

# VOICES AMONG THE SILENT

Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland



Together To Build A Healthy Community



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# PREFACE

The Asian American community in Montgomery County is a rich blend of cultures, comprising more than 125,000 individuals from nearly two dozen countries. Although the success stories of many prominent Asian Americans have reinforced common notions of Asian educational and professional achievement in America, there is an equal number of stories that paint a much different picture—one of isolation, indigence, and infirmity.

Dedicated to the 16 individuals profiled herein, the families and friends of those who have shared their stories, as well as the collective Asian American community of Montgomery County, *Voices Among the Silent: Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland* is intended to dispel the notion of Asian Americans as a model minority, free from the hardships endured by other immigrant populations.

The storybook is an idea that has developed over time. Time and again in our work we hear first-hand accounts of desperation and struggle, pain and isolation, without any means of documenting these stories. We are left only with the fragments to share as anecdotal evidence. Too often, the hardships of these individuals could have been prevented. Too often, the stories go unheard. And too often, the status quo remains. To effectively address the health needs of this population, public health professionals and policymakers must be informed of its problems.

When the Asian American Health Initiative (AAHI) formed in 2005, it became the first organization to directly address the unique, neglected health needs of Montgomery County's Asian American residents. There are many challenges to designing programs around this community: a lack of data disaggregated by ethnicity, community reluctance to discuss matters of health, and cultural beliefs regarding the causes of disease, modes of treatment, and the value of prevention, to name a few. Coupled with a common belief among the general public—including healthcare professionals and policymakers—that Asian Americans are all healthy, wealthy, and wise, there is a constant struggle to ensure the necessary programs are funded and implemented and, ultimately, that they are reaching the intended populations.

Since its inception, AAHI has made in-depth data collection, analysis, and reporting of the health status of the County's diverse Asian community a primary endeavor, with the goal of informing the policymaking process. During that time, AAHI has commissioned two community health needs assessments. *Voices Among the Silent* is part of AAHI's continuing effort to document the ever-changing health needs of our community and to disseminate these findings to the general public.

Under the auspices of Montgomery County's Department of Health and Human Services and with the assistance of our community-based partners, AAHI will continue to support efforts to achieve health equity among the Asian American population. We pledge to continue our commitment to provide access to linguistically and culturally competent healthcare services.



Until all County residents are able to navigate County health services and voice concerns to a healthcare provider, independent of the assistance of others, there remains work to be done. We will learn from the stories shared in this volume and will continue to communicate the individual and collective struggles of our constituents throughout the County. We hope these stories impact you, as they have us, to take action against some of the more alarming health disparities prevalent within the community.

We would be remiss if we did not acknowledge the people who have made this book a possibility. First and foremost, we would like to thank the 16 courageous participants who shared their stories of hope, allowing us into their homes and lives. For their participation in our efforts, we are forever grateful. Their courage and strength through adversity shine as beacons of hope for all those who struggle to overcome disease.

We would also like to thank the many writers, editors, and translators who assisted in the compilation of these stories, as well as the organizations, community partners, volunteers, and friends of AAHI and the Asian American community who helped us to identify our storytellers.

In addition, we would like to recognize the continued support of the Department of Health and Human Services, the County Executive, and the members of the County Council, who have maintained their support of efforts to ensure that minority populations are not overlooked by government programs and that diversity remains a valued asset and strength of the County.

Finally, we would like to acknowledge the tremendous contributions of our Steering Committee, which has provided guidance and leadership throughout the development and implementation of all our projects. Their untiring support has allowed us to work effectively toward achieving our goals and has helped us grow into a leading public health agency in Montgomery County and throughout the state.

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## INTRODUCTION

*Voices Among the Silent: Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland* is a compilation of personal stories from members of the Asian American community in Montgomery County, Maryland.

The book intends to educate and raise awareness about the wide range of challenges faced by the Asian American community in relation to health, healthcare access, immigration, and language proficiency, just to name a few. Additionally, this book aims to dispel Asian cultural myths and stigmas related to preventative care, illness, and treatment. Each story also offers a message of wisdom amidst desperate struggles.

This powerful collection of individual narratives may be used to inform community members, leaders, healthcare providers, policy makers, institutions, community-based organizations, and faith-based organizations about how health disparities and social determinants of health impact individuals, their families, and their communities.

Asian Americans are often considered a “model minority.” This myth suggests that all Asian Americans enjoy high socioeconomic status and high educational attainment and, as a result, do not experience negative health consequences. While some of these assumptions may be true for a subset of the population, many Asian Americans experience significant social, economic, and health disadvantages.

This misconception has affected the lives of many Asian Americans, concealing the hardships and continuing health needs faced by many vulnerable Asian American communities. This storybook works to debunk the model minority myth and highlight the health needs experienced by the Asian American community.

Despite certain conservative cultural norms and the stereotype of a silent and apathetic community, Asian American residents of Montgomery County have come forward through this project to share their stories of suffering, hardship, and hope.

In the Asian American community, many stigmas exist relating to sickness or health troubles. In some Asian cultures, falling ill may be perceived to be bad karma, a curse, or even the result of sins committed in a past life. As a result, many Asian Americans withhold

sharing personal health matters or their family members' health matters with friends and relatives because of a fear of rejection, shame, lack of empathy, and community backlash. Consequently, seeking appropriate medical attention or social services may be delayed or not sought out at all.

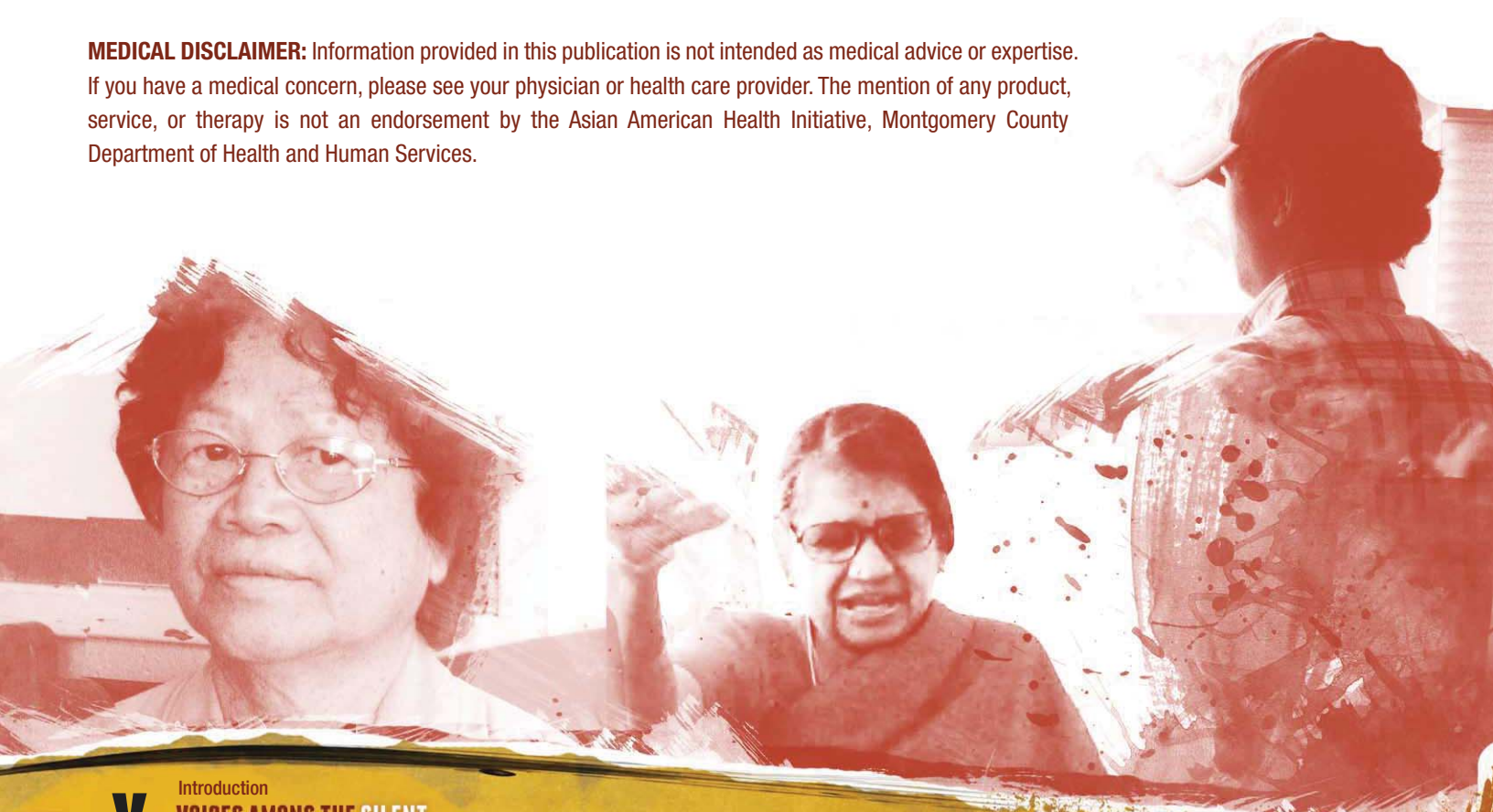
Furthermore, social and economic environments play a critical role in determining a person's risk of illness and his or her ability to access treatment. These stories provide insight into the social determinants of health that contribute to poor health outcomes in Asian American subgroups.

Social determinants of health are the circumstances in which individuals are born, grow, live, work, and age—conditions that are beyond one's control. These factors, such as socioeconomic status, home and work environment, access to transportation, educational attainment, governing policies, and the healthcare system, have significant impact on an individual's health and contribute to health inequities within and between populations. As the public health field shifts from the disease-specific model to a wellness-based approach, it is important to understand how these social and physical conditions, or "built environments," impact one's health and well-being.

For those unable or afraid to speak up, these 16 personal journeys provide a voice for Asian American community members to share, inspire, and empower. This project not only showcases stories of discrimination and distress, but also highlights the strength and resilience of the community.

**CONTENT DISCLAIMER:** Each story is based on an individual's personal thoughts and experiences and is not meant to generalize any specific community. The views and opinions expressed in this publication do not necessarily reflect the views of the Asian American Health Initiative, Montgomery County Department of Health and Human Services.

**MEDICAL DISCLAIMER:** Information provided in this publication is not intended as medical advice or expertise. If you have a medical concern, please see your physician or health care provider. The mention of any product, service, or therapy is not an endorsement by the Asian American Health Initiative, Montgomery County Department of Health and Human Services.





*My sister was  
born with a  
developmental  
disability.*

Born at just one pound, seven ounces, 22 year old Sahrah Song has severe developmental disabilities and is blind. In this story, her sister, Silvy, writes about the impact Sahrah's conditions have had on their family and on her own life choices. Although she and her family have established a level of support within the Korean community, she expresses her continuing frustration and desire for others to understand the special needs of Asian Americans with disabilities and their families.

*Silvy Song*

**ETHNICITY:** Korean

**AGE:** 26



## My Story

My sister, Sahrah, gets very excited when I sit with her and start playing my guitar. She mumbles, “Sing, sing, sing!” It’s one of the things I love doing for her.

My sister was born with a developmental disability—what used to be called “mental retardation.” She has severe cognitive and intellectual delays, and she is also blind. She is 22 years old and is completely dependent on the family to care for her.

If there were a fire, Sahrah would not be able to save herself. That thought frightens me. She can hear us with some understanding, but her communication is mostly non-verbal. When she is sick or hurt, we do not know.

In the early 1980s, my parents moved to the United States from South Korea. My siblings and I were all born in Maryland. When I was four years old, Sahrah was born. She was extremely

premature, weighing only one pound, seven ounces. The doctors did not know if she was going to live for very long. She was put into an incubator until she was several months old.

I remember going to the hospital with my parents and meeting the doctors and nurses who were taking care of her. I stood there trying to figure out what was going on. I didn’t understand why we couldn’t just take her home with us.

My first memory of Sahrah was as a tiny, pale, pink baby with tubes sticking out. She actually looked kind of scary to me. As I tried to hold her, I remember my parents telling me that she was very sick and could not see. While my parents assured me that things were going to be alright, their faces told me otherwise.

I still have this vivid memory of peering into the incubator and seeing Sahrah’s eyes open. Immediately, I started screaming, “Look, Mommy! Her eyes are open! She can see!” My mother turned to me and gently shook her head. Her sad gaze told me there was something

critically wrong, and my little four-year-old heart sank.

As a teenager, when I had friends over, I had to explain why my sister was different and why she was making weird movements. I had to explain why she was all grown up, but still sat in a stroller. As a family, it was challenging planning trips. It was

**“I had to explain why my sister was different and why she was making weird movements. I had to explain why she was all grown up, but still sat in a stroller.”**



even difficult to take a simple walk in the park. When we did take trips to the mall or any public place, it was embarrassing because people would just gawk and stare at us. It made me feel strange.

It's likely because, in some Asian cultures, disability is still considered taboo. People with disabilities are viewed as outcasts of society and valueless citizens. Some superstitions claim that having a disability is a form of punishment, so people look down on the family because they must have done something wrong to "deserve" such a fate. It's a repulsive idea, but it is accepted as truth by some, especially older Asian generations.

Growing up, my entire family was extremely supportive and helpful with Sahrah's condition, however, my mother has been her primary caretaker. A normal day in the household begins at around 7 a.m. My mother bathes her, brushes her teeth, blow-dries her hair, clothes her, prepares her special breakfast, feeds her, packs her special lunch, walks her down to the bus stop, and sends her off to school. When she was two years old, she started attending the special education school. This year, she is graduating and will eventually move on to a day program.

When Sahrah gets home from school, my mother washes her, feeds her, and plays with her. She cannot chew, so we mash up her food and feed her. My sister's dinner is made separately from the rest of the family's. Every night, Sahrah sleeps in my

mother's bed. She grabs my mother's hand as she falls asleep. I think it comforts her.

My mother wants to work, but has trouble finding traditional places of employment because she has to be readily available for my sister at all times. She has to be with her in the morning, sometimes during the day, and in the afternoon when the bus brings her home. My mother also has to be available to run

out should an emergency arise. This schedule may seem standard for mothers with very young children; however, my mother has had this routine for 22 years and it will continue through my sister's adult life. On top of her unpredictable schedule, my mother's English is poor, limiting her options even further.

It's unsettling and stressful to know that my sister's livelihood depends almost entirely on my mother, who barely ever gets a break. In Korean culture, it is the children who are supposed to take care of their parents as they age, not the other

way around. As my mother gets older, I understand that I will be taking on some of her tasks. As a Korean American daughter, I feel the responsibility to take care of my parents and siblings, no matter what. It is not customary in our community to rely on outside help or to send family members to outside long-term care facilities at any age. While most of my American friends "fly the nest" in early adulthood, I have a different sense of obligation to my family. In college, I lived in the dorms, but whenever my mother had to run an errand, I rushed back home because Sahrah could not be left by herself.

***“ In some Asian cultures, disability is still considered taboo. Some superstitions claim that having a disability is a form of punishment, so people look down on the family because they must have done something wrong to ‘deserve’ such a fate.”***

Through the years, my parents have felt helpless, socially isolated, and ostracized by those who couldn't empathize with their situation. They were so busy, and yet so lonely. Each month, a social worker came to our house for check-ups and to assess how we were doing. However, my mother could barely communicate with the social worker because she struggled with English as her second language. While the monthly check-ups were well-intentioned, they were not helpful because we were not like other American families.

As first generation Korean Americans, my parents didn't have anyone to consult about decisions related to my sister's schooling, health, behavior, or life-skills. My family couldn't access the standard services because they weren't available in Korean and did not take into account the dynamics of our culture. We struggled with the availability of programs, helpful advice, and social support for families that functioned like ours. I guess it was not common to see an Asian family with a child with disabilities? It was definitely a bleak time for us.

Years ago, thankfully, my sister's pediatrician, a bilingual Korean American doctor, introduced us to another local Korean mother in a similar situation to ours. Through her church, we connected with a few other Korean families with children with disabilities. The mothers began to gather socially. They finally had a place where they could talk, de-stress, share their emotions, offer help or suggestions, or just cry with one another. In retrospect, they were essentially group therapy sessions.

These casual meetings eventually evolved into a formal network that now includes, not only Koreans, but other Asian American families in the community. Now, we meet and create enriching out-of-school activities for our families. It has been a much needed, strong social support for my family and other Korean families as well. Even with our small community network, I feel that there could be more support for families like mine.

## *My Words of Wisdom*

Be open-minded and try to understand the needs of people with disabilities. They didn't choose their lives, so please accept them as they are.

Personally, my experiences with Sahrah have shaped the career path that I have chosen. She inspired me to pursue a career in social work and in the human service field; I recently completed my master's degree.

She has forced me look at life differently, never to generalize, and to understand the experiences of those that society does not regard as "normal."

## THE DISABILITY COMMUNITY:

Today, over 54 million Americans, or one in five, have at least one disability. In general, a disability is defined as a feature of the body, mind, or senses that can affect a person's daily life (US Department of Health and Human Services [USDHHS], 2005). As the Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities* states:

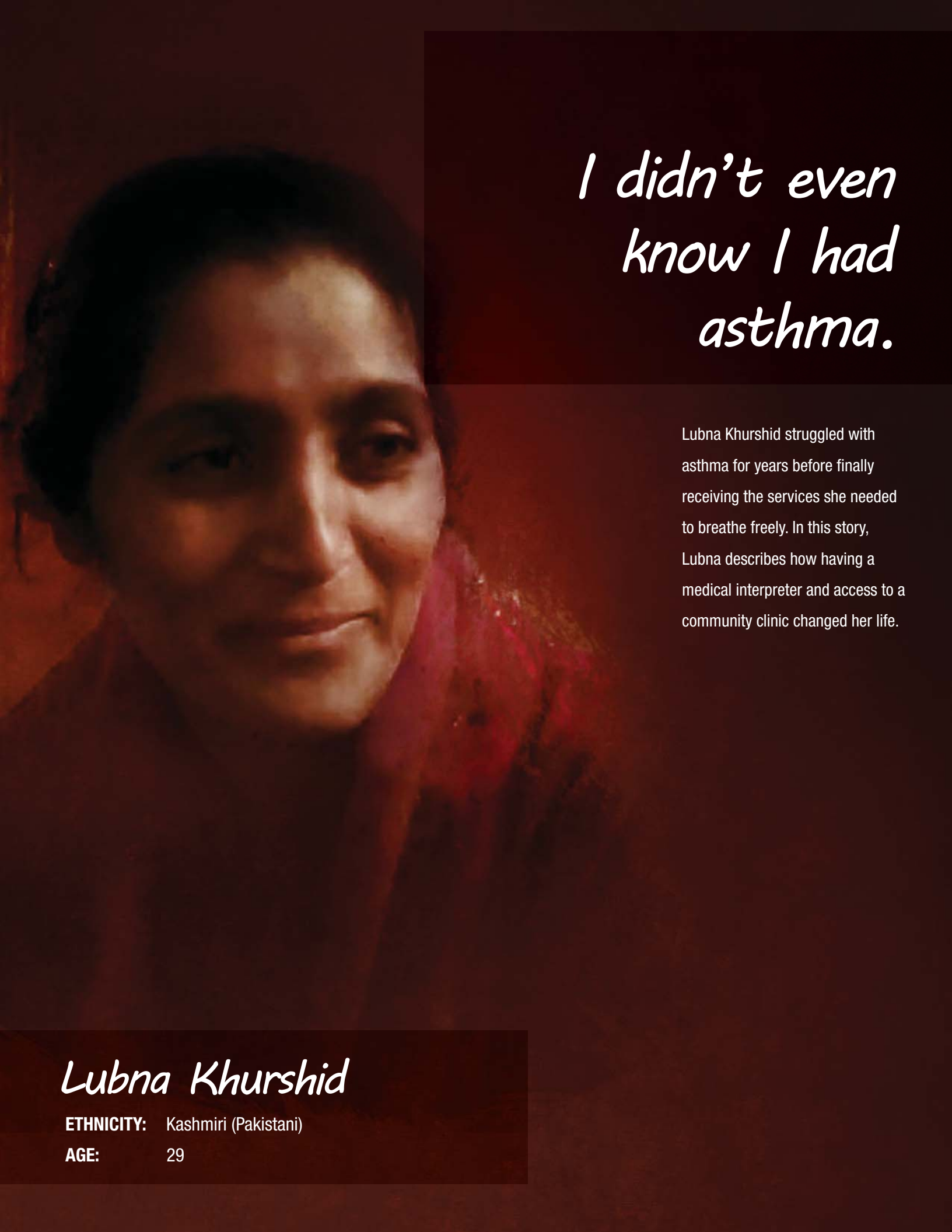
- Some people are born with a disability.
- Some people get hurt or sick and have a disability as a result.
- Some people develop a disability as they age.
- Some people have a disability that lasts a short time.
- Other people have a disability that lasts a lifetime.

Asian Americans with disabilities constitute a “double minority” population (Choi & Wynne, 2000), a compounded circumstance of race and disability status. Accessibility to healthcare is particularly challenging among women of color with disabilities. By virtue of their sex, race, and disability, this population falls victim to a “triple jeopardy” effect of discrimination (USDHHS, 2005). Women of color with disabilities may experience barriers to appropriate healthcare, including specialized medical equipment and limited culturally sensitive and culturally competent healthcare professionals and facilities (Thierry, 1998).

Disability is considered to be a form of embarrassment and shame within some Asian communities. Because of this

stigma, disabilities are not discussed openly. Underutilization of services for mental health has also been documented for Asian Americans (Choi & Wynne, 2000). Some of the major barriers that have been identified for the underutilization of services by Asian Americans are language barriers and the traditional and cultural beliefs of stigma towards disability.

- The chance of having a disability goes up with age, from less than 10% for people 15 years of age or younger to almost 75% for people 80 or older (USDHHS, 2005).
- People with disabilities are twice as likely to be physically inactive as people without disabilities. As a result, they are less likely to stay heart healthy and to maintain strong muscles and bones (USDHHS, 2005).
- Compared to US born Asian elders, foreign-born Asian elders reported higher rates of disabilities (Mutchler et al., 2000).
- According to the US Census Bureau (2001):
  - 49.7 million people live with some form of disability, out of which 9.3 million have a sensory disability, 21.2 million have a condition limiting basic physical activities, and 6.8 million live with a physical or mental condition resulting in difficulty in dressing, bathing, or getting around inside the home.
  - 623,255 Asian families report having at least one family member with a disability.
  - 5,007 Koreans with disabilities live in Maryland, of which, 1,829 live in Montgomery County.

A close-up portrait of a woman with dark hair, wearing a red shawl, looking slightly to the right with a gentle expression. The background is a warm, reddish-brown color.

*I didn't even  
know I had  
asthma.*

Lubna Khurshid struggled with asthma for years before finally receiving the services she needed to breathe freely. In this story, Lubna describes how having a medical interpreter and access to a community clinic changed her life.

