedside to providing meals for the sick individual's family" (Kotva Jr., 2002., p. 4).

Typically large groups visit the sick in hospital or at the home. The LG Mennonite participants stated that their female friends and relatives would help them with "feeding and changing and bathing" of the sick person. The helpfulness provided by the community extends to the preparation for the funeral.

Dying is a difficult time, which not only challenges people's faith in God, but also brings fear or uncertainty in people's lives. For example, working hard and being economically independent is an important cultural value in the LG Mennonites' culture. However, when people are dying, they lose the physical and mental strength required for doing their work in the field or at home; this may lead to emotional suffering for some LG Mennonites. Being with the sick person allows him or her to be connected with, and supported by, family members and the community as a

whole. Additionally, “being there,” through *Bible* study groups, Sunday school studies, or family reunions, is also a social gathering event through which the LG Mennonites confirm and reproduce their identities as God’s followers.

The LG Mennonites we spoke with in the interviews in Alberta and Manitoba were uncertain about the use of life support. Importantly they believe that the decision about life and death rests with God. If life support machines are used and the medical staff suggest that they be removed such an action can be interpreted to mean that God’s decisions are not being accepted. In this same sample, end of life directives were discussed with the participants. Although they all agreed that having an end of life directive would be a good idea, only 3 of the 58 participants had one. The sentiment among the participants was that it was God’s decision to determine your time of death; prayer would be relied upon to help the family at that time. One person said: “Our life is in God’s hands, when such a situation occurs, He will help my family make the best decision.”

It is also important to have people available to those who are dying because it gives the dying an opportunity to “get things right before they die,” meaning they can confess their sins, ask for forgiveness from God and His disciples and forgive others who mistreated them. In this way, dying is identified as a reconciliation process through which people would rebuild their relationships with God by repairing their relationships with other community members. Death among the LG Mennonite also means the end of physical suffering and enduring their struggles on earth. Many LG Mennonites indicated that they would prefer a slow death, which would allow them to make things right, such as saying sorry to people they mistreated, and to pray for God’s mercy. Asking for and giving forgiveness are not only about the improvement of interpersonal relationships, but also about people repenting of their sins, which is closely related to having a “good death.” The rationale for this is that confession indicates people’s awareness of their sins, and their dependence on God to save them.

5.0 The Complexity of Providing Care for the LG Mennonites

Compared to the Mennonites’ faith-based healthcare services, some LG Mennonite individuals found that it was hard for them to use the provincial health services because the services cannot meet the Mennonite clients’ language and psychosocial needs. For example, some healthcare organizations are not aware that Halloween is not acceptable to the LG Mennonites. In fact, the LG Mennonites perceive Halloween as “a celebration of evil and death,” or “the celebration of people’s fear of evil.” Being involved in the celebration of Halloween symbolizes a person’s disobedience to God. Halloween represents the beliefs of death, witchcraft, and evil power, which are clearly forbidden in the *Bible* (Berry, 1998). For this reason, many LG Mennonites feel uncomfortable coming to the healthcare facilities when they are decorated with Halloween skeletons, spiders and other similar displays.

Our research with the LG Mennonites has shown that the LG Mennonites have encountered a certain degree of social exclusion from healthcare services due to culturally inappropriate practices of health organizations. In addition, for health and social service providers who are unfamiliar with the LG Mennonites, there may be a lack of understanding and confusion when attempting to provide palliative care for this group. For example, a Russian Mennonite physician told the first author that for the LG Mennonites, “convenience and comfort are not that important.” The central issue was to make sure they were not making wrong choices, such as making a decision about removing life support from their loved one. The physician further

explained that making the wrong decisions would run the risk for the individuals to be “locked out of heaven” Because they had made a decision to remove life support and hence made a decision about life that only God can make.

The complexity of caring for the LG Mennonites as a diverse religious group is clear; a document on end-of-life care for this group was recently developed to assist health and social service providers and their organizations address this issue (Kulig & Fan, 2013c). Other issues such as who is responsible for ensuring there is translation available and who pays for such services are more difficult to resolve. In Alberta there are Mennonite liaison workers in the provincially funded health system who provide translation, transportation and support for both Mennonite families and health workers. These individuals are helping to build capacity within the Mennonite community while also helping to ensure that their health and social needs are met in respectful ways.

