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Review of: *Caring for the Low German Mennonites: How Religious Beliefs and Practices Influence Health Care*—Judith Kulig

Christina Klassen Jeffries  
*Registered Nurse / Conservative Mennonite*

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By Christina Klassen Jeffries
Registered Nurse / Conservative Mennonite

My personal interest in reviewing this particular book is that I am a Low German speaking Mennonite involved in healthcare. As a disclaimer, I am not super fluent in the language. I was also not technically raised in the culture as described in this book, but I live in this community and know many people in this culture. As a healthcare worker, I was interested in reading this book to see what would be applicable to my practice. I was also curious how the book would apply to living in the Low German community.

In the book’s introduction, the author states that the book’s aim is to “advance conversation in Canada about the importance of recognizing and understanding religious diversity.” The preface of the book is set in Mexico, where the author and a graduate student are visiting and interviewing Low German speaking Mennonites. Many Low German speaking Mennonites do live in Mexico and the same people will migrate back and forth between Canada and Mexico. There are other examples the author uses of interviews held by LG Mennonites in Bolivia, Belize, etc.

The book has five chapters. In the first chapter, the author gives a history of Low German speaking Mennonites. This includes the origin of the word “Mennonite” and an explanation as to why LG speaking Mennonites do not trust governments. The second and third chapters are on health and wellness and women’s health specifically. The author speaks to how LG speaking Mennonites are not against going to modern doctors and hospitals, but there is a tendency to deal with health issues with natural remedies. Chiropractors within the community are often sought out before seeking out modern medicine. Chapter four is about death and dying and shows how strongly the community relies on the Bible for their answers to death and the hereafter. The last chapter shows that there appears to be a huge lack of understanding in mental health and, in turn, there is a lot of silence and difficulty with these discussions.

While I appreciate the author’s thoroughness to interview and see the culture played out in multiple countries, I believe this may not help a Canadian perspective. The culture and expectations of LG speaking Mennonites can vary wildly from one country to the next, even though there may be migration between those countries.

Although the book itself is not very large, totaling just over 100 pages, I found the style of writing hard to follow. There were a lot of explanations given to the details of the research and how conclusions were made. The overabundance of these details made the book tedious. Personally, I feel this did not lend well to a clear conversation on healthcare with the LG Mennonite Community and their healthcare providers.

I was impressed with the effort made by the author to travel far and wide and obtain interviews with a community that is mostly wary of government and anything to do with persons of authority. If there are healthcare workers in a setting where there are many LG speaking Mennonites and they have no previous exposure to this community, this book could give them a basic understanding of the people they are working with. However, it would be a good idea to remember that some of the conclusions derived from interviews in one country, say Bolivia, might not necessarily apply to a similar community you would be working with in Canada.

In conclusion, this book will most likely be appreciated by someone that enjoys research and statistics due to the amount of referencing in the book. The style of writing reminds me of clinical research papers I read as a university student.

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