*Lubna Khurshid*

**ETHNICITY:** Kashmiri (Pakistani)

**AGE:** 29



## My Story

Leaving my parents and all I knew behind, I came to this country five years ago as a young woman eager to join my husband. I made the move from my town of Rawalakot in Azaad Kashmir (Pakistan-administered Kashmir) to my new town of Rockville in Montgomery County, Maryland.

My two young children keep me very busy all day long. Every day I have to invent new, witty ways to meet their curious questioning. Soon they will start going to school, though, and I know I will miss them. They were born in the United States and speak Urdu with me and my husband—this is necessary because I can only speak Urdu.

While others may consider me South Asian, Pakistani, Indian, desi, or Asian American, I smile and proudly declare that I am Kashmiri. There are many others from Kashmir living in Montgomery County, including the folks upstairs, from whom my husband and I rent our living space.

Since childhood, I have suffered with this nagging cough. When I was in Azaad Kashmir, I used to take different medicines and it would get better. I had an x-ray there, but it was normal, so I just assumed I would have to live with taking medicines every time the cough acted up.

When I was pregnant with my first child here in the US, my cough greatly worsened. My doctor told my husband that he was concerned and suggested that I get another x-ray, so I did. He asked me to pick up a medicine to take, but I didn't have insurance and was afraid of the cost. I also wasn't quite sure what the medicine was for—the instructions were all in English, so I couldn't read them. When I actually filled the prescription, I realized that he had prescribed a treatment for asthma.

***“I also wasn't quite sure what the medicine was for. The instructions were all in English, so I couldn't read them.”***

Before I realized it was asthma, I really didn't take my cough seriously. I figured it must have been because of drinking something cold, or having something hot and

then immediately having something cold—maybe that's why. I am embarrassed to admit that my husband says it's because I drink Coke or Sprite. That's what they say back home, you know!

Sometimes we drink warm liquids, like the warm water that's left after you cook and drain rice, in order to treat

a cough like mine. We often believe such old wives' tales. But with the medicines I am taking now, I have been able to keep the coughing under control.

I know that, for many immigrants, feeling isolated in a new country can really prevent us from seeking out health services, so I feel fortunate to have this one very close friend—a distant relative from Pakistan, in fact—living here in Montgomery County.

She's slightly older than me, so when I tell her about my health problems, she not only advises me to go to the doctor, but she often yells at me to do it the way only an older sibling can! I really enjoy the fact that we are able to visit each other's houses. It is a real treat because back home, her hometown of Multan was too far from my hometown of Rawalakot to visit often.

My friend doesn't usually go with me to the doctor. Rather, my husband takes me so that he can translate with the doctor. However, even with my husband, this isn't always ideal, as even he can't keep up with the fast-speaking American doctors.

My husband also accompanies me because I am not that familiar or comfortable with the public transportation system. Without him, I would have to travel alone on the bus with two small children and would be unable to read the signs or even ask for help. In general, I try not to go to the doctor because my husband would have to miss a day of wages.

You know, besides this close friend and my husband, I hadn't really talked to anyone else here about my cough.

I just always figured, "I don't speak English, so who is going to help me?"

Unfortunately, I don't have insurance either. So in addition to the language barrier, the perceived cost of going to a doctor was a factor in postponing my treatment. Only my husband was working at the time and his salary had to cover our rent, the groceries, the kids' diapers, and all the other household expenses. Quite honestly, I just pushed my cough and an intermittent stomach pain I was feeling to the side. I would just tell myself, "I'm fine. I'll be OK."

One day, I heard about a medical interpreter who speaks Urdu, and I sought her help immediately! She even told me about a mobile clinic where they only charge \$30 for a visit—including medicines. My son even yells out, "Mobile clinic!" every once in a while, jumping up on the couch and smiling out the window.

I've always had a good experience with that clinic. And when I go there, my interpreter helps me with English, so that is also a big plus. Since the asthma diagnosis, the doctors did a follow-up and also diagnosed a persistent, unchecked pain I had in my stomach. Apparently, I had an infection. I've gotten medicine for both my stomach infection and my asthma.

I do feel quite confident in administering the medications at the right time, thanks to the help of the medical interpreter. After suffering without remedy for so long, the only complaint now comes from my kids, who say my mouth has gotten bitter from taking too many medicines!

اردو کے ترجمان کی وجہ سے میرا تجربہ بہ ہیلتھ کیئر کے بارہ میں تبدیل ہو گیا۔

Thank goodness my medicines are included in the cost of the visit—one less thing to worry about in my life.

whether I can communicate with them directly. I do prefer that they be female, however.

When I heard that somebody could actually help you with English when you go to the doctor, only then did I feel confident about visiting the doctor. This way, I actually knew what was going on. I could understand what my diagnoses were and what the medications were for. If I hadn't heard of the interpreters, I would still be sitting at home, coughing and thinking, "Nobody is there to help me. I don't speak English—how can I go to the doctor?"

With an interpreter, I have less of an issue figuring out what kind of doctor I can see. I don't really have a preference for seeing an Urdu-speaking doctor now that I have my interpreter. I no longer have to worry about

***“Having an interpreter present has completely transformed my experience with my healthcare.”***

Having an interpreter present has completely transformed my experience with my healthcare. Though I've tried phone-based language services, I still prefer going with my in-person interpreter, especially because the phone interpretation can be a bit hard to understand, with the sound seeming as if it is coming from really far away.

Sometimes at night, because of the asthma, my breathing would stop altogether. But thank goodness I can control it with the medicine now. Since receiving the Albuterol pump to alleviate my asthma and the pills for my stomach infection, I have realized that having access to medical care has not only allowed me to breathe freely again, but it has helped me feel in control of my own health.

## *My Words of Wisdom*

I have tried to be generous with my knowledge about medical interpreters. I've told many people about both the interpreters and the mobile clinic, including my landlady upstairs who doesn't have health insurance either.

I want everyone in my community to know that, if they have a medical problem that needs attention, they don't have to feel the way I did. People shouldn't delay seeking healthcare because of an inability to communicate with their doctors.

## KASHMIRI COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: It is difficult to determine the exact number of Kashmiris in Montgomery County because the population could fall within the Asian Indian, Pakistani, or Other Asian categories.
- Kashmiris come from two distinct geographic regions:
  - The southernmost territory within Pakistan called “Azad Jammu and Kashmir” (AJK or Azad Kashmir for short).
  - An Indian-controlled state called “Jammu and Kashmir.” The state of Jammu and Kashmir is composed of the territories Jammu, Kashmir, Ladakh, and Gilgit.
- Immigrants from AJK are mostly Muslim and speak Urdu due to its physical location in Pakistan. The languages spoken in the state of Jammu and Kashmir include Urdu, Kashmiri, Hindi, Dogri, Pahari, and Ladakhi.
- Kashmiris also speak various dialects such as Pahari-Potwari, Gojri, Punjabi, and Pashto.
- The most popular form of Kashmiri folk music is Chakri, which is similar to Chakra, popular in the mountainous regions of Uttar Pradesh.

## ASTHMA

Asthma is an inflammatory disorder of the airways. Symptoms of asthma can include wheezing, shortness of breath, chest tightness, coughing, and nasal flaring. These symptoms can be


triggered by animals, dust, exercise, mold, pollen, and tobacco smoke. Many people with asthma may have an individual or family history of allergies (Mayo Clinic, 2010).

Although there is limited data about asthma among Asian American populations, a few surveys conducted in California and Hawaii have observed increasing rates of asthma among children and adults. According to one survey, Filipino Americans have the highest rates of asthma (Davis et al, 2006). Rates of asthma among South Asian Americans are the fourth highest within the nine Asian American populations studied. Asthma risk is particularly high for Asian American children who are born in the United States (Davis et al, 2006).

According to reports from the Maryland Department of Health and Human Services (2009a; 2009b):

- An estimated 500,000 Marylanders are affected by asthma.
- In 2006, there were approximately 9,800 hospitalizations and 38,000 emergency department visits related to asthma. The costs for these largely preventable visits totaled \$82 million.
- In 2007, the prevalence of asthma (i.e., having an asthma diagnosis at the time of data collection) was 8.6% or approximately 474,000 persons. The lifetime prevalence of asthma (i.e., proportion of individuals ever diagnosed) for all Marylanders was 13.3% or about 740,000 persons.
- Asthma caused an average of 81 deaths per year in Maryland from 2002 to 2006.



A woman is sitting on a dark, textured couch in a room with a strong red glow. She is wearing a dark jacket and is looking towards the right. The background is a textured wall, possibly a mural or a wall with a rough finish. The overall mood is somber and reflective.

*I am a breast  
cancer survivor.*

Like many women, Mrs. Hwang didn't think much about her health until she found herself facing a crisis. Language and cultural barriers prevented her from getting the screening and care she needed. Once she discovered a lump in her breast, Mrs. Hwang had to rely on her only daughter to help her navigate the American healthcare and social service systems.

*Mrs. Hwang*

**ETHNICITY:** Chinese

**AGE:** 58



## My Story

My battle with breast cancer began in 1999. One day while showering, I noticed something odd on my chest—it felt like a weird lump. I was very alarmed and unsure what to think and what to do. I had never had a mammogram. I never really did those self-breast examinations. I had only heard about breast cancer through my relatives and close friends in China. Unfortunately, all their stories began with finding an abnormal lump and then finding out they had breast cancer.

I immediately told my husband and we decided this may be serious enough to see a doctor. As always, before I could take any action, I had to call on my daughter to help me.

I came to the United States in 1988 with my then 9-year-old daughter to join my husband, who had immigrated a year earlier. Because we both spoke very little English, the only job we could find was working in a Chinese restaurant. To this day, my husband still works there.

We both worked extremely hard, non-stop, everyday. We left home early and returned late. We did not pay much attention to our health, nor did we see the doctor. If we became ill, my husband and I would just take some Chinese medicines and endure the pain. We told ourselves that, as long as we were not too sick to get up, we would bear it. Our philosophy was: “As poor immigrants, we must be strong to survive.” We were in America and we needed to work hard.

**“We struggled to make ends meet and felt that spending money on medical bills was a big waste.”**

We never had medical check-ups or screenings. Because we only spoke Mandarin Chinese, we could not communicate with doctors, so what was the point in going? We struggled to make ends meet and felt that spending money on medical bills was a big waste.

Saving money was always our top priority. We focused on the necessities: paying the rent, utility bills, and child care. We had no insurance because we could not afford it and our jobs did not offer benefits.

We were familiar with the medical system in China, but none of that knowledge applied to the American system. We had no idea where to look or whom to ask. Our social network here is very small; most of our friends are

restaurant workers. As you can imagine, they do not speak much English either.

Since our daughter was a young child, we have relied on her for everything—to translate our paperwork, accompany us for interpretation, and make phone calls on our behalf. She was our only child. She was our eyes, ears, and voice. She was forced to grow up quickly in order to help her father and me. We felt guilty about being burdens on her, but she never complained. Instead, she constantly told me, “Don’t worry about me, mom. I can go with you whenever you need me. I want you to stay healthy; that’s most important to me.”

My relatives say she’s fulfilling her duties as the typical Chinese daughter by giving back to her hard-working parents. They may be right, but I still feel like I owed her a carefree childhood without all the hassles we caused her. Yet, with few resources and our broken English, regardless of how terrible I felt, I truly had no one else to ask for help—I didn’t know who else to turn to.

After I called my daughter to tell her about the unusual lump I found, she immediately took off from college and her part-time job to come home to assist me. She went with me to a local hospital for a type-B ultrasonic examination. There, I was also introduced to a specialist in Germantown. Unfortunately, the specialist only spoke English so I had to rely on my daughter to go with me to each visit.

I did not know much about diseases, let alone breast cancer. The women I know who had had breast cancer survived, but who was to say I would be as fortunate? I was extremely nervous waiting to hear the results of my tests. During this period, I did not take off from the restaurant because we

needed the money. I could not help thinking and worrying about the outcome. My husband said to me, “Maybe it is not cancer. Maybe it is not as bad as you think. Ahh, don’t worry too much.” That “maybe” was my only hope.

On the day I was to hear the results of my tests, again, my daughter was by my side. The doctor first told her and asked her to translate to me. From their faces, I already knew the result. I could also distinguish the word “cancer” in English. When I heard the doctor utter that word, suddenly, all my hope was gone and I immediately began to cry non-stop for the next few minutes.

My daughter was much stronger than I was. With a loving smile she said, “Mom, don’t you remember the two aunties? They both had breast cancer years ago and they are doing great now, aren’t they? Mom, you will be fine!” The doctor also told us that I was only in the early stage of cancer and it had not yet spread to my lymph nodes.

***“She was our only child. She was our eyes, ears, and voice.”***

I felt slightly better with their encouragement, but I was more concerned about the practical side of things—the medical bill. At that time, we were living in a shared apartment with no health insurance and little savings. How was I going to pay the medical bills?

I cried countless times because I felt helpless. My husband said, “Now that it is diagnosed, let’s face the truth and work something out.” He seemed optimistic, but I was extremely desperate. I knew how expensive medical tests and procedures were; there was no way we could afford the bill!

I thought of a time when my husband had to go to the hospital for a chronic cough. He only had an x-ray and got

some medicine. The bill came to \$400! That was ridiculous. If a cough cost \$400 to treat, what was cancer going to cost? I did not even want to think about it.

Fortunately, my misery took a favorable turn. A friend guided me to a government program that could help pay for my cancer treatment. As always, my daughter filed all the paperwork and applied on my behalf. Luckily I was approved. I was extremely relieved. I felt as if I worried more about the medical bill than actually having cancer.

In October 1999, I had surgery to remove the lump. I did not tell anyone other than family members and very close friends. I do not want people to know that I had cancer.

Discussing a serious disease like cancer is considered bad luck in traditional Chinese culture. It is no longer the case among the younger generation; but the older generations are still concerned about it. I did not disclose my health situation to too many people. When I asked to take off work for the procedure, I told them I was “sick,” without mentioning many details.

I worked up to the day of my surgery. I didn’t take any days off after I was diagnosed. Why? Because who would take care of me? No one. I just took care of myself so that I didn’t bother my daughter and my husband could continue working—he had to work, otherwise who would support us?

After my surgery, I told my daughter to focus on her studies. I kept telling her everything was fine. I only asked her to

accompany me when I had follow-ups. By limiting the amount of time I bothered her, I felt less guilty somehow. Sometimes I had pain, but I kept it to myself. In general, it was not as scary as I thought.

For about a year, I had chemotherapy and radiation therapy based on my doctor’s recommendations. I cannot remember exactly what procedures I had done, because I could not understand any of the terms the doctor said. Each chemo session, the doctor talked to my daughter, and then my daughter told me what to do. I just followed her instructions.

During the first year after my diagnosis, I had to go for follow-up examinations every three months. Each time, my daughter took off from school and work to accompany me. She always told me, “Don’t worry mom, it’s all right.” But I really wished I could have gone by myself—if only the doctor and I could understand each other!

Over the past ten years, I have had to take medicine regularly. My daughter had to rewrite the dosing instructions in Chinese because I could not read a word on the medicine box. There were so many pills and specific directions, it got confusing. I wish they had translated instructions for non-English speaking patients. It could have saved my daughter so much time. In December 2009, I was told that I do not have to take any more medicines and I only need follow-up once a year. What a relief!

With all the interpretation I needed from my daughter, I was relieved to be referred to a bilingual patient navigator through a friend in 2009. Since then, the trained medical interpreter has been able to assist me with any scheduled

“她是我們唯一的孩子。她是我們的眼睛，耳口和聲音。”

appointments and doctor's visits, and I no longer have to rely on my daughter. The program is extremely helpful and important. I feel I am not alone and helpless anymore.

At a recent check-up, I was told that I had high blood pressure. I did not feel anything wrong before, so I was quite shocked. It made me realize that I could not be lazy about my health. Even though I fought breast cancer, I could develop other health problems if I was not careful.

My doctor said the high blood pressure could be attributed to my strenuous lifestyle and long working hours. I was told to "relax" more or else my condition could worsen. The concept of "relaxing" was new to me. My husband and I decided that, because our daughter works full-time and can help support us, I should stop working at the restaurant and stay home to take care of our young granddaughter. I am really enjoying it.

When I think back, although having breast cancer was very unfortunate, I was lucky that I was diagnosed early. I can only imagine how much worse it could have been if I had not seen a doctor immediately.

Now, I am trying to improve my lifestyle. Before I had breast cancer, I never thought about how to maintain my health. I never exercised. I never thought about going to a gym, especially because I could not communicate with people. I would

rather stay at home. From the experience of cancer, I have learned to take better care of my health and to try not to let money or language stand in the way of living a good life.

Finding out that I had high blood pressure was like a second reminder to care for myself. Now, I try to exercise every day; I walk or jog in my neighborhood. My motivation: I want to live long enough to see my granddaughter grow up. This is my wish.

***“Discussing a serious disease like cancer is considered bad luck in traditional Chinese culture.”***

## *My Words of Wisdom*

Never postpone getting screenings. Whenever you find something suspicious, go to the doctor as soon as you can. Asians tend to “bear with it,” and I used to be like that—because I was too busy, too poor, and there was too much difficulty for non-English speakers to find a doctor. Yet your health is the most important thing. Take good care of yourself, exercise more, and get regular screenings.

## CHINESE COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 37,506 (30.1% of the total Asian American population in the County) (US Census Bureau, 2006).
- Languages: Mandarin, Cantonese, Shan, Fuzhou, Hokkie, Xiang Gan, Hakka, and over 80 other dialects.
- The Chinese Lunar New Year, also known as Spring Festival, is the most important traditional festival for the Chinese. A few days before the New Year, every family thoroughly cleans the house to wash away dirt, symbolizing bad luck from last year.
- One of the most popular Chinese games is *mah jong*. It is a favorite among older generations.
- Red, symbolizing fortune and joy, is a very common color in Chinese culture. Red decorations are seen everywhere in the Chinese community during Spring Festival.

## BREAST CANCER

Breast cancer rates have traditionally been low among Asian Americans. However, studies indicate that when Chinese, Japanese, or Filipino women immigrate to the United States, their breast cancer risk rises over several generations and approaches that of white women (Intercultural Cancer Council, 1999). According to recent reports, exposure to Western lifestyle, including diet, increased body weight, and choosing to have children later in life, have substantial impacts on breast cancer risk.

Moreover, in general, Asian Americans are more likely to be diagnosed with later stages of breast cancer due to lack of regular screenings. Studies indicate that Asian American and Pacific Islanders are the least likely to have ever had a mammogram, and young Asian women have lower participation in breast self-

examinations than other racial groups (Breast Cancer Resource Directory, 2010).

According to the health needs assessment conducted among Asian American communities in Montgomery County, Maryland, Chinese participants reported being less likely to have mammograms due to language barriers and a lack of medical knowledge. Focus group participants also reported that the English-only paperwork was burdensome (Asian American Health Initiative, 2008).

- Breast cancer is the leading cancer in each female Asian American and Pacific Islander group with the exception of Laotian women, for whom breast cancer has the second highest rate (Miller et al., 2008).
- Breast cancer was among the top three cancer causes of death for each female Asian ethnic group, except Koreans, for whom it was in the top five (Miller et al., 2008).
- Asian American and Pacific Islander women, in aggregate, have among the lowest breast and cervical cancer screening rates of all ethnic populations (41% and 65%) (American Cancer Society, 2008).
- Asian American and Pacific Islander women living in the United States are less likely to have had a mammogram than other groups of women in the United States (National Center for Health Statistics, 2007).
- A study of the effects of immigration on breast cancer risk among Chinese, Japanese, and Filipino women living in California showed that Asian Americans born in the United States had a 60% higher breast cancer rate than those born in their country of origin. It also reported that immigrants' risk of breast cancer doubled after residing in the United States for a decade (Ziegler et al., 1993).
- In 2002, 575 Montgomery County residents had breast cancer and 100 died from the disease (Maryland Department of Health and Mental Hygiene, 2006).



*I am giving back.*

As the case manager at the Korean Community Service Center, Julia Chang helps Korean residents identify and apply for health and social service benefits they desperately need. Every day, she helps families with heartbreaking problems navigate a world where language and cultural differences make even common problems seem insurmountable. Julia writes about what made her decide to give back to her community and the rewards of helping others.

*Julia Chang*

ETHNICITY: Korean



more hours in the day so I could devote more time to my clients.

On a typical day, clients walk or call in and I conduct an initial assessment based on their background. I help them determine which

public assistance program is most appropriate and help them understand the requirements. Most of the time, I apply for the program and follow up on their behalf. Once a notice is received, I translate for the clients and ensure they follow the instructions. We call it “full-service” case management assistance and it is absolutely free of charge.

## My Story

I can go on and on with true stories of my clients. As the case manager at the Korean Community Service Center (KCSC), I help clients apply for health and social service benefits. I witness so many real life horror stories happening every day. Some have happy endings, yet too many break my heart with no end in sight.

I worked in the banking industry for many years and recently retired. Since I retired, I felt that it was time for me to do something for my community, to really “give back.” I knew there were many immigrants struggling with English and adjusting to their new lives in America, so, in 2009, I began as a volunteer for KCSC. Later on, noticing how understaffed the organization was and how much the Korean community was in need of people like me, I became a part-time staffer.

The other half of my day is spent caring for my mother-in-law, who is in her late 80s. It is the typical duty of a Korean daughter to care for an aging parent or elder, however, I wish there were

**“ He told me he would rather tolerate the pain than face the expenses. ”**

Working closely with Korean immigrant clients for over a year now, I can genuinely feel their pain. In my observation, the two major problems they constantly face are language and cultural barriers and the lack of health insurance.

Because of language hurdles, many Korean immigrants cannot use the higher education they received in Korea in the United States; many are forced to take low-income blue-collar jobs instead. Many of our male Korean

immigrant clients were college-graduates back in Korea, but they are construction workers here. They earn low incomes and have minimal insurance or no health insurance at all. When they have health problems, they have no idea where to go or what to do. Because of their poor English, they feel extremely uneasy accessing non-Korean-speaking public services.



Moreover, Koreans tend to be very private about health issues. Many of them feel they should keep their medical problems to themselves, which often leads to bigger health problems. In Korean culture, asking a stranger for help is considered bold and is often avoided. Therefore, when they finally access a case manager, their situation is usually pretty bad and urgent. Getting help becomes a time sensitive matter.

“돈을 내느니 차라리  
통증을 참겠다고  
말했다.”

One example that comes to mind is that of a male client in his 40s who came to me for help with his disability benefit application. He was a construction worker, but he had severe diabetes. Due to delayed treatment, he began to lose vision in both eyes. In 2007, he had to stop working because of his impaired vision.

In 2009, with his entire life savings in his pocket, he traveled to Korea for an operation on his left eye. He could only afford to have the operation in Korea because the expense was much lower than in the US, even counting in the airfare. After the operation, he had much better vision in his left eye.

Now, he is in desperate need of an operation for his right eye. Unfortunately, he has no way to pay for it. We applied for disability benefits and that application is still pending. The review process usually takes several months, but sometimes up to half a year. I wish there were an accelerated process for immigrants with time sensitive conditions like his. While he waits for approval, he may lose his eyesight completely.