Most of the LG Mennonites we spoke with felt that they were judged by the service providers based on their dress style or not respected because of their religious beliefs. One example was the healthcare providers’ interruption during the LG Mennonites’ singing with, or for, the person who is dying, or when they sat silently around the dying person’s bed. Another is that the LG Mennonite emphasis on helping one another to fulfill their “church work” and their discomfort with modern technologies and practices may mean a reluctance or an inability on their part to engage in a full discussion about palliative care needs and expectations.

6.0 Conclusion

In conclusion, the LG Mennonites are a case example of the changing nature of rural Canada. This groups adds to the economic nature of rural Canada while also having distinct expectations regarding the health care that they received. Our example from their death and dying beliefs shows that as a group the care for the ill and for those at the end-of-life is no different from other care and support they provide to their church or community members in everyday life. Health providers who interact with the LG Mennonites regardless of their geographic location can be reassured that their goals compliment the desires of the LG Mennonites; both wish to ensure that those in need receive comfort and support while allowing them to remain connected to their family, friends and their church.

References

- Berry, R. (1998). *Halloween: What you should know about it*. Harrisonburg, VA: Christian Light Publications.
- Beshiri, R., & He, J. (2009). Immigrants in rural Canada: 2006. *Rural and Small Town Canada Analysis Bulletin*, 8(3). Retrieved on June 14, 2013, from <http://www.statcan.gc.ca/pub/21-006-x/21-006-x2008002-eng.htm>
- Bowen, D. S. (2004). To Bolivia and back: Migration and its impact on La Crete, Alberta. *Journal of Mennonite Studies*, 22, 59-82. Retrieved from <http://jms.uwinnipeg.ca/index.php/jms/article/view/998/997>
- Bowen, M. E. (2006). Two Russian Molokan agricultural villages in the Intermountain West. *Yearbook of the Association of Pacific Coast Geographers*, 68, 53–78. doi: 10.1353/pcg.2 006.0006

- Canada Immigration Newsletter. (2012). Canadian census reveals new levels of diversity. *Canadian Immigration News*. Retrieved from <http://www.cicnews.com/2012/11/canadian-census-reveals-levels-diversity-112010.html>
- Castro, P. (2004). The 'return' of the Mennonites from the Cuauhtémoc region to Canada: A perspective from Mexico. *Journal of Mennonite Studies*, 22, 25-38. Retrieved from <http://jms.uwinnipeg.ca/index.php/jms/article/view/996/995>
- Cox, C. (2008, March). Mennonite *Plautdietsch*-language and history [Presentation slides]. Retrieved from <http://mhss.sk.ca/Gen/cox/index.shtml>
- Dyck, C. J. (1967). *An introduction to Mennonite history: A popular history of the Anabaptists and Mennonites*. Waterloo, Ontario, Canada: Herald Press.
- Enns, K. (2009, Spring). Old Colony Mennonites of Mexico: A separate people. *California Mennonite Historical Society Bulletin*, 50. Retrieved from <http://calmenno.org/bulletin/spr09.pdf>
- Epp, R. (1993). *The history of Low German and Plautdietsch: Tracing a language across the globe*. Hillsboro, KS: Reader's Press.
- Fan, H. (2011). *Medical encounters in "closed religious communities:" Palliative care for Low German-speaking Mennonite people*. Lethbridge, Alberta, Canada: University of Lethbridge.
- Fretz, J. W. (1953). *Pilgrims in Paraguay: The story of Mennonite colonization in South America*. Scottsdale, PA: Herald Press.
- Gingerich, M. & Loewen, J. B. (March 2010). Belize. Global Anabaptist Mennonite Encyclopedia Online. Retrieved 17 December 2012, from <http://gameo.org/index.php?title=Belize>
- Hall, B. & Kulig, J. (2004). Kanadier Mennonites: A case study examining research challenges among religious groups. *Qualitative Health Research*, 14(3), 359-368.
- Hickman, J. (2006). *Faith community nursing*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Hedges, K. L. (1996). *"Plautdietsch" and "Huuchdietsch" in Chihuahua: Language, literacy, and identity among the Old Colony Mennonites in Northern Mexico*. Ann Arbor, MI: UMI Dissertation Services.
- Janzen, J. (2010, April 21). *Hemispheric approach* [Notes]. Presented in MCC Networking Meeting, at Steinreich Bible School, Cuauhtémoc, Mexico.
- Janzen, W. (2007). *Why did they leave Canada: The Mennonite migration to Mexico and Paraguay in the 1920s*. Ottawa, Ontario, Canada: the Ottawa Office of Mennonite Central Committee Canada.
- Janzen, W. (2004). Welcoming the returning 'Kandier' Mennonites from Mexico. *Journal of Mennonite Studies*, 22, 11-22. Retrieved from <http://jms.uwinnipeg.ca/index.php/jms/article/view/995/994>
- Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. New York, NY: Basic Books.