Another case involved a man in his 60s who worked for a painting company. A couple of years ago, he accidentally inhaled some toxic fumes at work and suddenly lost consciousness. He was rushed to the ER and hospitalized for six months.

Through extensive treatment, he regained his ability to move and speak, but unfortunately, he will experience lifelong brain

damage. He currently has a very short memory and attention span, limiting his ability to function attentively at work. As a result, he was terminated from his job. His company could only pay his medical bills, but could not provide him any worker's compensation. Without salary and compensation, he could barely support himself and his family.

He came to my organization for help applying for disability benefits. His application was initially denied, so we're in the appeal process. Meanwhile, he receives minimum supplemental income and temporary Medicaid to cover his very basic needs.

He experiences constant migraines limiting his daily functions, in addition to suffering from a range of dental and podiatric problems. Unfortunately, he is not able to afford treatment for these health conditions. In fact, he said he was reluctant to see the doctor because he was afraid of the medical bills—he told me he would rather tolerate the pain than face the expenses.

In my opinion and experience, mental health is another crucial problem faced by the Korean community. In general, their knowledge of the topic is limited and, compared to physical health problems, Koreans are even more reluctant to open up about their own or their family members' mental health troubles. They feel ashamed of it, as if having a mental health problem is a curse, something to be ashamed of and feel guilty about.

Mental illness is associated with tremendous stigma throughout the Korean community. They fear being called “crazy,” thus, the concept of counseling is foreign to Koreans. Many people do not seek help due to embarrassment, or else they think they can “get over it” on their own. Because of this reluctance, I feel that many of our community members miss out on proper treatment and, in turn, their conditions exacerbate.

I recall one case involving a first generation Korean immigrant family. The parents were in their 60s and both were earning very low wages. They had one daughter who was in her 30s and was incredibly isolated from the outside world. She suffered from extreme social anxiety and could not deal with strangers. Having only finished high school and unable to secure employment, she could not live independently. She retreated to her parents' home and rarely left the premises. The only time she left home was to attend church for several hours each week. Her entire world was herself and her family members.

When the parents described her situation to me, I was astounded that they never took her to see a specialist. I thought her fear of leaving her home where she felt safe and stepping into the outside world sounded like agoraphobia, a social disorder. But her parents told me, "She is just shy. She's always been like this since she was a young girl. She is just very shy to see people she doesn't know. Obviously, we couldn't take her to see a doctor."

Instead of seeking medical attention, they believed attending church and praying would help her most. With my strong recommendation, however, they finally agreed to take her to a

psychiatrist. I believe she is in treatment now, though it saddens me that she did not receive treatment earlier.

I believe community-based organizations such as KCSC play an important role in helping Korean residents in the area, however, I wish there were more resources available. During this past year, I personally worked with over 1000 Korean clients, providing approximately 200-250 units of services every month. Every client has a story of tears and struggle that is worth sharing. Without such services, community members feel so helpless.

Like many other non-profits and human service agencies, we face funding and staffing limitations. In our Montgomery County office, which provides over 700 units of services every month, can you imagine there are only three of us? However, we try our very best to help our community.

I really enjoy my work as a case manager. When Korean immigrant clients come to us for help, they are always anxious and do not know what to do. When we identify potential solutions to their dilemmas, and I see the relieved smiles on their faces, it is the most wonderful moment. I feel honored to have a part in helping them.

## *My Words of Wisdom*

Do not keep health problems to yourself. Do not just keep it inside. Do not hesitate to ask for assistance. Open up and seek help when you need it. There are organizations that always have their doors open, particularly to new immigrants.

Keep in mind, not speaking English well is not your fault, so do not blame yourself. There are ways to navigate the system even with limited English. You deserve adequate health services regardless of who you are, where you are from, and what language you speak.

## KOREAN COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 18,690 (15% of the total Asian American population in the County) (US Census Bureau, 2006).
- Language: Korean
- The Korean New Year (Seollal) is the first day of the lunar calendar year. People dress up in colorful hanboks and are served tteokguk, soup with rice cake.
- Chuseok is a Korean holiday similar to Thanksgiving that celebrates the beginning of the autumn harvest.
- Although rice is the staple food, fermented recipes such as pickled vegetables are very popular. Kimchi is a popular dish; it is one of the top three healthiest foods researched by the World Health Organization.

Korean Americans are one of the fastest-growing Asian immigrant groups in the United States. Despite the rapid increase of the population size, the health service utilization of Korean Americans remains marginal. Korean Americans are less likely than non-Hispanic whites to be insured and to have regular check-ups (Lee et al., 2008).

A major reason is that Korean Americans are disproportionately self-employed or work in small businesses, and these employers are less likely to offer health benefits (Kaiser Family Foundation, 2000). Due to their unfamiliarity with the managed care system and the Social Security system, Korean Americans may experience isolation from the mainstream healthcare system.

Many Korean Americans delay seeking help until they are in a state of crisis (Shin & Lukens, 2002). Research indicates that Korean Americans with mental health concerns seek treatment as a last resort, preferring to seek assistance from family and friends, informal social networks, and community-based organizations, including traditional healers or folk medicine (Akutsu, Castillo & Snowden, 2007).

- Compared to other ethnic minority groups, Korean Americans (42%) have the lowest health insurance coverage (Kim et al., 2000).
- Only 51% of Korean Americans get regular health check-ups (Kim et al., 2000).



# *I am a pothead.*

Drug use is a serious social problem in all American populations, and the Asian American community is no different. In this story, Sean shares his experiences as a continuing drug user and sheds light on the misconception that Asian Americans are not at risk for drug use. His story illustrates that, like many American youth, Asian Americans are at risk and that parents play an important role in the decisions their children make.

*Sean*

**ETHNICITY:** Filipino

**AGE:** 24

# My Story

I've dropped about eight different types of ecstasy. I've tried Percocet, Vicodin, and Promethazine. I've used mushrooms, cocaine, and PCP. But the one drug I keep coming back to, the only drug that has sunk its claws into me and won't release its grip, is marijuana.

For the past six years, I've been getting high on a daily basis—before work, after work, a couple of times during work—smoking to relax. I'm a pothead. I'm the first to admit it.

I guess I'm not your stereotypical pot smoker. I'm not a surfer dude with bleached blonde hair and I don't rock out to Led Zeppelin or bump Cypress Hill in my tinted, white Escalade. I may not be the stereotypical smoker, but I think I represent the typical smoker. I'm Asian, but I'm also American.

I was born in the Philippines. I don't remember it too well. When I was five, my mother and I moved to the United States to reunite with my father, who moved here before us to find work. We didn't have much money. The Philippines is still very much a developing country and my family there was not wealthy by any measure.

Within the first year of moving to the United States, our family settled in Rockville. We've lived here for 20 years. My sister was born here and our grandparents live about 30 minutes away. To me and my family, Rockville and Montgomery County are home. I think my story is similar to that of many kids who grew up in Montgomery County, regardless of race or ethnicity; it's the common story of suburban America.

According to my cousins, the first time I smoked pot, I was seven years old. They were older than me, so I guess they forced me to do it. I didn't know what it was at the time and I have no idea if I was high.

I certainly wasn't a child drug addict or anything; in fact, I was pretty straight during high school. I only drank a couple of times, I didn't smoke, and I didn't use drugs. When I was 18 though, I smoked pot for the second time. That's when it became a habit.

It was 2003, the summer after I graduated from high school. I was over at a friend's house after our graduation rehearsal with a bunch of friends, talking, playing video games, reminiscing. There were maybe five or six of us there and one of my friends pulled out some pot. I was reluctant at the time. I had never been around it before—at least not that I remembered—and I didn't really know much about it. My friends kept telling me I should give it a try. They were telling me to take a hit, so I did.

A lot of people say you don't get high the first time you smoke, so I wasn't expecting much. But I guess it depends on the person. I was baked. I got hungry and I felt really relaxed. My friends were playing video games and I just sat there and watched them.

That was six years ago. Now, I smoke every day. I have to.

I definitely had plans to attend college out of high school. I want to be a computer technician and work for a major corporation

somewhere. But I've never been a great student and sometimes I just lack the motivation to put the time and effort into my work. For some people, school is a good fit. But me, I just deal with school.

I try my best to handle it, taking classes at Montgomery College. I've been going to classes off and on since 2003, I have about one semester remaining until I get my Associate's degree. I'm definitely going to finish and then work toward a Bachelor's degree. That's on my mind a lot, but I don't want to rush it and I don't want to spend my parents' money if I don't feel right going.

I know that drugs have gotten in the way of my progress. I could have gotten better grades. I could have finished more quickly. I could probably be working elsewhere. Sometimes the weed just makes me lazy.

So, in the meantime, I work. I've worked nights ever since finishing high school. It was never my intention, but I needed a job and the pay was good. I have benefits, including health insurance, but I know the schedule takes a toll on my body.

Doctors tell me I am too skinny, that I should eat more, but it's difficult to maintain a proper schedule when you go to work at 11 p.m. Too often, I skip meals because I'm awake at night. I don't usually eat and I sleep in the morning. I can't build an appetite like that. I'm hoping to switch to the day shift soon. I think it'll help.

By the time I get home at 8 a.m. every morning, I'm high. I smoke to stay relaxed. I have so many friends I can call. They'll smoke me out, I'll smoke them out.

Access to drugs has never been an issue. And not just pot. I know there is some debate about it, but I think that pot, in many instances, is a gateway drug. There are questions about whether or not it is addictive. And if so, is the addiction mental or physical? Regardless, it creates opportunities for additional experimentation and use. It introduces you to new people and new friends who, in turn, introduce you to new drugs.

For a while there, I was in a bad place, using drugs that really mess you up. My friends and I would get pills, crush them up, sprinkle them over our pot and smoke it through the bowl. And cocaine—I was on yeyo for a while. I used it as much as weed for a couple of months.

That was about four years ago. I had a paper route at the time, working nights again. When I should have been sleeping, I would just lie in bed, wide awake. I would just lie there thinking

about things I shouldn't have been thinking about: bills, school, things like that. And I'd just come down so hard.

Fortunately, I got off the coke a lot easier than some others do. I was lucky. And I got off the other drugs too. But not before I was scared straight.

It was the first and last time I ever tried PCP. There were four of us, sitting in my car. We dipped a couple cigarettes and smoked them. We should have stopped at one, or never have smoked them at all. But we smoked two. And it stunk.

I couldn't drive. From the bottom of my street to my house, I couldn't do it. I was freaking out. I was hearing things. I heard dogs barking in the distance; my senses were all out of whack.

***“One of my friends said he was going to climb a telephone pole and jump off. We would have let him. We weren't right in the head.”***

Everything was heightened. I couldn't walk. I didn't talk to anyone. I was just in a corner with my head down.

My friends were the same. They were definitely freaking out. One of my friends said he was going to climb a telephone pole and jump off. Meanwhile, all of us in the car were just like, "you're crazy." But at the same time, we would have let him. We weren't right in the head.

When I was finally able to get home with the help of another friend, I started to puke. And every time I puked—and I puked about seven times—I would feel better, and then it would creep up on me again about 15 minutes later and I would puke some more. It was horrible. It was just horrible.

That was the wake up call. But I still smoke. I don't know if I'll ever quit.

## *My Words of Wisdom*

From what I've seen and experienced, drug and alcohol use is a serious problem among teens and young adults. I definitely think it starts in high school. All my drug use has been influenced by the people I am around, whether it's to experiment or not. So a lot of it has to do with being around these people in high school or another social circle.

Even if it doesn't appear that a lot of Asian kids are using drugs, I definitely think use will increase as Asian American families become more embedded into "American life." It's really inevitable. I look at my sister and, when I was her age, I didn't really know what any of it was. But my sister, she knows the terms. They're more aware now.

Family definitely has something to do with perceptions of drugs among Asians. Asian parents put a lot of pressure on their children to do well in school. Sometimes kids relieve these pressures in unhealthy ways. And a lot of Asian parents don't bring up drugs as an issue with their kids. I don't see Asian parents being comfortable talking with their kids about it. My parents, I don't ever recall them telling me "be careful of who you hang out with" or "stay away from drugs." They just expect their kids to make the right choices and do well in school.

I really think that parents need to be comfortable talking with their kids about these things. They need to start accepting that it's out there.

## FILIPINO COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 9,250 (7% of the total Asian American population in the County) (US Census Bureau, 2006).
- Languages: Filipino (based on Tagalog) and English.
- Filipino sailors were the first Asians to settle in the United States. They settled in the area that would later become Louisiana.
- Filipinos represent the second largest Asian community in the United States and the largest post-1965 Asian migration, with nearly 1.5 million Filipino immigrants entering the US between 1961 and 2000 (Trinh-Shevrin, Islam, & Rey, 2009).
- There are an estimated 41 million cellular phone users in the Philippines; the country has been named the “Texting Capital of the World.”

## SUBSTANCE ABUSE

In June 1971, following a steady rise in illegal substance use among American youth during the 1960s, US President Richard Nixon declared an official “War on Drugs.” Naming drug abuse “public enemy number 1,” Nixon laid out a national drug policy and called for the creation of the Drug Enforcement Agency to combat the growing problem.

In spite of stringent drug laws and a higher legal drinking age than other countries, a 2008 survey by the World Health Organization found that the United States had the highest rate of illicit drug use, including marijuana and cocaine. Additionally, the study

found that alcohol use in Western nations is substantially higher than in the Middle East and Asia (Degenhardt et al., 2008).

Though recreational use of drugs and alcohol among Asian Americans has typically been well-below the US average, studies reveal increased use among second and third generation populations. This is because Asian immigrant groups, upon acculturating, tend to adopt American lifestyles that include little to no physical activity and poor health behaviors.

Across ethnicities—in some more prominently than others—acculturation plays a significant role in increasing the likelihood of drug, alcohol, and tobacco use among Asian American youth (Trinh-Shevrin et al., 2009).

- Marijuana is the most commonly used illicit drug in the US, with an estimated 65 million (31% of the population over the age of 12) ever having tried it (Sidney et al., 1997).
- Among racial groups, Asian American and Pacific Islanders (AAPIs) have been found to have the lowest rates of drug, alcohol, and tobacco use. However, disaggregated, some groups use at or above rates of the entire population. Additionally, bi-racial and mixed-diversity AAPIs are at an elevated risk of use (Price & Risk, 2002).
- Asian American adolescents who reported that they drink often also drink more heavily or are more likely to engage in binge drinking than their white counterparts (Hahm, et al., 2008).
- The most acculturated groups have the highest risk of using alcohol and are three times more likely to be involved in subsequent alcohol use compared with less acculturated adolescents (Hahm, et al., 2008).





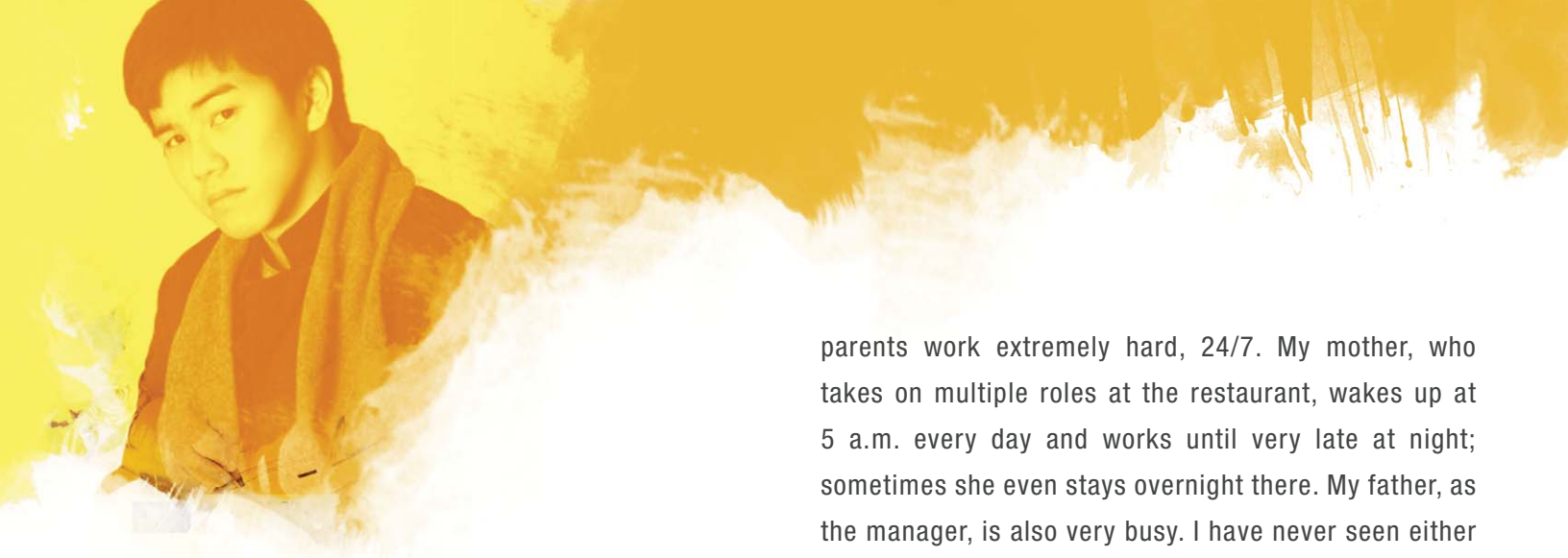
*I am a  
second generation  
Asian American.*

As a second generation Vietnamese American, Dinh Phan seeks to balance his Vietnamese heritage with his American lifestyle. In this story, Dinh demonstrates great appreciation for his hard-working, immigrant parents and expresses a desire to repay them for their continuing support and the sacrifices they have made to provide him and his brothers a life in America.

*Dinh Phan*

**ETHNICITY:** Vietnamese

**AGE:** 20



## My Story

I am a second generation Vietnamese American born and raised in Maryland. My parents came to the United States as refugees of the Vietnam War. Like many other Asian immigrants, their first destination was California. After a short stay in California, they settled in Maryland. I have three older brothers and I am the youngest.

As far back as I can remember, my parents have always been busy with work. They own a Mexican restaurant located in a Hispanic neighborhood—interesting, huh? It forced them not only to be fluent in English, but also in Spanish. My parents always proudly remind us that they were able to conquer dual language barriers by teaching themselves. To this day, their English and Spanish are pretty good. Even though they rarely mention how much they struggled, I can only imagine how hard it was for them in the beginning.

The little restaurant means a lot to my parents because it provides financial support for our entire family. My

parents work extremely hard, 24/7. My mother, who takes on multiple roles at the restaurant, wakes up at 5 a.m. every day and works until very late at night; sometimes she even stays overnight there. My father, as the manager, is also very busy. I have never seen either of them take a break. The restaurant is always open, regardless of American or Vietnamese holidays. In fact, they are even busier during those times so they want to stay open.

Because my parents were rarely home while we were growing up, our uncle took care of my brothers and me. When my oldest brother was old enough, he became our babysitter. We did this so that our parents never had to worry about us. I guess growing up in an immigrant family made us take on responsibility at early ages.

Due to their busy schedules, my parents didn't seem to pay much attention to their health. Even though they were insured—I believed they bought medical insurance mainly for us—they never went for check-ups. I was very concerned that the long working hours and the stress were harming my parents' health. I don't think their English was a barrier, so I guess the main concern was time. I encouraged them to go, but they always said, "We're too busy. We can't leave the restaurant. We'll go sometime later." But they never did.

***“Even though [my parents] were insured... they never went for check-ups.”***

Besides, they had their own traditional “ways” of taking care of their health. My mother had a sporadic skin problem and instead of seeing a doctor or taking Western medicine, she would rather use Vietnamese herbal medicines made by my father. He used to be a pharmacist back in Vietnam. My brothers and I refused to rely on my father’s homemade herbal concoctions, but my mother had total faith in them.

In 2005, my mother was walking to church by herself, and all of a sudden she had a stroke. She collapsed right in front of the church steps. Fortunately, people inside noticed and immediately came to her aid. They called an ambulance, which took her to the ER. I was still young at that time, so my parents did not share many details with me. I only remember that my mother was hospitalized for a week.

The doctor said it was a slight stroke, but it was a clear warning sign, very likely caused by stress. Knowing how busy my mother was, we thought the doctor was right. After that, my mother adjusted her schedule slightly and tried to eat better. So far everything is good with her, but I still wish she could relax more.

Like many immigrant parents, my parents had very high expectations for me to achieve what they saw as “the

American dream.” When I was little, my father often said to me, “Dinh, you are a smart kid. You should become a doctor when you grow up!” How typical for an Asian parent to say that! Doctor, lawyer, engineer—those were

my options, right? However, rather than going to medical school, I really want to pursue a degree in public health.

I was a little nervous to tell my parents because I was afraid that I would let them down. Public health would not be easy to explain. To my surprise, they weren’t disappointed at all! With an understanding smile they said, “Dinh, as long as you are happy. We just want you to live a happy life.” They said the same thing to my brothers as well. I was very surprised and thankful that my parents did not push me to study something I was not interested in.

Deep down, I felt an obligation to succeed. It was not caused by pressure from my parents, exactly, but because I wanted a different life. Seeing how hard my parents worked, how much difficulty they went through, and how much they sacrificed for us, I want to give

back to them. I want to take care of my parents as they grow older. I want to be their supporter. If I could provide support to my family now, my parents would be so relieved and maybe they would not have to work so much.

**“ Like many immigrant parents, my parents had very high expectations for me to achieve what they saw as ‘the American dream.’ ”**



My brothers and I try to help my parents at the restaurant as much as we can. As a full-time student, I can only devote a maximum of 20 hours a week to work. Besides, my parents did not want us to work at their restaurant; they wanted us to focus on school. We were only “allowed” to work there longer hours during summer time when school was out.

I grew up with other immigrants’ kids who shared similar backgrounds. Like me, they had hard-working, first-generation parents and were also motivated by the idea of giving back to their parents someday. As the second generation, we face two different identities—Vietnamese and American. We have to balance both worlds. We are taught to embrace our Vietnamese culture and learn the language, but we are also Americans, born here and growing up like the typical American kids, eating pizza and going to the mall.

One time, I had an unpleasant experience with a first-generation Vietnamese man. I served him at my parents’ restaurant, but because of my incorrect pronunciation of a Vietnamese word, he laughed at me and even insulted me. Then, he turned to his friends and yelled, “Hey, this Vietnamese guy cannot even speak Vietnamese at all!” They burst out laughing. It made me upset. He could have nicely corrected my pronunciation; his reaction was not helpful.

In the past decade, the size of the Vietnamese community in Montgomery County seems to have gotten bigger, yet I notice a drop in cultural involvement, especially among my peers. I know that, as second generation, we will have a hybrid of both Vietnamese and American ways; we try very hard to maintain the balance. I wish the first generation could be more understanding and recognize the hard work we put in to preserve both our identities.

## *My Words of Wisdom*

The two generations need to understand one another better. We should work hand in hand to retain our cultural heritage.

## SECOND GENERATION ASIAN AMERICANS

Second generation Asian Americans, defined as those born in the United States to first-generation, Asian immigrant parents, experience many complex and dynamic issues related to acculturation, Americanization, and generational clashes with their ethnic traditions.

During adolescence, the development of an individual's ethnic and societal identity is critical (Kalsner & Pistole, 2003). Second generation Asian Americans may experience separation and individuation during this time. Among adolescent minorities, identification with their own culture may be an important and positive aspect of identity development; however, they face challenges in balancing the values and expectations of American society and their respective ethnic cultures (Shrake & Rhee, 2004).

Second generation Asian American youth also battle stereotypes associated with the "model minority" myth and struggle with

meeting parental pressures, as well as societal and peer pressures.

- Studies report that school performance, socioeconomic adjustment, and ethnicity are probably the most significant topics pertaining to the experiences of the new second generation (Vo, Pate, Zhao, Siu, & Ginsberg, 2007; Yang, 2004).
- Resolution of identity conflict around race can lead to the development of a positive racial identity as Asian Americans (Kim, 1991).
- The model minority stereotype that Asian American students are "whiz kids" (Brand, 1987) and are immune from behavioral or psychological distresses prevents them from acknowledging academic and emotional problems and seeking help (Vo et al. , 2007).
- Both high and low-achieving Asian-identified students experienced anxiety to uphold the expectations of the "model minority" stereotype. Students who were unable to perform well academically felt depressed and were embarrassed to seek help (Vo et al. , 2007).

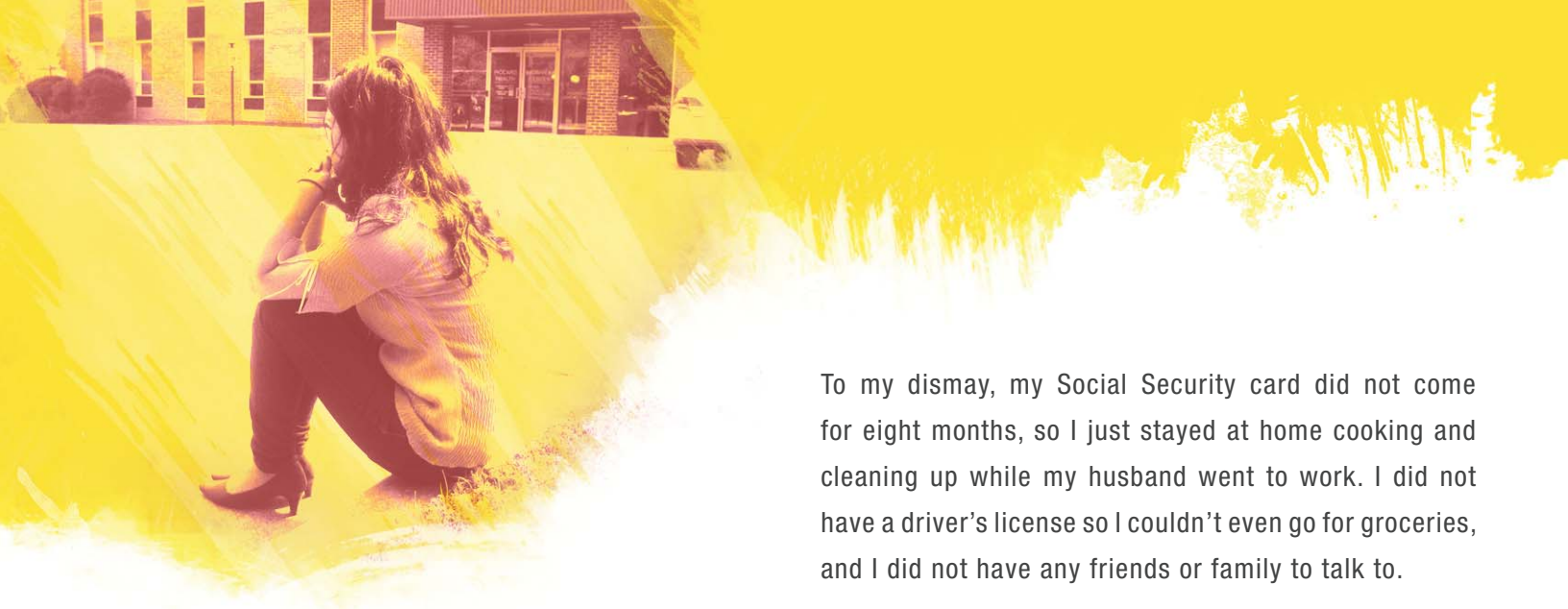


# *I have ulcerative colitis.*

After moving from Nepal to the United States in 2001, Mrs. S. developed stomach pains that were diagnosed as ulcerative colitis. Although her condition is controlled with medication, Mrs. S. is coping with the knowledge that she has a higher risk of developing colorectal cancer in the future. In this story, Mrs. S. writes about the importance of sharing health information with others and her desire to organize a support group for other Asian Americans with this condition.

*Mrs. S.*

**ETHNICITY:** Nepalese



## My Story

I remember the day I came home from college and noticed a sharp pain in my stomach. I thought it was indigestion at first and did not pay much attention to it. A few days later, I started feeling very lethargic and noticed that my bowel movements had increased significantly every day. My condition did not get any better, and I was finally diagnosed with ulcerative colitis.

I came to the United States in 2001 from Nepal after I married a second generation Nepalese and settled in Gaithersburg, Maryland. I was just 22 years old. Coming to the US and settling here was a very new experience for me, something beyond imagination.

Even though I did not have a language barrier and had a college degree from my home country, the systems were very different from what I was used to. I was very excited in the beginning as I thought I could learn a lot from the new surroundings, go to school, and start working in the near future.

To my dismay, my Social Security card did not come for eight months, so I just stayed at home cooking and cleaning up while my husband went to work. I did not have a driver's license so I couldn't even go for groceries, and I did not have any friends or family to talk to.

Sometimes I would just step outside the house hoping to see a neighbor and start a conversation, but that rarely happened. I used to sit on the deck in the evenings and watch kids play in the park behind the house. Maybe this was the way of life of Asian immigrants—no identity, no sense of belonging.

***“The doctor looked at me and said, ‘It could be cancer.’”***

By 2003, I had finally started going to college. This is when I started having health problems. It was challenging enough to adapt to the new education system and familiarize myself with the new

places, people, and food habits. Now I had a stomach problem that had not yet been diagnosed. I thought no one understood the gravity of the situation. My husband and I used to make several phone calls every day to doctors' offices to try to explain the extent of my deteriorating health.

I finally got an appointment with a gastroenterologist after trying for a whole month. A few days later, I got a call from the doctor's office to return immediately. I rushed to the clinic with my husband. The doctor looked at me and said, “It could be cancer.” At that moment, I

felt like the ground beneath me was collapsing. Here I was, 24 years of age, just married, had not even started a family, had not started life, and someone was telling me that I had one of the deadliest diseases.

I was filled with a whirlpool of emotions. More than anything else, what hurt me the most was the way the doctor broke the news to me with such a lack of empathy. My husband started explaining to the doctor that I led a healthy lifestyle, ate healthfully, and did not smoke. The doctor finally said that he would do further investigation and would let us know. That was when I was diagnosed with ulcerative colitis.

I had never heard of or read about ulcerative colitis. My husband started doing research and reading blogs about the disease, its symptoms, causes, and treatment options. To our surprise we did not find much apart from the fact that food habits, stress, and lifestyle were some of the associated factors. I was really scared when I found out that the risk of colon cancer is significantly higher in those with ulcerative colitis.

I was told to stick to a strict diet of only fruits, baked food, and minimal fiber. I was given a medication that had to be taken three times a day, so basically I had to carry it around everywhere.

Once I started taking the medication, I went into remission for a few months. However, no matter what

lifestyle changes I made, my colitis flared up every three months. During that time, I lost so much weight that I weighed only 90 pounds. Once, I got so seriously ill that I had to go to the bathroom 40 times a day. I was anemic. I had to crawl around the house and to the bathroom because I had no energy to get up and walk. There were a few times when my husband had to carry me to

the bathroom. Because of my health condition, I dropped out of college for a semester. My life was miserable.

The most frustrating part during the whole process was not knowing what was triggering my condition. I used to wonder if it was because of the changes in lifestyle, increased levels of stress, and eating fewer fruits and vegetables than I was

accustomed to my home country. I wanted to know if there were other Nepalese or South Asians who were going through the same problem. I tried contacting other Nepalese and asking them if they knew anyone who had the same condition. I contacted doctors and asked them if they had treated someone with the condition that I could talk to. I was looking for a social network and support, but I was disappointed when I did not find anyone.

I did not want to let my family in Nepal know about my condition because I thought they would worry about it a lot. They were so far away and, even if they knew, there was nothing they could do. I guess it is typical among Asians to not want to worry the family. When my

***“ I did not want to let my family in Nepal know about my condition because I thought they would worry about it a lot. Maybe it's not a healthy practice, but it is rooted in our culture.”***



parents had health problems when I was young, they did not share it with the children because they thought we would worry about them too much. Maybe it is not a healthy practice, but it is rooted in our culture.

I struggled with the condition for a few years and then it got better. To this day, I am careful with my food habits and I still try to eat what I used to eat in my home country. There was a point in my life when I did not think I was going to live for long.

Because of my health condition, my husband and I also postponed our plans to start a family. I was very scared to get pregnant because I had been on medication for years that was not rendered safe during pregnancy. I did not take the medication during pregnancy but was very careful with my food habits. After eight years of marriage, I finally gave birth to a healthy baby boy last year.

I am still on the medication and my struggle continues. I am still hoping to find other immigrants who have been through conditions like mine to develop a support system. There have been times when I have heard about other South Asians who have had the same condition, but they have been reluctant to share.

This condition would cause distress for anyone from any race or ethnicity, but being diagnosed with a rare medical condition is different for immigrants. I am

lucky that I do not have any language barrier and I have a supportive husband. What about other immigrants who have language problems and low literacy rates? Where would they go to discuss rare diseases and conditions? It is that much harder when one comes from a culture where people are reluctant to share information on illness and seek help.

***“ I am still hoping to find other immigrants who have been through conditions like mine to develop a support system. ”***

## *My Words of Wisdom*

There is no harm in seeking support and sharing information with others. My experience would have been so much better if I could have shared it with others. I am sure there are others out there who have similar problems. If people could only leave the shame behind, our community would be so much stronger and our voices could be heard.

## NEPALESE COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: The Nepalese community is classified under the “Other Asian” subgroup, occupying 2.8% (3,489) of the total Asian American population in the County (US Census Bureau, 2006).
- Languages: Nepali, Maithili, Bhojpuri, Tharu, Newari, Tamang, Nepalbhasa, and over 72 others. Most people living in major cities can understand and speak English fluently.
- Dashain is the most important and longest festival among Nepalese. The festival is celebrated for two weeks, which generally fall during September and October. Tihar is the other major festival and it is celebrated for five days.
- Nepal’s flag is the only national flag in the world that is not quadrilateral in shape.
- Eight of the highest peaks of the world are situated in Nepal, including Mount Everest, which is the highest peak in the world.

## ULCERATIVE COLITIS AND COLORECTAL CANCER

Ulcerative colitis is an inflammatory bowel disease that causes inflammation and ulcers in the lining of the rectum and colon. People with ulcerative colitis are at higher risk for developing colon cancer.

Ulcerative colitis has been documented in several South Asian populations (Probert et al., 1993), however, there are no reported data on the incidence or prevalence of the disease in Nepal or among Nepalese Americans.

Colorectal cancer, which includes cancer of the colon and rectum, is

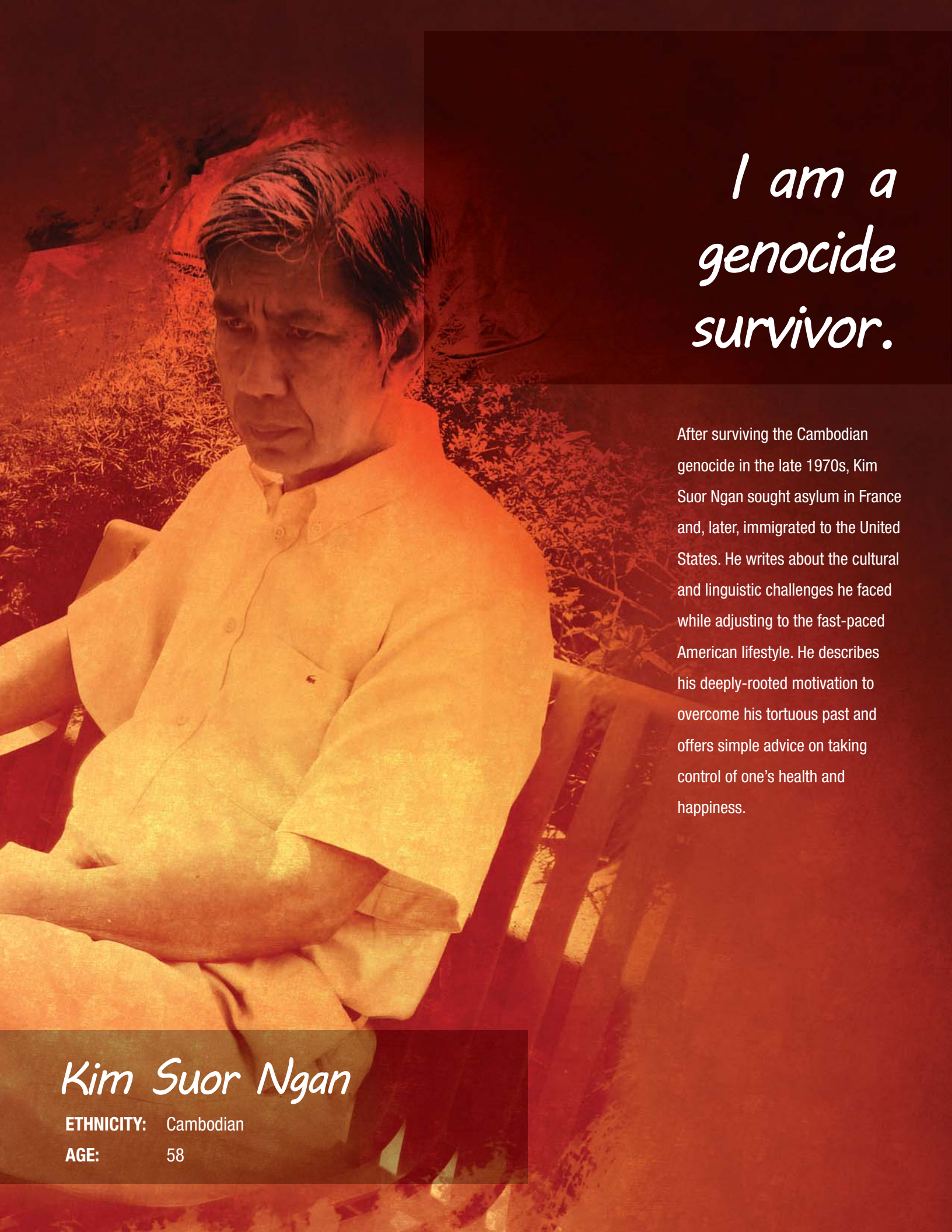
the third most common cancer in both men and women in the United States (American Cancer Society, 2009). Among Asian Americans, it is the second most commonly diagnosed cancer and third leading cause of death related to cancer (Wong, Gildengorin, Nguyen, & Mock, 2005).

Like any other cancer, screening for colon cancer is essential. The common procedures for screening include fecal occult blood testing (FOBT), sigmoidoscopy, and colonoscopy. The hazard rate of developing colorectal cancer from ulcerative colitis has been found to rise exponentially with disease duration (Lashner, 1992).

In the past two decades, colorectal cancer incidence rates have decreased from 66.3 cases per 100,000 population in 1985 to 46.4 in 2005. This is likely a result of increasing preventative screenings, allowing for early detection and removal of colorectal polyps before they develop into cancer (American Cancer Society, 2009).

However, Asian Americans are known to have lower screening rates compared to the non-Hispanic white population. A recent study indicated that, compared with their white counterparts, Koreans are least likely to undergo FOBT and Filipinos are least likely to undergo sigmoidoscopies or colonoscopies (Wong, et al., 2005).

- Cancer Facts in Maryland (Maryland Department of Health and Mental Hygiene, 2006):
  - Cancer is the second leading cause of death in Maryland, responsible for 23.6% of all deaths; 10,395 cancer deaths occurred in 2002.
  - In 2002, over 26,000 Marylanders were diagnosed with cancer and more than 10,000 died from cancer-related conditions.
  - Colorectal cancer is the second leading cause of cancer death in Maryland.
- Cancer Facts in Montgomery County (Maryland Department of Health and Mental Hygiene, 2006):
  - 1,229 people died of cancer in Montgomery County.
  - 1,667 were diagnosed with colorectal cancer.
  - 111 died of colorectal cancer.



*I am a  
genocide  
survivor.*

After surviving the Cambodian genocide in the late 1970s, Kim Suor Ngan sought asylum in France and, later, immigrated to the United States. He writes about the cultural and linguistic challenges he faced while adjusting to the fast-paced American lifestyle. He describes his deeply-rooted motivation to overcome his tortuous past and offers simple advice on taking control of one's health and happiness.

*Kim Suor Ngan*

**ETHNICITY:** Cambodian

**AGE:** 58



## My Story

I was diagnosed with high cholesterol and high blood pressure in 2000. I was in my late 40s and was always working non-stop. When my doctor told me, I was not very surprised. High blood pressure and high cholesterol were nothing new to me. In Cambodia, I knew many people who died from heart disease. However, nobody understood what caused it.

My father died from a heart attack and we were told that it was very likely due to high cholesterol and high blood pressure. After finding out my family history of heart disease, my doctor told me that I might have inherited hypercholesterolemia (high levels of cholesterol in the blood).

More importantly, my doctor was very concerned about my lifestyle and diet.

Besides giving me medication, she advised me that I should pay more attention to my health and eat a better diet. Looking back, this diagnosis was a sign to remind me that something was not good with my health and that I had to change things.

I am a Cambodian genocide survivor. The war, which lasted from 1975 to 1979, left the country in chaos. About 20% of our population was extinguished. People were murdered mindlessly by Pol Pot's communist regime. Many died in concentration camps. Many died of torture or starvation. I lost a lot of family members and friends.

When the revolutionary army attacked my town, my family and I fled to Vietnam. I was in my early 20s when we escaped. We stayed in Vietnam until the war was over, then we sought asylum in France. I worked and lived in Paris for 14 years until the early 1990s, when I moved to the United States to be with my wife, who was a Cambodian American.

When I came to the United States, I barely spoke English. To this day, my English is still broken, but I can communicate with people fairly well. At first, everything was so hard for me because of my poor English. It was difficult for me to communicate with my doctors if they only spoke English.

Khmer was my first language, but there were definitely no Khmer-speaking doctors. Because I spoke French much better than English, I opted to find a French-speaking doctor instead. At least my medical care problem was solved.

I worked with electronics in France, but I could not find a relevant job in America with my poor English. I felt as if I had to start my life from scratch.

I have worked non-stop since coming to this country. I overloaded myself to support my family. I worked for a variety of people in different places. Sometimes I had more than one job. My lifestyle was pretty terrible. I worked long hours every day—I left home at 5 or 6 a.m. and came back after 8 p.m. I worked too much and too much pressure fell on my head.

***“I thought, ‘I have to survive. I have to be strong for my family. The war taught me survival and now I am using that lesson here.’”***

My high stress level was also not healthy. I knew it was harming my health. I believe I was much healthier when I lived in France. In my opinion, the French tend to have a slower-paced lifestyle; they take their time eating and enjoying life, whereas Americans are always on the go-go-go. I think Americans have a very fast-paced attitude.

In terms of my diet, I don't think it was completely the type of foods I ate. The major problem was that I worked too much, so I never had time to eat. I often skipped meals. Sometimes I skipped lunch, or I just grabbed some fast food like McDonald's or Dunkin' Donuts. At home, I tended to eat healthier, but because of my busy schedule, I rarely had the chance to sit down and eat a proper meal.

Here I am in America, not having time to eat, while during the Khmer Rouge regime, people starved to death. You were lucky if you got a couple teaspoons of "borbah," or rice porridge, each day. After being fed next to nothing and suffering from protein and salt deficiencies, many Khmers vowed they would never starve again. They feed their bellies so they never have that empty feeling ever again.

I also did not exercise at all because I was too busy with work. I always felt exhausted and overloaded. How could I have the energy to exercise? I did not even have time to pay attention to my health. I just worked, worked, and worked. I knew that was not good, but I had to work like that because I needed to survive!

I think I have a survivor's mentality. I always think in terms of surviving. During the war, I saw too many die from exhaustion. And I told myself that I would do whatever it takes to survive. I thought, "I have to survive. I have to be strong for my family. The war taught me survival and now I am using that lesson here."

After the diagnosis, I was put on medication. My doctor suggested that I improve my eating habits and

do more physical activity. I started to realize that I needed to take better care of my health.

The first step I took was to change my schedule around. Then, on the doctor's recommendation, I tried to improve my routines. I tried to eat regular meals and stay away from salty and greasy dishes. I say no to sweets and sugar, but it's very hard with many Cambodian desserts and food. While most of our foods use fresh vegetables, there are some traditional dishes like salty fried fish and some curried soups with coconut milk that are not very healthy.

It was not easy at first, but after a while, I got used to the healthy diet. I took the doctor's advice and I now exercise as much as possible. Exercise works better for me than medicine. Since 2000, I have been running two or three times a week. Since I started running, my problems have improved.

For me, exercise and relaxation are most important—much more valuable than medicine. Sometimes I spend my entire Sunday fishing and I really enjoy it. I feel I am closer to nature, where I can completely relax.

According to my most recent checkup, my LDL levels dropped to 108 mg/dl and my blood pressure is closer to the normal 120/80. My doctor said it was good progress. I am very pleased that changing some of my behaviors has paid off.

“ខ្ញុំ ត្រូវ តែ តស៊ូរ ដើម្បី រស់.”

## My Words of Wisdom

The best medicine is to eat healthy, exercise and relax—and it is free. Too much pressure is bad for your health. Don't stress yourself too much; always put things in perspective. You need time to exercise and rest. It is harder to do than it sounds, but at least try to stay happy.

## CAMBODIAN COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 2,118 (1.7% of the of the total Asian American population in the County) (US Census Bureau, 2006).
- Language: Khmer, French, English, and other ethnic and regional dialects
- The Cambodian New Year (Chaul Chnam) takes place in April and is the most important Cambodian holiday. To celebrate the festival, people decorate their houses with candles, lights, star-shaped lanterns, and flowers.
- In Cambodian culture, a person's head is believed to contain the person's soul. It is therefore taboo to touch or point one's feet at another person's head.
- The Tonle Sap in Cambodia is the only river in the world that reverses its flow annually.