- Kotva, J. J. Jr. (2002). Religious beliefs and healthcare decisions. *The Anabaptism tradition*. Park Ridge, IL: Park Ridge Center. Retrieved from <http://www.parkridgecenter.org/Page677.html>
- Krahn, C., & Sawatzky, H. L. (1990). Old colony Mennonites. *Global Anabaptist Mennonite Encyclopedia Online*. Retrieved from http://gameo.org/index.php?title=Old_Colony_Mennonites
- Kulig, J., & Fan, H. (2013a). *Death and dying beliefs and practices among Low German-speaking Mennonites: Application to practice*. Lethbridge, Alberta, Canada: University of Lethbridge.
- Kulig, J., & Fan, H. (2013b). Understanding death and dying among the Low German-speaking Mennonites: Perspectives from a closed religious group. *Journal of Hospice and Palliative Nursing Care*, 15(1), 52-59.
- Kulig, J. & Fan, H. (2013c). Best practices for unique populations: End-of-life care among Low German-speaking Mennonites. Lethbridge, Alberta, Canada: University of Lethbridge.
- Kulig, J., Wall, M., Hill, S., & Babcock, R. (2008). Childbearing beliefs among Low-German-speaking Mennonite Women. *International Nursing Review*, 55(4), 420-426.
- Kulig, J., & Hall, B. (2004). Health and illness beliefs among southern Alberta Kanadier Mennonites. *Journal of Mennonite Studies*, 22, 185-204.
- Liamputtong, P. (2013). *Qualitative research methods* (4th ed.). Australia & New Zealand: Oxford University Press.
- Loewen, R. (2013). *Village among nations: "Canadian" Mennonites in a transnational world, 1916-2006*. Toronto, Ontario, Canada: University of Toronto Press.
- Loewen, R. (2001). *Hidden worlds: Revisiting the Mennonite migrants of the 1870s*. Winnipeg, Manitoba, Canada: The University of Manitoba Press.
- Loewen, R. (1993). *Family, church, and market: a Mennonite community in the old and the new worlds, 1850-1930*. Toronto, Ontario, Canada: University of Toronto Press.
- Pauls, K. (2004). Northfield settlement, Nova Scotia: A new direction for immigrants from Belize. *Journal of Mennonite Studies*, 22, 167-184. Retrieved from <http://jms.uwinnipeg.ca/index.php/jms/article/view/1003/1002>
- Peters, J. (1988). Mennonites in Mexico and Paraguay: A comparative analysis of the colony social system. *The Journal of Mennonite Studies*, 6, 198-214. Retrieved from <http://jms.uwinnipeg.ca/index.php/jms/article/view/305/305>
- Sandwell, (2013). Notes toward a history of rural Canada, 1870 – 1940. In J. Parkins & M. Reed (Eds), *Social transformation in rural Canada: community, cultures, and collective action* (pp. 21 - 42). Vancouver: UBC Press.
- Sawatzky, R. M. (2005). The control of social space in Mennonite housebarns of Manitoba, 1874-1940. (Doctoral dissertation, Simon Fraser University). Available from Theses Canada Portal. (AMICUS No. 32339522)

- Sinkovics, R. R., & Ghauri, P. N. (2008). Enhancing the trustworthiness of qualitative research in international business. *Management International Review*, 48(6), 689-714.
- Smith, H. C. (1981). *Smith's story of the Mennonites* (5th ed. revised and enlarged). (C. Krahn, Ed.). Newton, KS: Faith and Life Press.
- Stoesz, E. (2008). *Like a mustard seed: Mennonites in Paraguay*. Waterloo, Ontario, Canada: Herald Press.
- Taves, K. M. (1995). The reunification of Russian Mennonites in post-World War II Canada. *Ontario Mennonite History: The Newsletter of the Mennonite Historical Society of Ontario*, 13(1), 1-7. Retrieved from <http://www.mhso.org/publications/Ontmennohistory13-1.pdf>
- Toews, P. (1996). *Mennonites in American society, 1930-1970: Modernity and the persistence of religious community*. Scottsdale, PA: Herald Press.
- Veen, A. R. (2005). *Justification and the law*. Huizen, The Netherlands: Huizen Art Center Publishing.