## CARDIOVASCULAR HEALTH: HYPERTENSION & HIGH CHOLESTEROL

Blood pressure normally rises and falls throughout the day, but it can cause health problems if it stays high for a long time. High blood pressure, also called hypertension, is defined as having systolic pressure of at least 140 mmHg or diastolic pressure of at least 90 mmHg (National Institutes of Health [NIH], 2003). High blood pressure is one of the major risk factors for heart and kidney disease and stroke (Centers for Disease Control and Prevention [CDC], 2008).

Cholesterol is a fat-like substance found in all cells of the body. Individuals over the age of 20 should have their cholesterol measured at least once every five years. A blood test called a lipoprotein profile can reveal one's levels of total cholesterol, low density lipoprotein (LDL, bad cholesterol), high density lipoprotein (HDL, good cholesterol), and triglycerides

(CDC, 2008). High blood cholesterol greatly increases one's chances of developing coronary heart disease. Heart disease is the second leading cause of death among Asian Americans (CDC, 2006).

Both high blood pressure and high blood cholesterol are known for being "silent killers" because there are generally no signs or symptoms associated with the two conditions. Compared to most Americans, Asian Americans, especially Southeast Asian immigrants, are less likely to be aware of their blood pressures and cholesterol levels. In a study of Cambodian, Laotian, and Vietnamese immigrants, 94% had no knowledge of what blood pressure was and 85% did not know how to prevent heart disease (NIH, 2006). Thus, it is critical for people to have their blood pressures and blood cholesterol levels checked regularly (CDC, 2008).

Tips to prevent and control high blood pressure and high blood cholesterol include eating a healthy diet, including lots of fresh fruits and vegetables and limited salt, being physically active, not smoking, and limiting alcohol intake (NIH, 2003).

- 29.2% of Asian American and Pacific Islanders (AAPI) age 20 and older have been told by a professional that they have high blood cholesterol (American Heart Association, 2008).
- Cardiovascular disease is a major cause of morbidity and mortality within the AAPI community, accounting for over 25% of all AAPI deaths in 2001 (Anderson & Smith, 2003).
- 19.4% of Asian adults age 18 and older had been told on two or more occasions that they had hypertension (Pleis & Lethbridge-Cejku, 2006).
- Among AAPI individuals age 18 and older, 39.1% have no leisure-time physical activity (National Center for Health Statistics, 2006).
- Southeast Asian refugee immigrants in the United States are at higher risk than non-Hispanic whites for both mental and physical health. Cambodian immigrants, for example, have very high rates of hypertension, stroke, and heart disease (NIH, 2003).



*I am an  
immigrant and  
an advocate.*

Jean Ko Ko Gyi, who hails from Burma, faced unexpected challenges when she arrived in the United States in 1979. Decades later, she's finding ways to give back to a new generation of Asian immigrants, who continue to face many of the same problems today.

*Jean Ko Ko Gyi*

**ETHNICITY:** Burmese

**AGE:** 65



At that time, I did not know any Burmese people where I lived. I was afraid and did not know how to ask for help. I was fearful that people might think I was stupid. Although I knew English since childhood, the English I learned in Burma was British English, not American English. The differences were significant enough to confuse me, so I needed to adjust and learn.

## My Story

I am an adventurer and I want to travel all over the world. When I was younger, I studied in a private English school in Burma. I only learned about the United States through books and movies; I admired the movie stars.

I pictured America as a heaven. I wanted to go to the United States so much that, in 1979, I decided to leave Burma by myself to start my new life journey. It's now 2010, but I still remember the hardships I encountered when I first arrived, trying to adapt to a new environment.

Before coming to the US, I had never been out of my home country. A lot of things in America were strange to me. It was not easy adapting to a new place. I had to face many culture shocks. For example, I did not know how to order food. "What do you want on your hamburger?" asked the server at the restaurant. I did not know how to answer him. I thought "everything" would be a safe answer, even though I was unsure of exactly what that meant.

I did not know how to use the refrigerator—I put the rice in the freezer. You can imagine how frozen it was. At home in Burma, we only used fresh ingredients and cooked one meal at a time. The concept of storing food was strange.

America was certainly not as glamorous as I had dreamt. I lived in Chicago when I first arrived and did not anticipate how cold it would be. One winter day, I went to the grocery store wearing only a light sweater. I carried the grocery bags and took the train back home. When I arrived home, I could not open my arms—my arms were frozen! My neighbor saw me and was astonished. "Oh my God, Jean! You must buy a coat!" she said. I had brought some sweaters from Burma, and I thought that would be enough. Since I come from a country with warm weather, I never thought Chicago could be so frigid.

Since I did not have much money, I rented a single room in a house with housemates. I dared not keep my money in my room because I was afraid people might steal it. Instead, I stored my money in my locker at work. One day, my boss was with me as I opened my locker. She was dumbfounded to see my entire life savings stuffed inside this tiny space. She advised me to put the money in the bank. I asked myself, "What's a bank?" I had no concept of this because there were no banks in Burma when I lived there.

Looking back, these stories may seem insignificant, but they were the things I had to cope with in my daily life as a new immigrant. Going through those difficulties was harder than I imagined. I must say that I was very fortunate that I did not face any major troubles; I



met many nice and kind people who offered to help unconditionally during my early immigration struggles.

I was very lucky to find a job three weeks after my arrival. In fact, everybody was surprised. I'm positive this was because I already had training and could read, write, and speak English. Otherwise, my experience would have been much different and certainly more complicated.

Still, I felt lonely, even though there were people around me. I was happy that I could be here and that was what I wanted, but I missed home. At home, I had friends and family. I felt protected and secure there. There were lots of new things happening simultaneously that I had to handle alone.

To help myself deal with the new environment, I wrote letters to my family and friends back home every day. It was my coping mechanism to maintain a connection with Burma. I kept reminding myself how grateful I was to be in America. I always said to myself, "I am going to cope, no matter what!" Gradually, I got accustomed to life here.

In 1984, I became a US citizen and moved to Maryland for a position at the Naval Medical Hospital. As a radiation therapist, I had opportunities to work in Saudi Arabia and at different hospitals around the United States. Through my jobs and volunteer work, I witnessed many new immigrants, particularly Asians, struggling in their daily lives. I was disheartened to see these people struggle. I was so appreciative of the outpouring of support during my early immigration days, I vowed to give back to the community and to help others in whatever way I could.

Throughout my life, I have met many Asian immigrants with difficulties to overcome, but the language barrier stands out as a major issue.

When you can't read, write, or speak English well, it's harder to adjust to a new environment. It's especially difficult for seniors who can't go back to school or are confined to their homes.

It's tough because immigrants want to learn the "American way of life," but still hold on to their Asian culture. Without throwing away any of their heritage, I really encourage people to learn English. Because I feel strongly about helping people learn, I volunteer with the Literacy Council of Montgomery County to teach English to members of the Asian community. I believe, even if you know a little English, it helps improve your life and your ability to participate in

the community here. Most Americans were immigrants at some point in history, right? Learning English is a tough process so there are some resources in Chinese, Korean, and Vietnamese. But resources for smaller groups, like Burmese, are not often available.

I also know some Burmese refugees who sought asylum in the US, so they did not really come here freely. They miss their families and they feel lonely. They do not speak English; some of them come from the rural areas and are not well-educated. Since they are not

able to have an outlet to release their stress, they may also develop emotional problems. Apart from helping these people remove the language barrier, I think we also need to care about mental health and provide support.

Your health can also be affected by a lack of access to health information and health insurance. I have a friend who is quite well-educated. Her in-laws came to the US to live with them. Because they were unable to afford health insurance for their parents, they did not have regular screenings or check-ups. One day, the mother-in-law had a heart attack. At first, they thought it was indigestion, so they just pressed on her chest thinking that it would make her feel better. Unfortunately, it made the situation worse. Finally, they took her to the hospital and she died shortly thereafter.

***“I was afraid and did not know how to ask for help. I was fearful that people might think I was stupid.”***

Although my friends are educated, they do not have much knowledge about health. Moreover, they were unaware of the healthcare services and financial assistance programs available from Montgomery County. They also did not understand the importance of seeing a doctor when she began having heart problems.

Many people are scared to ask for help, and they do not know where to turn. Traditionally, Asians, not just Burmese, are comparatively shy and they dare not ask for help because they are afraid that people may think they are a burden. I strongly believe that we should reach out to these people to help them.

In December 2009, I was told of a Burmese family, a couple with two kids, who had recently immigrated to America. It so happened that they came during the historic blizzard in our area and they found it nearly impossible to live. One day, while going out, the father fell down and hurt his leg in the snow. They might also have encountered other difficulties in their daily living. After staying for only two weeks,

they moved back to Burma because they believed that they could not adapt to life here.

I was so upset when I learned about their story. I wished they had called me for help so I could explain that it doesn't snow 20 feet every winter—this was extremely out of the ordinary! I understand that they might not have wanted to bother people, but if I had known about their situation, I would have tried talk to them and to help them adjust.

## *My Words of Wisdom*

I believe it is my duty to help educate our community members about health. These stories are what motivated me to become a health promoter in AAHI's Health Promoter Program and reach out to local Asian American populations. I am now semi-retired, but I will keep on helping others. I feel for the immigrants who struggle in their daily lives, because I also went through similar difficulties when I first came to this country.

People have different reasons for immigrating to the US. It's a big decision for them to leave their own country, friends, and families to come here. However, once they are here, they are part of our community. We need to help them and empower them to face their challenges.

I will take every opportunity to help spread information about the services that are available for my fellow Burmese people as well as other Asian community members. However, it is not enough to just do it through word of mouth. We need more resources to convey the health messages to our Asian community members and to let them know there are services available to help them lead a better life.

People need to know, especially if they do not speak English, that there is help. People need to know, if they have problems with affording services, that there are resources. PEOPLE NEED TO KNOW.

## BURMESE COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: Burmese is classified under the “Other Asian” subgroup, totaling 3,489 (2.8% of the total Asian American population in the County) (US Census Bureau, 2006).
- Languages: Burmese, Shan, Karen, Kachin, Chin, Mon, Rakhine, and over 135 hill-tribe dialects. Many Burmese also speak Cantonese, Mandarin, Hindustani, and Urdu due to the Chinese and Asian Indian influence in the country.
- The Burmese New Year’s celebration is called the Water Festival (Thingyan). At the festival, people throw water at one another as part of a cleansing ritual to welcome the New Year and as a show of blessings and good wishes.
- Chinlone is the national game of Burma. The main object of chinlone is to keep the ball in the air as long as possible without touching it with the hand.
- Mohinga, rice noodle in fish soup, is considered the national dish of Burma. It is traditionally eaten as breakfast although it can be eaten at any time of the day.

## ACCULTURATION

Acculturation is a process by which an individual engages in a “changing of attitudes, beliefs, and behaviors to be more consistent with the dominant culture” (Lueck & Wilson, 2010). When moving to a new country, immigrants may face different challenges while adapting to a new environment and culture.

There are various factors that may hinder the acculturation process, ranging from language barriers, emotional isolation, health insurance, education, employment, and housing to everyday routines like transportation and grocery shopping. All of these factors may also affect the ability of immigrants to maintain good health (Garrett, 2006).

Various studies found a significant relationship between acculturation factors and health issues. For instance, Asian Americans who do not speak English were less likely to participate in hepatitis B screenings (Ma, Tan, Wang, Yuan, & Chae, 2010).

The population of the United States is increasingly racially and ethnically diverse (US Census Bureau, 2009). Culturally relevant interventions to facilitate immigrant acculturation are important.

- In 2008, the US Census Bureau (2009) estimated the Asian American population at 15.5 million, the second fastest-growing minority group.
- By 2050, the number of Asian Americans is expected to grow to 33.4 million—a projected 213% increase between 2000 and 2050 (US Census Bureau, 2010).
- The Asian American population in Montgomery County, Maryland, has grown at a rate of 62% from 1990 to 2006 (US Census Bureau, 2006).

A young man with dark hair, wearing a dark jacket over a light-colored t-shirt, is sitting in a library. He is looking towards the camera with a slight smile. The background shows bookshelves filled with books, and the lighting is warm and orange.

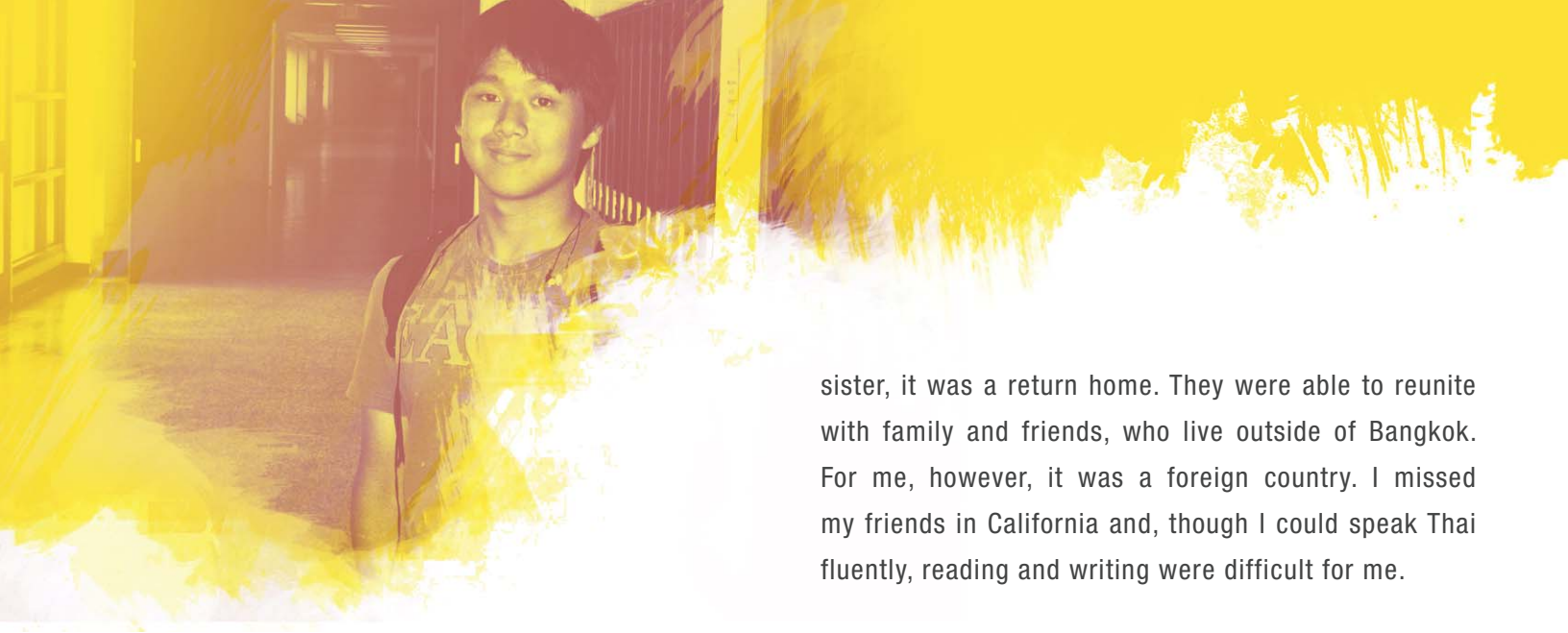
# *I am an American.*

American-born Jeff Sukkasem spent two years in Thailand before returning to Maryland to live with a close family friend. For two years, he was unable to access the school system due to his residency status, causing him to feel like a foreigner in his own homeland. Through his disappointment and loneliness, Jeff took it upon himself to study what other kids his age were learning and to get connected to the local Thai community. Jeff shares why his Thai heritage is special to him and why, despite what others may say, he feels his place is in the United States.

## *Jeff Sukkasem*

**ETHNICITY:** Thai

**AGE:** 15



## My Story

I live the life of a pretty typical teenager. Like most 9th graders, I like hanging out with my friends, playing video games—Call of Duty is my favorite—and going to the mall. Next year I want to try out for the football team. I'm small but I'm pretty good. I think I can play tight end.

I do well in school, and I have dreams of becoming an Air Force pilot, or maybe working in design. I'm learning to use PhotoShop and Illustrator. Like I said, I live the life of a pretty typical teen. But one year ago this wasn't the case.

I was born in San Jose, California. My mother and father were Thai immigrants and my older sister was born in Thailand. I grew up like any other Californian kid. I liked going to the beach and took on the laid back California attitude. The weather was great, my friends were great, life was great.

When I was nine years old, the summer after fourth grade, my family moved back to Thailand. For my parents and

sister, it was a return home. They were able to reunite with family and friends, who live outside of Bangkok. For me, however, it was a foreign country. I missed my friends in California and, though I could speak Thai fluently, reading and writing were difficult for me.

When we arrived, I enrolled in summer school to improve my grammar and to learn to read and write the language. Though I worked hard to improve my language skills so that I could do well in school, I still struggled to understand some of the concepts. Thailand was not my home. America was my home. I was born and raised here. Thailand was a different environment for me. It was sort of hard to make friends. I made friends alright, but it wasn't the same.

At the end of 6th grade, I told my parents I wanted to return to the United States. English is my first language and it is easier for me to learn in. At first, my parents were reluctant to let me move back to the States alone. But, ultimately, they agreed it would be the best opportunity for me. I would be able to learn more easily here than in Thailand, and I'd fit in better.

I arrived in Montgomery County in the summer of 2007 to live with a close family friend. It was nice to be back in the States. Though Maryland isn't California, it's more peaceful, and I like that. I miss the ocean, but it's nice. Our plan was to have me enrolled in the seventh grade at the local middle school. I didn't have any reason to

think there would be a problem. I thought I was just going to come here and go in like any other American student, but that was not the case.

I was told that I wouldn't be able to attend the school because I wasn't a County resident. At first it was like, okay, I don't have to go to school.

But after some time passed and everyone my age was in school and here I was, 12 years old with nothing to do, I thought, yeah, something is wrong.

It's very difficult to live in a new place, apart from your family, and not to have any friends. When you are 12 years old, friends, family, and school are everything. And I had none of that. But I never thought of going back to Thailand. Like I said, this is my home. I did think at times this might not end very well. I wanted very badly to go to school, but I also knew that if I couldn't, I wouldn't let the struggle consume me. I wanted to make friends and I wanted to try and live as normal a life as possible.

While my guardian and I continued to try and get me into school without success, I got involved in a social group at the Thai Temple in Silver Spring to pass the time. It's a great way for the Thai community to stay close. I took cultural classes and made friends. But I only got to see them on the weekends, and it was the only connection I had. So during the week, I was alone with nothing to do. When the school year came around and I found myself alone, I made a decision to do something about it.

I made myself a school of sorts at the public library near my apartment. During the week, I just went there and studied, then I would go home. That's what I did

basically every day. I thought, everyone knows all this stuff now and I don't know anything. I didn't want to fall behind. I found out the curriculum online and when I tried to enroll again, I spoke with the school principal and he told me what the other kids were learning. So I got books about those subjects and started to study.

I didn't have any help. I didn't have a tutor or teacher. I just taught myself.

I did that for two years. I taught myself math and science, read books independently, and studied US history. I was scared that I

might not be able to go to school, but I also knew that this was the best opportunity for me to learn. So I kept trying. But a lot of things just didn't make sense.

The school district's decisions frustrated me and I didn't know how to respond. I felt like, even though I am an American, I was being perceived as a foreigner. When I tried to enroll again, I asked, "What if I get into school, how is it going to work out?"

Even though I was born in America and was speaking to administrators fluently in English, I was told that I would have to enter a course of study for speakers of English as a second language. I just didn't get it. I was talking to my mom on the phone about what was going on and there was a time I thought, "What if I had come here and I was some other race? What would happen? Would it be different?"

A lot of people came out and supported my efforts to get into school, including members of the Thai community, particularly from the Wat Thai Temple. They've really been a great support system. They provided friendship and

***“ I felt like, even though I am an American, I was being perceived as a foreigner. ”***

community when I needed it. When I learned that I would be attending Walter Johnson High School as a freshman this year, I was overwhelmed. And the community was happy for me.

I joined the Temple because, at that time, I really didn't have any friends. I didn't have anyone to talk to. I figured I'd go to try and make some friends so at least I'd have someone. Now, I go because they were really the first friends I had here and I feel like a member of a community.

Even though I consider myself American, I find Thai culture is really interesting. When I was in Thailand, I really wanted to learn the history but never really understood it because it is so complex. I see a strong interest within the Thai community to maintain the culture that other cultures maybe don't share as much. My other friends

I've met since I've been going to school don't really talk about it. They don't really do stuff like that. But I don't really think about it as anything unique or different. It's just another thing I do.

***“I joined the Temple because, at that time, I really didn't have any friends. I didn't have anyone to talk to. Now, I go because I feel like a member of a community.”***

I'm just completing my first year back in school, and it's been great. I've made friends and even though I have been out of school for so long, I made the honor roll. I work hard to get where I need to be and where I know I can be academically. I even got my first "A" in history.

Everyone is always saying, "Jeff, you're Asian, why are you in Algebra I?" I just say, well you don't know what I've been through. I just laugh with them; I don't take it seriously. Everyone learned all this stuff in middle school and I didn't have the opportunity. So I'll keep working.

## *My Words of Wisdom*

To tell you the truth, the key is not to think about all the stresses. All parents, including my parents, want their kids to do well and, since I didn't get to go to school when I came back to the US, I really felt like I let them down. We just kept fighting for it. I didn't think about the stress; I knew that we'd find a way somehow. I thought about the positive, instead of the negative.

## THAI COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 1,405 (1.7% of the total Asian American population in the County) (US Census Bureau, 2006).
- Language: Thai, English, Malay and other regional dialects
- An overwhelming majority (92-93%) of the population is Buddhist, with the remainder practicing Islam (4-5%), Christianity (1%), Hindu, Brahmin, and other religions.
- Every man in Thailand is expected to serve as a monk for a short time in his life. Traditionally, the term was three months. In modern day, the service is often reduced to one to two weeks.
- Thailand is the only country in South and Southeast Asia never colonized by a European country.

## ACADEMIC EXPERIENCES

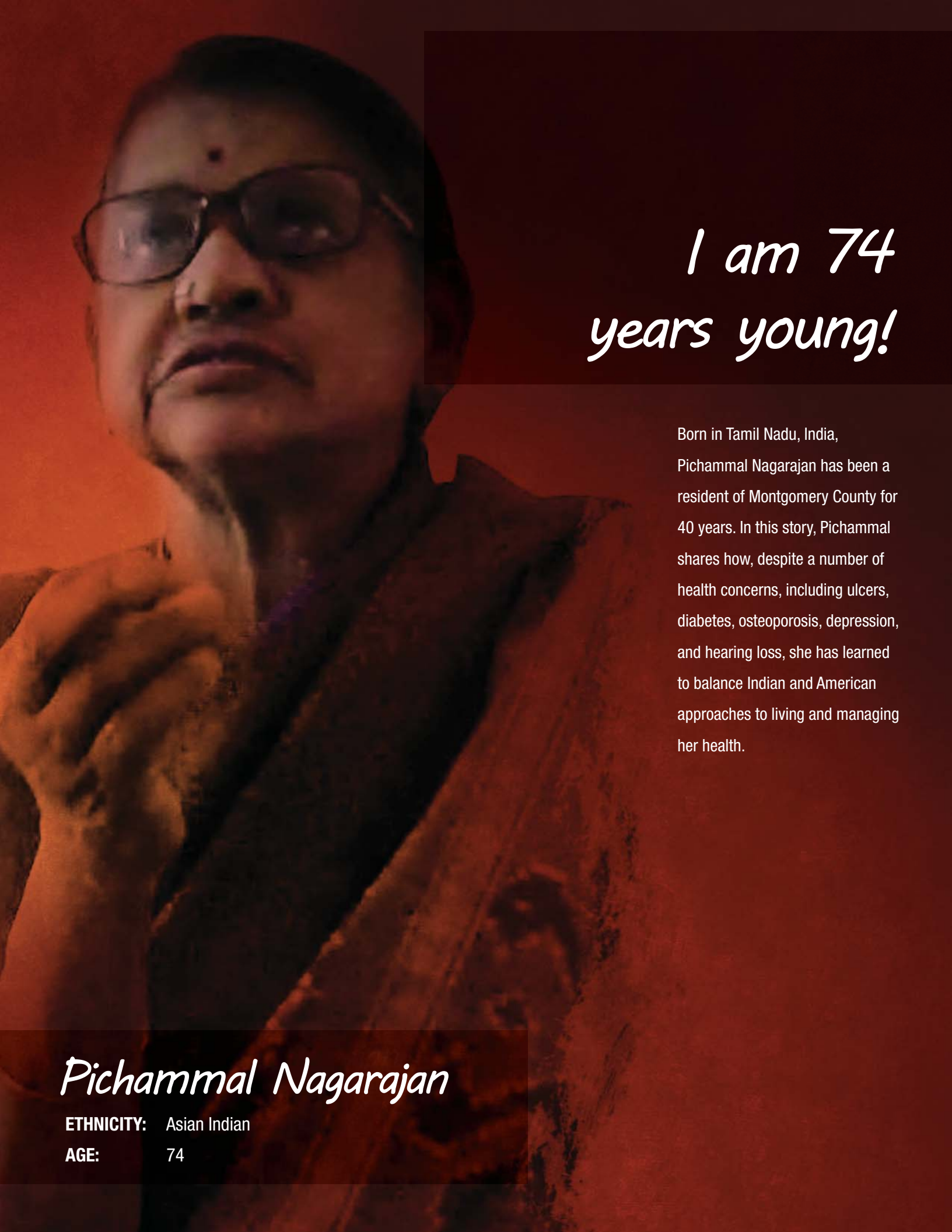
Asian Americans in the United States have long been the target of institutional and societal discrimination. Often viewed as both a “model minority” and “perpetual foreigners” within the context of a black/white society, a review of the scientific literature reveals that these stereotypes place Asian Americans in a vulnerable position, both excluded from the white majority and resented by other minorities (Ng, Lee, & Pak, 2007).

Of particular concern is the perceived foreignness of Asian American students (Ng et al, 2007). Not only do preconceptions about academic performance lead educators, researchers,

and countless others to overlook bimodal performance among the population, especially among Southeast Asians, they also lead to a tendency to use cultural characteristics, such as the Confucian norms, to explain academic achievement (Pearce, 2006; Zhou, 2000). In reality, Asian students represent all spectrums of academic achievement.

- In spite of superior academic performance compared to their Caucasian peers, studies have shown that Asian American youth report higher levels of depressive symptoms, withdrawn behavior, and interpersonal problems. They also perceive themselves more poorly and report greater dissatisfaction with their social environments (Lorenzo, Frost, & Reinherz, 2000).
- Various stereotypes assigned to Asian American students cause them emotional distress and create conflicts with their peers, both those of different races and those in their own racial group. Asian American youth are frequent targets of racial name calling and are more likely to report they have been threatened because of their race (Fisher, Wallace, & Fenton, 2000).
- Research shows that Southeast Asian students are more likely to be at risk of school failure or of dropping out, compared to other Asian ethnic groups (Siu, 1996).
- 14.6% of Asian American adults ages 25 and over do not have a high school diploma, compared to 10.5% of non-Hispanic whites. Rates are particularly high among certain subgroups, including Cambodians (38.3%), Hmong (40%), and Vietnamese (27.3%) (Niedzwiecki & Duong, 2004).



A portrait of Pichammal Nagarajan, an elderly woman with dark hair, wearing glasses and a dark, patterned shawl. She is looking slightly to the left of the camera with a thoughtful expression. The background is a warm, reddish-brown color.

*I am 74  
years young!*

Born in Tamil Nadu, India, Pichammal Nagarajan has been a resident of Montgomery County for 40 years. In this story, Pichammal shares how, despite a number of health concerns, including ulcers, diabetes, osteoporosis, depression, and hearing loss, she has learned to balance Indian and American approaches to living and managing her health.

*Pichammal Nagarajan*

**ETHNICITY:** Asian Indian

**AGE:** 74



## My Story

My story begins in a small village in the Tajore (now Tanjavur) district of Tamil Nadu, India. After I married, I moved with my husband to the big city of Chennai.

We lived there for a short while before relocating to the capital of the country, New Delhi, in 1956.

After ten years there, my husband and I decided to move to the United States. We moved to Arlington, Virginia before finally settling in Maryland. For the last 40 years, we have been here in Montgomery County, Maryland, raising our children and contributing to the community.

When we came to America, there was not a very big Indian community here. My community—the Tamil community—was especially small. I only had two or three friends! Also, it was difficult to socialize since I was always home raising children

and taking care of the house. My husband was always working and studying, so I just let him study and I took care of our family.

When we arrived here, there wasn't a Hindu temple in the area. I used to just meet people at community parties and dinners. Now we do have the temple. We go nearly every week for a pooja (religious ceremony) and other functions. In fact, my husband was one of the four founding members of the first Hindu temple in the area—the Sri Siva Vishnu Temple. In the early days, I was always very busy cooking and giving naivedyam (blessed food) to all the worshippers to eat. I did this for 15 years, but now I cannot do it anymore. It is just not possible with my health and age.

***“I think about the impact that those 10 years of crying had on my health and on the health of my family. It made things very difficult for me. It affected all my children, especially my youngest.”***

I learned English after coming here to the United States. I took English for Speakers of Other Languages (ESOL) classes with other immigrants. Whenever we moved to different parts of Montgomery County, I would find and attend the local ESOL class. They were generally held in high schools. In the beginning, there were no other Indians in the class; there were mostly Spanish-speaking

immigrants. Afterwards, some Indians did join. They learned English in India, but they didn't understand the American English here.

At home, we speak in Tamil. When the children were small, we would speak in English, but then my husband said that we

should teach them our own language, so we switched back to Tamil. Now they speak beautiful Tamil. I am so proud.

When I came here from India, I was very healthy except for a stomach ulcer. When my ulcer acted up, I took some ayurvedic treatments (traditional Indian medicine) and I would feel better. Indian tradition also says that if one drinks the water from soaking rice, it helps to reduce stomach ulcer pain. I used to do this at my father-in-law's house back in India, but I haven't really done it since coming to the US.

In 1968, I went to an American doctor for the first time. My ulcers were bothering me so, like it or not, I had to see a doctor. When I had to go to the doctor, my husband or one of my three daughters would take me because I don't know how to drive. Everybody in my family except me learned how to drive. I never learned because I was too busy taking care of the family to take driver's education.

I chose a doctor from an Indian embassy-approved list. I wasn't familiar with this person, but I felt it was okay. The doctor gave me some medicines, but then my ulcer didn't hurt much, so I didn't take the medicine as I was supposed to. These days, I think my ulcer is not too bad. I notice that, if I eat too much pepper or hot soup, my stomach feels bothered. So, I try to stay away from spicy things. I am told to cut down on salt and sweets, but it's very hard to change since I am so used to Indian foods!

In 1986, I was diagnosed with pre-diabetes. My sister-in-law was pre-diabetic and my niece currently has diabetes. I asked them how it started and it made me think about my own problems. After talking to them, I was scared and went to the doctor to check it out. I learned that I need to eat fewer sweets and start exercising. For the last 15 years, I have been

walking and biking indoors for one hour every day. I know that, if I don't exercise, it will bother me. I do like sweets very much, especially payasam, mysore pak, and laddoo. Now, I am taking several medications to control my diabetes.

My calcium is also low—I was recently told that I have osteoporosis. I am taking calcium and applying mustard oil for my arthritis. This oil is another Ayurvedic home remedy that many Indians use to ease joint pains. Five minutes of massaging mustard oil into my legs helps so much! I recommend it!

Along with my bone problems, I also have high blood pressure. As a housewife, I am working constantly—cleaning, cooking, doing everything around the home. While I am working non-stop, I feel fine. However, as soon as I rest, I feel my blood pressure spiking. I think my high blood pressure is from doing too much work. But no matter how difficult work is, I must complete it. I could be more careful, I guess. This kind of carelessness is why I have a blood pressure problem. Nothing happened to me before, but now I have all these problems.

Depression has complicated my health problems. My brother—my only brother—was dying and that made me very sad. For ten years, I cried continuously. I lived with my brother and his family for many years after our father died, so we were so, so close. Now I think about the impact that those ten years of crying had on my health and on the health of my family. It made things very difficult for me.

My depression also affected all my children, especially my youngest. Though she is now over 40, I know it still impacts her well-being. Seeing me so sad for so long, I think it made her upset and depressed. After going back to India many times, where I felt at peace, I started to feel better and less depressed.

“பத்து வரடம்  
தொடர்ந்து  
அழாதேன்.”

I lost my hearing in 1982. I was returning from India after my brother died, and suddenly, after getting off the plane, something popped and I couldn't hear anything. Cochlear impact is what they say I have. My hearing aid doesn't really help that much. It is better than normal, but not perfect.

When I lost my hearing, I really lost communication with everybody. Many people do not have the patience to communicate with me. My hearing impairment has also affected my family. When I lost my hearing, I could barely communicate with my youngest daughter. She didn't know Tamil, I didn't really know English, and I couldn't hear anything very well. This certainly was not a good combination. We had to write everything down in English, back and forth. It was very challenging.

Even now, I can understand people when they write to me, but not very well when they speak. One problem I have with my fellow Indians is that they often are not patient enough to write everything down for me so that I can understand it. They just keep on talking and talking so I barely understand them. In general, I find that non-Indian Americans are more patient and do not mind writing in order to communicate with me. Other Indians do not do this.

These days, I have to take thyroid medicine, calcium supplements, and other pills for my osteoporosis, medicine for menopause, and once in a while, depression medication. I also have to take blood pressure medicine and vitamin D pills. I take all these medicines myself. I have to figure out what time, what schedule I should follow for this.

I don't speak in English when I go to the doctor. I speak Tamil and my husband helps me. Even though I understand English a little bit, it is hard to understand when the doctor speaks.

I know I have all these diseases and have to take all these medicines, however, I feel healthy! I guess I'm a positive person. I am 74 years young, but I'd rather just say I am 34! That's what my doctor tells me to say. In reality, I have aged and cannot do some of the things that I used to be able to do.

I feel like we were healthy back home in India, but after coming here, we have more health problems somehow. I think maybe all these things—work, eating unhealthy things—are affecting our health more here in the United States. I do believe that we can do things to prevent these diseases, like diabetes, but we are not doing these things. We have to have healthier habits with regard to our work and our food choices.

## *My Words of Wisdom*

My first piece of advice to other people in the Indian community would be not to overwork themselves. Also, in my opinion, there are healthier Indian food options such as upma (cream of wheat) and roti (bread made from wheat flour) as opposed to paratha (bread made from all-purpose flour). My daughter has diabetes too, so I tell her to eat upma.

I also think that little things from back home, like using mustard oil along with hot water and camphor for leg pain, are helpful. Sometimes these alternative treatments work better for me.

## ASIAN INDIAN COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 27,787 (22.3% of the Asian American population Montgomery County) (US Census Bureau, 2006).
- Languages: Bengali, Gujarati, Punjabi, Tamil, Malayalee, Kannada, Telugu, Hindi, Marathi, Assamese, and many other dialects.
- Montgomery County is home to one of the five largest Asian Indian populations in the country.
- Many religions are practiced in India, including Buddhism, Christianity, Hinduism, Islam, Jainism, Sikhism, and Zoroastrianism.
- The number system, algebra, trigonometry, calculus and the value of pi all originated in India.

## DIABETES

Diabetes, also known as “sugar” or “sugar sickness” among Asian Indians and other South Asians, often appears in tandem with cardiovascular disease such as hypertension. According to the Asian American Health Initiative’s Health Needs Assessment (2008), conducted across 13 Asian American groups in Montgomery County, all Asian communities identified diabetes as a very serious health concern.

Asian Americans tend to underestimate diabetes risk because of their smaller body frames (Satterfield, et al., 2003). Among Asian Americans, diabetes often presents without obesity, which can cause it to be overlooked by physicians (National Asian Women’s Health Organization, 2002).

Upon migrating to the United States, risk of developing diabetes increases significantly for Asians; this is likely due to changes in lifestyle, diet, and exercise, as well as barriers to linguistically and culturally competent care (Fuhimoto, 1995).

Though disaggregated data across Asian ethnicities is limited, recent studies show some Asian groups, such as South and Southeast Asians, are disproportionately affected by diabetes. Diabetes among Asian Indians is among the highest in the world (Misra, Patel, Davies, & Russo, 2000). The Mayo Clinic (2008) released study findings indicating that regardless of diabetic status, Asian Indian participants had a greater degree of insulin resistance than American subjects of Northern European origin; this may suggest that genetic variables contribute to diabetes risk among Asian Indians and other South Asians.

- An estimated 7.5% of Asian Americans have diabetes. Asian Americans are more likely to develop type-2 diabetes than non-Hispanic whites, despite having lower body weight (Satterfield et al., 2003).
- Adjusted for age, sex, and body mass index, the prevalence of diabetes is 60% higher among Asian Americans than non-Hispanic whites (McNeely & Boyko, 2004).
- Diabetes was the fifth leading cause of death for Asian Americans in 2005, both nationally and in Maryland (Centers for Disease Control, 2009).
- In Maryland, Asian Americans are about 50% more likely than non-Hispanic whites to be told by a doctor that they have diabetes (Maryland Department of Health and Mental Hygiene, 2006).
- Data from the 2004-2006 National Health Interview Surveys found high diabetes prevalence rates among Filipinos and Asian Indians: 8.9% and 14.2% respectively, versus 6.4% for non-Hispanic whites (Barnes et al., 2008).

A close-up, warm-toned portrait of Mala Nagarajan, a South Asian woman with dark hair, looking directly at the camera with a neutral expression. The background is a soft, out-of-focus reddish-brown.

*I am a South  
Asian lesbian.*

Like many same-sex couples, Mala Nagarajan and her partner have struggled with pragmatic issues, like healthcare access for domestic partners, as well as emotional concerns, such as helping their families understand their relationship. In this story, Mala talks about integrating her identities as a South Asian American and a lesbian, as well as the barriers that have made it difficult for her to access treatment for her depression and high blood pressure.

*Mala Nagarajan*

**ETHNICITY:** Asian Indian

**AGE:** 41



## My Story

If you asked me how I would identify myself, I would say, “I am a South Asian lesbian.” My parents have struggled with this, and it has taken 20 years to come to the relationship we have now. My partner and I have been together for more than 12 years. While my mother is accepting, my father is not comfortable with this. However, we have a mutual respect and love for each other and I want to be there for them. We talk about everything and anything now.

I was born in Washington, D.C. in 1968. When I was very young, my family and I moved to New Delhi for a couple of years, then came back to settle in Montgomery County. It was really difficult growing up as a child of immigrants, torn between two different cultures—Indian and American.

Growing up, my parents didn’t understand how hard it was. They only knew what was accepted in Indian culture. For example, my mom wears a sari and, if I ever forgot my lunch as a kid, she would come to school to deliver it to me. All the kids in my class would keep asking me questions like, “What’s that dot on her head?” or “What is she wearing?” I didn’t know how to handle

their questions. I think I just ended up shooing my mother away, which I feel extremely bad about now.

My two older siblings were born in India, so I often joke that I was the “chosen one” to be born here in the US. My oldest sister and I probably have a generational gap—she is seven years older than me and speaks Tamil fluently. But we were all pretty “Americanized,” butchering our names when we were in school so that Americans could say them. My given name, Vijayanthimala, became simply “Mala.”

My relationship with my parents has changed a huge amount. Growing up, my relationship with my mom was minimal. I can’t remember having a conversation with her after second grade, because that’s when she became deaf. As a kid, I didn’t know Tamil very well—to be honest, I was embarrassed to speak it—so we couldn’t communicate. As an adult, I learned more Tamil and was able to speak and write to her. We were finally able to communicate with one another.

Now that the language barrier is gone, I see my parents as people. I see how much they struggled and how much courage it took to come to a foreign country to provide a better life for their kids. I see how hard they worked. We don’t see eye-to-eye on everything, but that’s okay.

As I said, things weren’t always smooth. My family and I have gone through a lot together to get to where we are. When I was 16, I decided to quit school. I don’t think I had the vocabulary to call what I was going through “depression,” but I did know I felt very sad, isolated, and worthless; I believed staying in school would mean the end of my life. In elementary school,

I first realized that I was attracted to other women, so by the time I was in high school, not understanding these feelings and how to make sense of them plunged me into a deeper sense of helplessness and confusion. Of course, at the time, I didn't use the word "lesbian," but I had a strong crush on a classmate, which I knew was unreciprocated. I knew this was something I couldn't talk to my parents about then. It was hardly something I could talk to myself about!

Nothing in our formal school education teaches us how to cope with life and conflict, and there were definitely no Indian or lesbian role models at that time to help me understand what I was going through. At the end of tenth grade, I approached my school counselors, and rather than asking for direct help in not feeling sad, I told them I wanted to quit school and explore alternatives like working. I was convinced that what I needed was to earn my own money and to be self-sustaining to escape this emptiness. I must have also told them I was suicidal, because the school counselors contacted my parents.

My parents were initially at a loss as to how to respond. We have such a stigma, as Indians and as Asians, around discussing mental health issues openly. Despite the impact that my depression has had on them, I am thankful that they did, and continue to, support me. Depression runs in our family. Several years prior, my maternal uncle passed away in India. The shock of that trauma led to my mother's own descent into depression. Looking back, I can see that both my mother's sadness and her hearing loss had a considerable effect on me.

I still struggle with depression and I am just recovering from a very difficult, 5-year major depressive episode. My partner

and my parents have played a huge part in my recovery and have been incredibly supportive throughout that process. They have carried me when I could not walk, and I owe them my life, literally.

***“I don't think I had the vocabulary to call what I was going through “depression,” but I did know I felt very sad, isolated, and worthless.”***

My partner, who is also a Tamilian Hindu, and I got married with a Hindu priest in the presence of family, friends, and community members. We included some of our traditions in our marriage ceremony, including a necklace exchange, which is the mark of a married woman. When I first asked my mom to purchase a mangalsutra (necklace) for my partner, she asked, “Why do you want one of those? Why do you want to emulate that?” Even so, she actually did purchase it. At our

wedding, my partner's brother put mine on me and my brother-in-law put one on my partner. It meant a lot to me to bring cultural traditions into our wedding ceremony, even though we also took care to make the ceremony less patriarchal and more gender-neutral than a traditional Hindu wedding ceremony.

Now, I comfortably identify as a South Asian lesbian, though this has evolved through different stages. When I was growing up, I saw myself as an American. When I was in India, I was an Indian American. However, as I've become more involved in the South Asian community here, I see myself as a South Asian American. The South Asian Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community in the US is my primary community. I've been involved in organizing for my ethnic community as well as the larger Asian American and Pacific Islander (AAPI) queer community. My partner and I have also been involved in the marriage equality movement and even participated in a marriage equality lawsuit against Washington State.



In terms of changing my behavior to get healthier, I'm really trying my best. I am self-employed and didn't even have health insurance until my partner's employer's domestic partner health benefits kicked in. Currently, it costs \$500 per month to cover me alone. Getting the psychiatric medications and treatment I require to maintain my mental health has been very difficult as they are not affordable.

Among the various types of counseling, I have found that Dialectical Behavioral Therapy has been the most effective for me. It combines Buddhist traditions such as mindfulness and reality acceptance with aspects of Cognitive Behavioral Therapy. Unfortunately, when I finally found providers that offered this therapy, I discovered they were not covered under my health insurance and were too expensive for out-of-pocket payments.

I try to educate myself about different health topics. For example, I didn't know much about high blood pressure and never really

thought about my own risk even though my parents both suffer from it. Once, I went to this South Asian health forum and learned about a young Indian immigrant who was about my age and had a similar socio-economic background. He also had high blood pressure and subsequently suffered a stroke. This really woke me up to the fact that I needed to take care of myself. Since the condition runs in my family, I finally went to a free health clinic where I was diagnosed with hypertension. They were very knowledgeable and put me on medication.

My family has been a great source of encouragement and plays a big part in helping me maintain my health. Almost every day, my partner reminds me to take my medications because I hate taking them. I also have great friends who always check on me. I know there will be many more battles to fight, but I feel lucky to have an amazing support system.

## *My Words of Wisdom*

My advice to my community would be to remind them that we do have to be proactive about our health, because people of color don't seek medical attention soon enough. Our problems end up getting a lot worse, and in the end it hurts our families. Our ability to be productive human beings relies so much on our health.

As a community, we have to be proactive about making access to information and health services better—this includes working to change existing laws about health access by contacting our legislators and being our own community advocates by sharing our stories.

## SOUTH ASIAN COMMUNITY: DID YOU KNOW?

- The South Asian community includes individuals with roots in Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives.
- There are also South Asians that settled in areas such as the Caribbean (e.g. Guyana, Jamaica, Trinidad and Tobago), Africa (e.g. Nigeria, South Africa, Uganda), other parts of Asia (e.g. Fiji, Malaysia, Singapore), and the Middle East (e.g. United Arab Emirates, Oman).
- Collectively, the South Asian community was the fastest growing Asian American community in the United States between 1990 and 2000 (Asian Pacific American Legal Resource Center [APALRC] and South Asian Americans Leading Together [SAALT], 2009).
- Many faiths are represented in the South Asian community, with varying strains among the specific ethnic groups, including Buddhism, Christianity, Hinduism, Islam, Jainism, Sikhism, and Zoroastrianism.
- The Washington D.C. Metropolitan area boasts the fifth largest South Asian community in the nation (APALRC & SAALT, 2009).
- Unlike South Asian communities in other parts of the US, the majority of South Asians in the D.C. Metropolitan area are US born (32%) or naturalized citizens (40%) (APALRC & SAALT, 2009).

## MENTAL HEALTH AND THE LGBTQ COMMUNITY

Though often silenced, mental health concerns do exist among South Asian Americans and other Asian American subgroups, including Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) communities. The stigma of discussing mental health,


coupled with the stigma of discussing sexuality and gender variance, prevents many Asian Americans that identify as LGBTQ from seeking healthcare services in a timely manner. This phenomenon, in and of itself, serves as a source of anxiety and depression.

Studies conducted with South Asian and other Asian American LGBTQ communities have suggested that there are additional factors that exacerbate barriers to health access, such as mental health concerns, substance abuse, and social and familial isolation.

Mental health concerns include:

- social isolation
- stress stemming from:
  - immigrant status
  - internalized homophobia
  - socio-economic status
  - discrimination based on race, ethnicity, religion, sexual orientation, or gender expression
- anxiety
- depression
- a variety of psychiatric disorders

In addition to language barriers and lack of insurance, many LGBTQ individuals live in loneliness or isolation, particularly those who are older and have been pressured to marry someone of the opposite sex. In a recent study, more than two-thirds of LGBTQ respondents said they felt they lived a “double life”—a phenomenon that increases one’s vulnerability in accessing services (Satrang and South Asian Network, 2007).



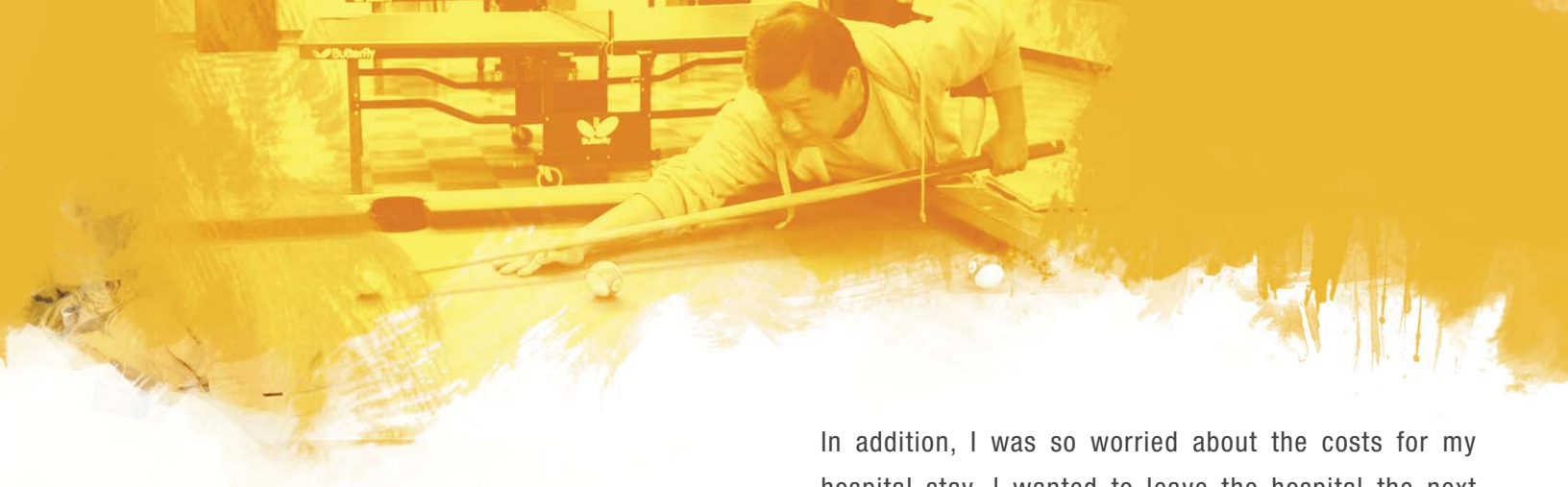
*I couldn't  
communicate with  
my doctor.*

Following two major emergency room visits within 18 months, Yu Ying Zhang discusses the devastating consequences of limited access to linguistically appropriate information and interpretation services in a medical setting. As a non-English speaking, low-income, uninsured immigrant, he stresses the important role of trained, bilingual and bicultural patient navigators in achieving quality healthcare for individuals with limited English proficiency.

*Yu Ying Zhang*

**ETHNICITY:** Chinese (Taishanese from Taishan, Guangdong Province)

**AGE:** 41



## My Story

One morning in June 2007, I was getting ready for work as I normally do. I did not imagine that ten minutes later, my life would change dramatically. As I was taking a shower, a huge volume of blood started gushing from my right lower leg. I found out later that all the blood vessels in my leg had burst.

I was terrified and did not know what to do. No one was at home. I lost so much blood in only a few minutes that I lost consciousness on the bathroom floor. Fortunately, my mother came home shortly thereafter and immediately called 911. I was rushed to the hospital's intensive care unit. I had never been hospitalized before.

At first, the doctors did not know what had happened to me. They performed a lot of tests. At that time, I had no idea what the blood tests and examinations were for. I just felt very scared and was in a great deal of pain. I did not know how to communicate with the doctors to tell them how I felt or ask them what had happened to me.

In addition, I was so worried about the costs for my hospital stay. I wanted to leave the hospital the next day. I guessed that the medical expenses would be very high. I had no health insurance to cover the fees. I could not afford health insurance and my restaurant employer did not provide any benefits to me. I felt so miserable and anxious that I asked the doctor not to treat me and just to let me die.

***“I felt so miserable and anxious that I asked the doctor not to treat me and just let me die.”***

The doctor was very kind and comforted me; she told me that there would be ways to solve this problem. Since I do not know English, the hospital arranged help through a phone interpretation line with a Cantonese interpreter.

The service gave me some level of communication with the doctors; however, it was not adequate because it was inconvenient and impersonal. Sometimes, I could not hear clearly over the phone and I missed important information. It would have been much better to have an interpreter on-site to help me face-to-face.

I was diagnosed with a thyroid disorder. I had never known I had this illness. All along, I just thought I had some skin problems. I bought some over-the-counter ointments from the drug store and it seemed to work

here and there. Because medical costs are so high, I avoided going to the doctor. At that time, other than some itchiness and redness, I did not notice any other discomfort in or on my body, so I did not pay much attention to it.

The one-week hospitalization had a great impact on my life. My family and I came to the United States from China in 1987. I did not finish much schooling and do not know English; this greatly limited my job options. Like many Chinese immigrants, I found work in area Chinese restaurants. Although I did not earn much money, I was content with my life because at least I had a job. I needed to earn a living in order to help support my family.

Since my hospitalization, I have not been able to return to work. Life has been difficult, not only because I have been sick, but also because I feel guilty for burdening my family. My wife and I live with my elderly mother. Now, we have to rely on my wife's income, which is not much. After I was discharged from the hospital, due to financial difficulties, I could only see the doctor when my condition got really bad. I did not have a good follow-up plan for my illness because I did not have consistent medical care.

Around May 2008, my wife read in the newspaper about the free clinic in Twinbrook. We managed to connect to the clinic and I started consulting with the doctor there for my thyroid problem. We were so glad to have access to medical care since we could not afford it otherwise. The doctor also referred me to a dermatologist to treat my

skin problem and gave me information about a bilingual patient navigator who could speak both Cantonese and English.

“我感到非常痛苦和憂慮，甚至要求醫生不要給我醫治，就讓我死好了。”

Unfortunately, at the dermatology appointment, I was not able to get interpretation services. At my initial consultation, the dermatologist told me I was suffering from psoriasis. The psoriasis had progressed to open sores, and they were infected. The dermatologist

prescribed antibiotics to help treat the infection. However, because directions were given in English, I did not fully understand how to use the medication. I did not finish the whole cycle of medicine and the psoriasis exacerbated to cover 75% of my body.

On December 18, 2008, I was admitted to the emergency room with a high fever and severe inflammation across most of my body. This time, however, my wife and I were a little less anxious because the patient navigator was there to help us. Had I met her earlier, maybe this incident could have been avoided. If only I had obtained translated dosing instructions! Nevertheless, we were still fortunate to have her there this time.

Compared to my first hospital experience, there was a huge difference in our confusion and comfort levels. With the patient navigator's help, my mind was at ease because I knew the status of my condition at every moment and what type of follow-up I would need to obtain. My wife and I felt in much better control of the situation.

I learned a lot from these experiences. First, I feel that health is most important to us. We need to take good care of ourselves. I am grateful that there are public services and support systems available to people in my situation, although it was quite a long journey for us to even locate such resources. I hope even more support can be given to train bilingual and bicultural people to help other Asians.

Most importantly, we need to let more people know there are services provided for low-income, uninsured people. There are so many new immigrants who do not know English and need help to overcome their language

barriers. Looking back, I wish I had known about these programs earlier.

***“ However, because directions were given in English, I did not fully understand how to use the medication.”***

Now, I am getting better with both my thyroid and psoriasis problems. My condition is quite stable. I am told that I must see the doctor every six weeks for quite a while. The patient navigator will be able to accompany me on my medical visits.

I have confidence that my health will continue to improve. I will listen to the doctors' advice. I exercise every day. I look forward to working again in order to help support my family.

## *My Words of Wisdom*

We cannot predict what will happen in our lives. When bad things happen, we need to face them with courage; we should not give up. There is hope and people do care.

## TAISHANESE COMMUNITY: DID YOU KNOW?

- Languages: Mandarin and Taishanese, a dialect derived from and similar to Cantonese.
- Taishan is a coastal county-level city in Guangdong Province of China.
- Taishan is famous for being the birthplace of Chinese volleyball.
- Before the 1980s, it is estimated that over 75% of all Chinese in North America claimed origin in Taishan. Taishanese was the predominant Chinese language spoken throughout North America's Chinatowns during that time.

## LIMITED ENGLISH PROFICIENCY

The inability to communicate with a healthcare provider could mean delaying or not receiving potentially life-sustaining treatment. Thus, limited English proficiency (LEP) impedes access to meaningful healthcare for a growing number of Asian Americans.

An LEP person is defined as someone who cannot speak, read, write, or understand the English language at a level that permits him or her to interact effectively with health and human service

providers. The American Community Survey (2008) estimates that the number of LEP individuals more than doubled between 1990 and 2000. When available, patients with LEP often rely on services such as multi-lingual phone interpretation lines or medical interpreters to communicate with healthcare providers.

Research indicates that Asian Americans consider access to professional interpreters a critical factor in quality healthcare (Ngo-Metzger et al., 2003). Studies also report that increasing the use of interpreters could reduce racial/ethnic disparities and improve health plan performance (Morales et al., 2006).

- Asian Americans come from more than 50 countries, speaking more than 100 different languages and dialects (US National Library of Medicine, 2010).
- 36% of Asian Americans have limited English proficiency (Asian & Pacific Islander American Health Forum, 2009).
- Compared to other counties, Montgomery County has the highest concentration of LEP individuals in the state of Maryland (US Census Bureau, 2008).
- Between 2006-2008, the proportion of LEP individuals in Montgomery County (14.2%) was greater than the state of Maryland (5.7%) and the United States (8.7%) (US Census Bureau, 2008).

A close-up, warm-toned portrait of a woman with glasses, looking slightly to the right. The lighting is soft and golden, highlighting her features. The background is a solid, dark reddish-brown color.

*I might have  
cancer.*

After living in the United States for 28 years, Hong Nguyen still has difficulty communicating with health professionals. Six years ago, she learned she had diabetes. With little health information available in her native Vietnamese, a lack of transportation, and limited support from her family, she is forced to be resourceful and manage her own health conditions to the best of her ability. Now, her life hangs in the balance as she waits to learn if she has cancer.

*Hong Nguyen*

**ETHNICITY:** Vietnamese

**AGE:** 63





## My Story

A strange overwhelming pressure began to rise through my chest, and then I felt dizzy and passed out. There I was in the hospital, in the middle of the night, and the nurse and doctor said, “Didn’t you know you had diabetes?”

Diabetes. I had never heard that word before. Fear filled me and I did not know what would happen. Later, my eyes followed my doctor’s hands closely as he used a simple machine to check my blood sugar levels. He told me that, along with arthritis and high blood pressure, I now had this blood sugar problem. He gave me medicine and sent me home. He did not tell me anything about my diet, what to eat and what foods to avoid.

This was in 2004, when I had no way to pay for my health bills. The whole year was a horrible nightmare and I was obsessed with the thought that I would die. The medicines were expensive and the simple act of eating a meal was scary. I would get dizzy when I ate certain foods so I realized that I needed to avoid them. It was very confusing to figure out what I should eat. There was nothing in Vietnamese that I could read to learn what my diet should be.

Frustrated, I went to the pharmacy, looked for the machine my doctor had used and bought it even though it was really expensive and I couldn’t quite afford it. That was when I started experimenting. I would try a food and check my level. Rice. No. Sticky Rice. No. Soda. No. Once a banana almost drove me over the edge. That was a scary experience. Now I have some public assistance and that helps with the bills, and I know what foods my body cannot handle.

When I first arrived from Vietnam in 1982, I spoke no English. I taught myself all the English I know. It has been 28 years, and I have been living in Montgomery County for a long, long time. My

children have grown up and have families of their own. They are really busy and do not have much time for me. I have to manage my health and my life by myself.

Transportation is perhaps the hardest part of my life here. It is hard to get around at my age. To get to the pharmacy or the doctor, I use the Montgomery Taxi coupon. Everywhere else I go, I walk. I walk to the grocery store and use food stamps to buy my food. Walking is hard at my age and harder still with the arthritis. Even a short walk

feels like miles and miles.

I live a solitary life. In the apartment, I cook for myself, remember to take my own medicines and keep myself company. Once a month I come to the Vietnamese seniors’ group. It is such a relief to be able to talk freely without struggling with my English, to have someone else plan the food we will all eat, and to hear other people’s stories. It goes by so fast. We meet for two hours and then

***“The other day, my children said that I should go back to Vietnam to die because it is cheaper to die there. They say they can’t afford for me to die here.”***

I go back to my apartment and wait for the next group. I wish my family had more time for me.

Recently, my daughter said that she might have to cancel my cell phone service. I do not use the cell phone that much but losing it will make it even harder for me because I am waiting for a very important phone call.

In March, my doctor told me that I had a thyroid problem. My body is really fatigued all the time; I can't sleep and I constantly feel tired and lethargic. The doctor also said I could possibly have cancer. To be certain, I have to get a biopsy done. I immediately called the hospital to set up an appointment but they did not understand me.

Ms. Nguyen, my friend from the seniors' group, offered to call for me. She called them as well, and the receptionist said she would call us back. Three months have passed but we have not heard from her. We have called her many times but she hasn't called back. I gave her my home phone number because my cell phone may get cancelled, and I try to be around the phone as much as possible so she can call me back, but I still have not heard from her. Even Ms. Nguyen, who has good English, gave her number to the receptionist. This is why I come to the seniors' group. Ms. Nguyen is my friend and I know she will help me.

When I asked my doctor if I could meet the specialist, he said that I needed to get the test done before making an appointment with the specialist. It is really worrisome and frustrating because all I want is this test so I know whether I have cancer or not.

The thyroid problem is slowly taking over my life. I worry all the time, and I am afraid of what might happen. Since I get really tired, I have to cook really slowly. I cook a little bit and then I have to take a break. It has been hard to cook a whole dinner or lunch for myself because I get very tired, so I make one dish and then take a rest. Not being able to cook proper meals affects my blood pressure and diabetes as well. Walking to the grocery store is becoming harder. Sometimes I don't feel like going.

“Ngày hôm trước, các con của tôi đã nói với tôi rằng tôi nên trở về Việt Nam để chết vì chết bên đó rẻ hơn. Chúng nói chúng không đủ sức lo cho tôi được chết ở đây.”

All I really want is this test so I know what I have. Right now, my children and I are at a standstill. We do not know what to do. The other day, my children told me that I should go back to Vietnam to die because it is cheaper to die there. They say they can't afford for me to die here. This hurt me a lot. I have never wanted to go back because the US is my home, and because I feel like I would not be able to afford a doctor in Vietnam.

When I first came to the US, I had a fibroid in my uterus and the doctors in California removed it for me. Ever since then I have believed that being in the US is good for my health. Now, I wonder if my children are right. I want to die there—in Vietnam. That's all I keep thinking. If only the hospital would call me back, then I would know.

## *My Words of Wisdom*

Having a group for support and friendship is important, especially if you don't have too much help from your family. I like going to the senior center to chat and socialize with others. Even if you are alone, try to be resourceful. Also, please respect the elders, we are people too.

## VIETNAMESE COMMUNITY: DID YOU KNOW?

- Population size in Montgomery County: 10,466 (8.4% of the total Asian American population in the County) (US Census Bureau, 2006).
- Language: Vietnamese
- Religions practiced among Vietnamese are varied and include Buddhism, Taoism, Christianity, Confucianism, and Tam Giao, known as the “triple religion.” Tam Giao combines aspects of Taoism, Chinese beliefs, and ancient Vietnamese animism.
- The Vietnamese New Year (Tet Nguyen Dan) is the most important and popular holiday. Banh trung, a traditional Vietnamese food, is commonly served during this festival.
- An ao dai is a traditional tunic dress worn by Vietnamese women during ceremonies and other important events.

## VIETNAMESE AMERICANS AND HEALTHCARE

According to a study conducted in partnership with the National Heart, Lung, and Blood Institute (NHLBI) and the Asian & Pacific Islander American Health Forum, Vietnamese Americans report being concerned about their cardiovascular health, but have little to no knowledge about heart disease or related risk factors, such as stroke and stress (National Institutes of Health [NIH], 2003).

Traditional health beliefs, limited knowledge about health, and impaired physician-patient communication are central health-related barriers faced by this population. In addition, the prevalence of screenings, communication with health providers, physical

activity, and healthy diet are relatively low among Vietnamese Americans (Asian American Health Initiative, 2008; Nguyen et al., 2009).

- 91% of Vietnamese speak a language other than English at home, while 61% have limited English proficiency (LEP), the highest rate among Asian Americans (Asian & Pacific Islander American Health Forum, 2006).
- Studies indicate that communication between health providers and Vietnamese American patients with regard to the use of traditional Asian medical remedies is lacking. Lack of communication about traditional medicine can lead to poorer health outcomes, because some traditional herbal remedies have pharmacologically active properties that can interact with prescription medication and worsen chronic conditions such as high blood pressure or unstable blood glucose levels (NIH, 2006).
- In a study of hypertension among Vietnamese Americans, it was found that nearly 44% of them are hypertensive, and there was a serious knowledge deficit in their understanding of hypertension as a chronic disease (Duong, Bohannon, & Ross, 2001).
- A Centers for Disease Control and Prevention (CDC) (2004) survey found that Vietnamese Americans were at least three times more likely to report not visiting a physician due to cost issues than were all Asians or the general US population.
- The rate of chronic hepatitis B virus (HBV) infection among Vietnamese Americans is over ten times the rate in the general US population (CDC, 1991; Goodman & Sikes, 1984; Lok & McMahon, 2001).
- Vietnamese women have the highest rates of cervical cancer of any racial or ethnic group in the US, which is five times the rate of white women (43 cases /100,000 versus 8.7 cases/100,000 among white women) (Nguyen et al., 2002).



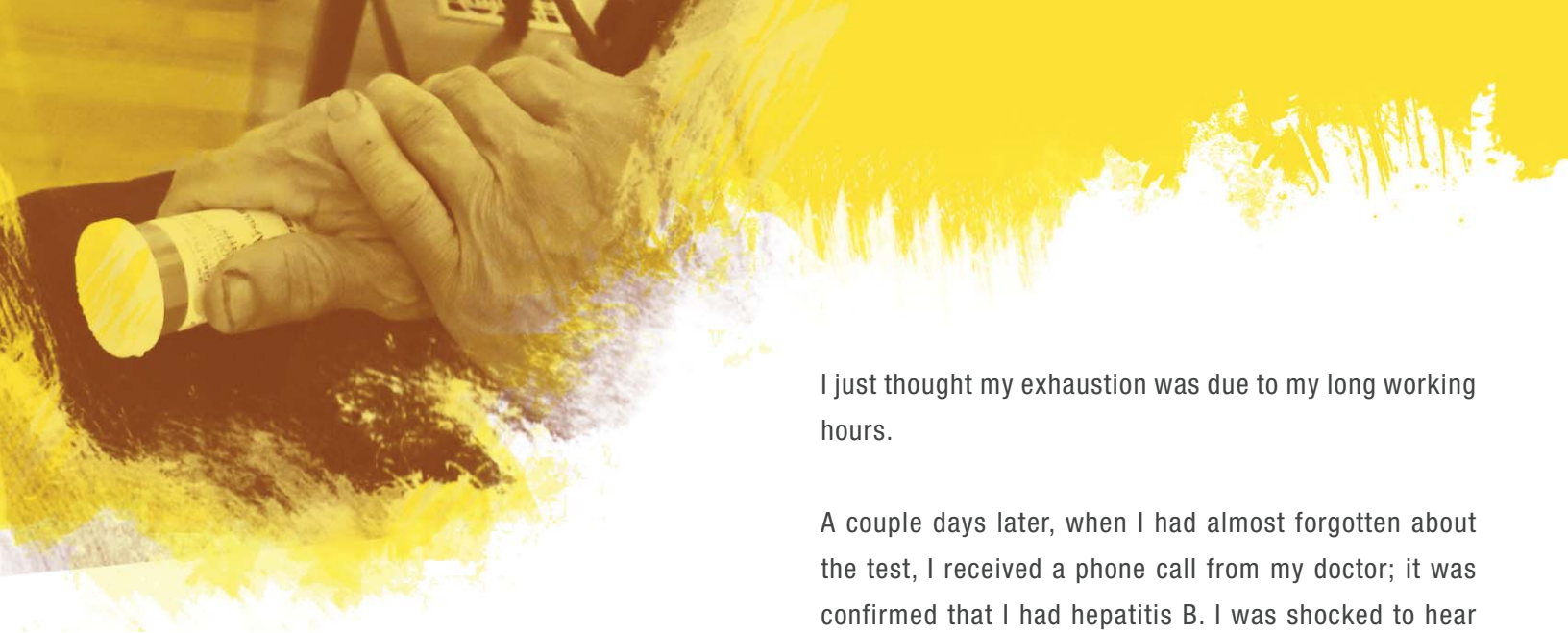
# *I have chronic hepatitis B.*

After not seeing a doctor for nearly a decade, Peter was shocked to learn he had chronic hepatitis B. Like many Asians, the virus was transmitted from his mother during birth. Peter shares his frustration with the lack of awareness about hepatitis B, the impact of his diagnosis on his family, and the extra challenges he faced due to his limited English proficiency.

*Peter*

**ETHNICITY:** Taiwanese

**AGE:** 58



## My Story

I was diagnosed with chronic hepatitis B in 2008. I had missed so many annual check-ups; in fact, my prior check-up was in 2000 and I was told everything was fine. I worked as a mechanical technician for a small company and was always too busy with my job, so getting a check-up was not high on my priority list.

I finally made an appointment to see the doctor in 2008, only because I was having some back problems that would not go away. The doctor did a complete health check. The result from my blood test indicated a high hepatosomatic index (ratio of liver weight to body weight), raising the doctor's suspicion. He asked me if I felt symptoms like fatigue, loss of appetite, or yellowing of the skin and the eyes. I said I did often feel exhausted. He then suggested that I get further testing. I complied, but I did not worry at all.

I just thought my exhaustion was due to my long working hours.

A couple days later, when I had almost forgotten about the test, I received a phone call from my doctor; it was confirmed that I had hepatitis B. I was shocked to hear the result. The word "hepatitis B" was like a thunder bolt to my chest. My entire family was completely floored. In the next few days, my wife cried continually and I could not do anything. I could not work or sleep because I could not help asking myself the same question over and over again, "Why me?"

***"I was shocked to hear the result. The word 'hepatitis B' was like a thunder bolt to my chest. I could not help asking myself same question over and over again, 'Why me?'"***

According to the doctor, common modes of transmitting hepatitis B were blood transfusions, injection drug use, and multiple, unprotected sexual contacts. That bothered me the most—I did not engage in any of those activities, how could this happen to me?

In the first two months after the diagnosis, I was very depressed, thinking and worrying about it too much. I lost over ten pounds.

I also worried about my wife and sons. They were all immediately tested. Thank goodness, they were all okay, but they needed to get vaccinations to protect them from the virus. Why didn't any doctors tell me about this before? I can't believe we weren't educated about this.

I can't believe there was a vaccine to protect my family and we didn't know.

My relatives were very supportive when they found out about my condition. My nephew collected a lot of educational materials about hepatitis B for me. I learned that, for many Asians, hepatitis B was passed down from our mothers when we were born. This may be different from what people commonly think of. This is why I don't like talking about it too much. Having bad health can be shameful. Some people judge you and assume you are a drug user or do risky things.

This is especially true in small populations like the Taiwanese community—I am afraid people will talk and gossip. I only share information with my close family because I don't want everyone to know. My nephew also told me the virus could be transmitted through blood if I cut myself by accident. Since I work with my hands every day, I often get cuts and scrapes. I try to be very careful around my co-workers. He also shared a story about his friend, who had very severe hepatitis B, much worse than mine. He was doing better after getting treatments and medication. Knowing more about hepatitis B made me feel much better.

My sister, who is a nurse, is always by my side when I have health problems. At that time, not only did she help me find a specialist, she also accompanied me to each visit because that specialist spoke only English and my English was not that good. In addition to my poor English skills, I was unfamiliar with the American medical system—a very big obstacle for me. When I was in Taiwan, there were lots of clinics. We could walk in anytime with no appointment needed, which was very

convenient. But since moving to the United States, I had to rely on my sister or my sons to go with me to any non-Mandarin Chinese speaking doctors.

Luckily, I eventually found a Chinese-speaking family doctor I was comfortable with, so I could go by myself, and I felt much more independent. However, not all his staffers spoke Chinese, which created some communication problems.

At one visit, I told the receptionist that my address changed and asked if I needed to update health insurance information. She shook her head and told me there was no need. I trusted what she said and left the office without a second thought. A few days later, I found out my insurance claim was denied because of my differing addresses. I tried to appeal, but it was no use. I had to pay for the entire bill that could have been covered by the insurance. It was all because of miscommunication. I thought to myself, "If she spoke Chinese, I could have explained my situation clearer, and she could have helped me solve the problem." Ever since this incident and my diagnosis, my sister always tries to accompany me on medical visits. She always tells me, "This is so important. I don't want you to get late treatment because of any miscommunication."

My sister accompanied me to see a specialist for my hepatitis B. First, I got an ultrasound examination to see if there was an abnormal enlargement of my liver. Fortunately, the condition of my liver was alright. I got a prescription and was told that I had to take it every day for the rest of my life. For the rest of my life... it was a tough pill to swallow, literally. At my six-week follow-up visit, my hepatosomatic index had dropped, indicating

“‘乙型肝炎’一詞  
把我嚇了一跳。”

the medication was working well for me. My doctor said it was a very good sign, but I still have to take care of my hepatitis B condition and make follow-up visits every three months. I am in my third year now after the diagnosis, and so far everything is fairly stable.

The company that I worked for did not provide any health benefits. Ever since we immigrated to the United States in the 1980s, I've had to buy medical insurance out of my pocket. Even though I did not earn a high income and paying health insurance premiums was sometimes difficult, I tried my best to maintain it. However, because I could only afford the most basic plan, it did not include prescription coverage. The insurance has helped with my hepatitis B treatment, but the cost for the medication is very high. In the first year after my diagnosis, the price of the medication was affordable. Since then, however, the price has increased to over \$700 a month. It becomes a very heavy burden.

Besides taking medication, I was also advised to maintain a healthy, balanced lifestyle. I didn't think my habits were too bad before my diagnosis. I aimed for a nutritious, alcohol-free diet. However, I acknowledge my long work hours and the fact that I did not take breaks or exercise.

Through my experience with chronic hepatitis B, I have learned the importance of taking care of my health. I try to go to bed early and get up early every day. I walk and jog several times a week, and sometimes I swim at the gym. I also try to limit my working hours, but I still must make a living to support my family. I know I will have to take care of my hepatitis B condition for the rest of my life.

## *My Words of Wisdom*

Keep a good diet and good lifestyle. Be sure to have regular check-ups because, although life happens, you must keep in mind that your health is priceless. Nothing is more important.

## TAIWANESE COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 7,476, 0.6% of the of the total Asian American population in the County (US Census Bureau, 2006).
- Language: Mandarin Chinese, Min Nan dialect
- Taiwan was nicknamed Ilha Formosa, meaning beautiful island in Portuguese, when Portuguese sailors discovered it in the 16th century.
- Karaoke, or KTV, is incredibly popular in Taiwan and in the Taiwanese American community. It is a very common activity during social get-togethers.
- Invented in Taiwan, bubble tea is a sweetly flavored tea beverage that usually contains small tapioca pearls called “boba.” It is wildly popular across the globe.

## HEPATITIS B

Hepatitis B is one of the greatest health threats for Asian Americans. One in ten Asian Americans has hepatitis B, compared to one in 1000 white Americans (Stanford Asian Liver Center, 2010). Furthermore, when left unmonitored and untreated, up to one in four individuals with hepatitis B will die from liver cancer or cirrhosis (World Health Organization, 2008).

The hepatitis B virus (HBV) is commonly transmitted via direct blood-to-blood contact, having unprotected sex with an infected

person, sharing unsterile needles or razors, or from an infected mother to her newborn during childbirth. For Asian Americans, the most common mode of transmission is perinatal exposure from a mother with chronic hepatitis B (CHB).

There are many misconceptions about the transmission of HBV. In fact, it cannot be transmitted by coughing, sneezing, hugging, breast feeding, or sharing food and utensils (Centers for Disease Control and Prevention [CDC], 2009). The HBV vaccine is so effective that the World Health Organization has called it the first “anti-cancer vaccine” (US Department of Health and Human Services, 2008).

- Though Asian Americans represent only 4.5% of the population, they account for more than half of the estimated 1.3-1.5 million chronic hepatitis B cases in the United States (Asian & Pacific Islander American Health Forum, 2009):
  - Korean Americans are eight times more likely than non-white males to develop chronic hepatitis B.
  - Vietnamese Americans are 13 times more likely than non-white males to develop chronic hepatitis B.
  - Chinese Americans are six times more likely than non-white males to develop chronic hepatitis B.
- The hepatitis B-related death rate among Asian Americans is seven times greater than the rate among the white population (CDC, 2007).
- HBV infections account for the majority (about 80%) of the liver cancer deaths in the Asian community (Hsu et al., 2007).





*I am alone.*

Gallage Padmini has lived and worked in the United States since 2003. She longs to return to her native Sri Lanka, but she stays in the US so she can support her adult children back home. Although she works as a home health aide, Gallage worries about her own health and wonders who will take care of her as she ages. She shares her sense of isolation and the heartbreak she feels at never having met her grandchildren.

*Gallage Hemanta Padmini*

**ETHNICITY:** Sri Lankan

**AGE:** 56



## My Story

Every day, I get up at the break of dawn to start my job caring for an elderly gentleman who lives with his family. I am his primary caretaker. While caring for him, I think to myself, “Will this be my life when I reach his age? Will I get care and support from my family?” Probably not.

If I were back home in Sri Lanka, I would be taken care of by my children, but here I am, at the age of 56, taking care of someone else’s parent. If I had children here in the United States, my life would be much different. Even though it would be difficult financially for them, my own children would look after me and help me when I am sick. There are times when I feel so sad and lonely that I want to go back to my country to be with my children, but I know that I cannot.

I got married at the age of 19. I was living in Sri Lanka, an hour away from the capital city of Colombo, with my husband, who worked as an engineer for the city’s municipal council. We had two beautiful children, a son and a daughter. We lived a good life. I was a homemaker and my husband was the primary breadwinner.

At the age of 49, my husband passed away, leaving me with two teenagers. I raised them on my own with much difficulty. My children moved away as they reached adulthood. Both of them are now married and have their own families to care for.

My sister-in-law, who was living in the US at that time, invited me to visit her after finding out that I was on my own. I had never been to America. I visited the US in 2003 and have been living here ever since.

Initially, I lived with my sister-in-law in New York City. After a year, I wanted to start working and to be independent. She had some contacts in Maryland, so I moved to the area and began searching for employment.

***“If something happened to me, I don’t even have anyone to take me to the hospital. I’d suffer alone.”***

I worked in several places part-time. Everywhere I went, I had difficulties because of the language barrier and my lack of education. I felt so isolated. I did not have any family or friends to help or guide me along the way. My health suffered as a result. I did not have a permanent job, so I did not have health insurance. I did not have anyone to help me. Unfortunately, there were a few incidents where I felt people took advantage of my situation.

A couple of years ago, I was working in a doctor’s office part time. I thought that I would take the opportunity to have my blood checked as I had not done this since I came to the US. When the reports came back, I was told that my cholesterol levels were very high. Even though I was working at a doctor’s clinic, I had no insurance coverage, so I could not afford the treatment medications.

A few weeks later I received a bill in the mail. To my amazement, it was \$500 for the blood tests. They knew of my insurance status and the fact that I would not be able to pay the whole amount! Because there was no one around to help me, I could not even tell if the bill was right. Had I known the cost, I would not have had the test.

After many requests, the office discounted my bill, but it was still hard to cover. I took a few other jobs and finally paid it off in installments after many months. It was much later that I found out that the same test could have been done for \$35 in other clinics. I felt cheated. I felt like they had taken advantage of my situation, because they knew I was completely on my own without any guidance and understanding of the system.

I visited a free clinic for the first time several years later. I was very worried about my health as I got older. If something happened to me, I wouldn't even have anyone to take me to the hospital. I'd suffer alone. I am currently 56 years old and my health is deteriorating.

What worries me most is the fact that my husband also died at a young age due to high cholesterol levels, which caused a stroke. At least he had me to take care of him. Now, my doctors are telling me that I have high cholesterol and I have no one to take care of me. I don't know if I have other serious illnesses at this point, or just elevated cholesterol for which I am on medication. But I worry about what will happen to me as I age into my 60s. What will happen to me when I can't work in my old age? Who will support me?

I have not been able to visit Sri Lanka since coming to the US in 2003. I have four grandchildren now whom I have never seen. They were all born after I came here. Sometimes when I sit in the park and watch children play, it breaks my heart as I remember my grandchildren. My children have asked me to come back to my home country several

times. There are days when I feel like leaving everything and going back home. I am living here with so many difficulties; I have no one to talk to and no one to ask for help. Back home, at least I have friends and family.

For now, I have convinced myself to stay for the future of my children and now my grandchildren. If I go back, I know it is going to be hard for me to find a job. Who will give a job to an old lady? Even though my children are married and have jobs, they still cannot afford to be financially independent. Living in Sri Lanka these days is expensive and they have a hard time supporting their children's education. Even with the small jobs that I have, I still have to support them financially.

I am making this sacrifice to improve the lives of my children; I don't want them to suffer as I did after their father passed away. No matter how bad things are, I don't want to give up. I live with the hope that someday I can go home and be reunited with my children.

“මට යම්කිසි දෙයක්  
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විට්ටන්න වෙයි.”

## My Words of Wisdom

Be respectful toward seniors. They sacrifice a great deal to give their families better lives. During old age, all we ask is for your kindness and support.

## SRI LANKAN COMMUNITY: DID YOU KNOW?

- Population in Montgomery County: 997 (0.8% of the of the total Asian American population in the County) (US Census Bureau, 2006).
- Languages: Sinhala and Tamil
- Sri Lanka is known as the “Pearl of the Indian Ocean.”
- Because there are many waterfalls in Sri Lanka, hydro-power provides most of the country’s electricity.
- Many Sri Lankan dishes consist of steamed rice served with curry. One Dutch-influenced Sri Lankan dish is Lamprais, consisting of rice boiled in stock with a special curry, then baked in a banana leaf with meatballs called frikkadels.

## AGING ASIAN AMERICANS

Elderly Asian Americans are the fastest growing group among seniors in the United States (Federal Interagency Forum on Aging-Related Statistics, 2006). There is paucity in the knowledge base regarding Asian American elders. Aside from studies that display aggregated data, many document cancer, osteoporosis, diabetes, cardiovascular disease, disabilities, and mental health as the major health concerns among the senior Asian American population (Iwamasaa & Hilliarda, 1999).

Studies also show that Asian American elders have higher rates of depression than non-Hispanic white elders (Mui & Kang, 2006). Among elderly Chinese, proficiency in the English language, grief related to migration, and demographic

factors such as age and marital status are some of the factors associated with depression (Casado, 2002). Stress caused by acculturation, level of support from adult children, proximity of children, and duration of residence in the US have all been associated with high depression levels among the elderly Chinese, Korean, Indian, Filipino, Vietnamese, and Japanese immigrant populations (Mui & Kang, 2006).

Asian American elders are also likely to rely on indigenous healing practices such as herbal medicine and acupuncture as they are generally less acculturated into mainstream American society. The traditional health beliefs held by Asian American elders need to be considered as Western medicine is often perceived as “invasive” and “overly aggressive.”

- In Montgomery County, the population of individuals 60 years or older is 163,422, of which 11.5% are Asians (US Census Bureau, 2001).
- Nationally, the four largest groups of Asian seniors were Chinese (29.5%), Filipino (20.5%), Japanese (20.1%), and Korean (8.5%) (Federal Interagency Forum on Aging-Related Statistics, 2006).
- Chinese American women age fifty and older who are foreign born and immigrated later in life are at particular risk for osteoporosis (Lauderdale, Kuohung, Chang, & Chin, 2003; Walker et al., 2006).
- According to the 2000 US Census, 35% of Asian Americans aged 65 or older reported at least one disability, which is slightly higher than for non-Hispanic white elders.
- By and large, Southeast Asian elders (Cambodians, Hmong, Laotian, and Vietnamese) report the highest rate of physical disabilities (Shibusawa & Chung, 2000).

## CONCLUSION

Too many Asian Americans live in darkness, shame and silence. Do not be afraid to speak up and speak out.

Stories have extraordinary power. Every person has a story to tell and every story serves as a means to connect, educate, and empower.

Please take an active role in eliminating health disparities and improving the health and wellness of the Asian American community.

## RESOURCES AND MORE INFORMATION

Asian American Health Initiative  
Montgomery County, Maryland  
Department of Health and Human Services

1335 Piccard Drive, Lower Level  
Rockville, MD 20850

Telephone: (240) 777-4517

Fax: (240) 777-4564

Website: [www.AAHInfo.org](http://www.AAHInfo.org)

General Information: [info@aahiinfo.org](mailto:info@aahiinfo.org)



## NOTE FROM THE EDITOR

by Ann Bevans

I had no idea what I was getting into.

When I sat down with Perry Chan and Jamie Lok Weng to talk about this project, I thought it would be a nice feather in my cap as an editor and graphic designer. Based on AAHI's track record of creating first-class publications, I thought I might even win a few awards.

I happily settled in to read the first draft. The happy feeling didn't last long.

I have lived and worked in Montgomery County for ten years. Although I am white, I share the concerns of many of the people profiled in this publication. I am a business owner, a mother and a breast cancer survivor.

I am also a volunteer tutor with the Literacy Council of Montgomery County. My students are Asian American: one is Korean and the other is Chinese. So I thought I knew a thing or two about the difficulties immigrants face.

I learned that I didn't know the half of it.

I know exactly what it's like to receive a cancer diagnosis when you speak the language and understand the healthcare system. I can't imagine facing a serious health crisis without these basic skills and knowledge. Yet our storytellers rise to this challenge every single day.

I sincerely hope that this publication will have a profound impact on public health professionals, policymakers, and the general public—the same sort of impact it had on me as I read and reflected on these very personal, very moving stories.

I would like to personally acknowledge the brave men and women who agreed to share their stories, as well as the caring, knowledgeable staff of the Asian American Health Initiative. Their work has touched many lives, including mine.

# REFERENCES

## **SILVY SONG: MY SISTER WAS BORN WITH A DEVELOPMENTAL DISABILITY.**

Choi, K. H., & Wynne, M. E. (2000). Providing services to Asian Americans with developmental disabilities and their families: mainstream service providers' perspective. *Community Ment Health J*, 36, 589-595.

Mutchler, J. E., Prakash, A., & Burr, J. A. (2000). The demography of disability and the effects of immigrant history: older Asians in the United States. *Demography*, 44, 251-263.

Thierry, J. M. (1998). Promoting the health and wellness of women with disabilities. *Journal of Women's Health*, 7, 505-507.

US Census Bureau. (2001). *Census 2000 Demographic Profile Highlights*. Retrieved May 25, 2010 from US Census Bureau website: <http://factfinder.census.gov/home/saff/main.html?lang=en>

US Department of Health and Human Services. (2005). *The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities*. Washington, D.C.: US Department of Health and Human Services, Office of the Surgeon General.

## **LUBNA KHURSHID: I DIDN'T EVEN KNOW I HAD ASTHMA.**

Davis, A., Kreutzer, R., Lipsett, M., King, G., & Shaikh, N. (2006). Asthma prevalence in Hispanic and Asian American ethnic subgroups: results from the California healthy kids survey. *Pediatrics*, 118, 363-370.

Maryland Department of Health and Human Services, Family Health Administration. (2009a). An Action Agenda to Reduce the Burden of Asthma in Maryland: 2010-2015. *The Maryland Asthma Control Plan, 1*. Baltimore, MD: Maryland Department of Health and Human Services. Retrieved from Maryland Department of Health and Mental Hygiene Family Health Administration website: [http://fha.maryland.gov/pdf/mch/Asthma\\_Action\\_Agenda.pdf](http://fha.maryland.gov/pdf/mch/Asthma_Action_Agenda.pdf)

Maryland Department of Health and Human Services, Maryland Asthma Control Program. (2009b). *2009 Annual Legislative Report, 1*. Baltimore, MD: Maryland Department of Health and Human Services. Retrieved from Maryland Department of Health and Mental Hygiene website: [http://www.dhmm.state.md.us/reports/pdf/dec09/FHA/HB0420\\_FHA\\_Asthma\\_Control.pdf](http://www.dhmm.state.md.us/reports/pdf/dec09/FHA/HB0420_FHA_Asthma_Control.pdf)

Mayo Clinic. (2010). Asthma. Retrieved from Mayo Clinic website: <http://www.mayoclinic.com/health/asthma/ds00021>

## **MRS. HWANG: I AM A BREAST CANCER SURVIVOR.**

American Cancer Society. (2008). *Breast Cancer Facts & Figures 2007-2008*. Atlanta: American Cancer Society, Inc.

Asian American Health Initiative. (2008). *Asian American Health Priorities: A Study of Montgomery County: Strengths, Needs, and Opportunities for Action*. Rockville, MD: Montgomery County Department of Health and Human Services. Retrieved from Asian American Health Initiative website: [http://www.AAHIinfo.org/english/pdf/needsAssessment/AAHI\\_01AssessmentReport.pdf](http://www.AAHIinfo.org/english/pdf/needsAssessment/AAHI_01AssessmentReport.pdf)

Breast Cancer Resource Directory. (2010). *Multicultural Issues and Resources for Asian American and Pacific Islander Women*. North Carolina. Retrieved from the Breast Cancer Resource Directory website: <http://bcresourcedirectory.org/page/asian-american-and-pacific-islander-women>

Intercultural Cancer Council. (1999). *Asian Americans and Cancer*. Houston, TX: Intercultural Cancer Council. Retrieved from Intercultural Cancer Council website: <http://iccnetwork.org/cancerfacts/ICC-CFS3.pdf>

Maryland Department of Health and Mental Hygiene (2006). *Cancer Report 2006, Cigarette Restitution Fund – Cancer Prevention, Education, Screening and Treatment Program*. Baltimore: MD: Maryland Department of Health and Mental Hygiene. Retrieved from Maryland Department of Health and Mental Hygiene website: <http://www.dhmh.state.md.us>

Miller, B.A., Chu, K.C., Hankey, B.F. & Ries, L.A.G. (2008). Cancer incidence and mortality patterns among Asian and Pacific Islander populations in the United States. *Cancer Causes Control*, 19, 227-256.

National Center for Health Statistics. (2007). *Health, United States, 2007, With Chartbook on Trends in the Health of America*. Hyattsville, MD.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

Ziegler R., Hoover R., and Pike M. (1993). Migration patterns and breast cancer risk in Asian American women. *Journal of the National Cancer Institute*, 85, 1819-1827.

## **JULIA CHANG: I AM GIVING BACK.**

Akutsu, P. D., Castillo, E. D., & L.R. Snowden. (2007). Differential referral patterns to ethnic-specific and mainstream mental health programs for four Asian American groups. *American Journal of Orthopsychiatry*, 77, 95-103.

Kaiser Family Foundation. (2000). Kaiser Commission on the Medicaid and Uninsured. Retrieved from Kaiser Family Foundation website: <http://www.kff.org/uninsured/upload/Health-Insurance-Coverage-and-Access-to-Care-Among-Asian-Americans-and-Pacific-Islanders.pdf>

Kim, M.T., Kim, K. B., Juon, H.S. & Hill, M.N. (2000). Prevalence and factors associated with high blood pressure in Korean Americans. *Ethnicity and Disease*, 10, 364-374.

Lee, H. B., Hanner, J.A. Cho, S., Han, H., & Kim, M.T. (2008, March). Improving Access to mental health services for Korean American immigrants: Moving toward a community partnership between religious and mental health services. *Psychiatry Investigation*, 5, 14–20.

Shin, S-K., & Lukens, E.P. (2002). Effects of psychoeducation for Korean Americans with chronic mental illness. *Psychiatric Services*, 53, 1125-31.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

## **SEAN: I AM A POTHEAD.**

Degenhardt, L., Chiu, W.T., Sampson, N., Kessler, R.C., Anthony, J.C., Angermeyer, M., Bruffaerts, R., de Girolamo, G., Gureje, O., Huang, Y., Karam, A., Kostyuchenko, S., Lepine, J.P, Mora, M.E., Neumark, Y., Ormel, J.H., Pinto-Meza, A., Posada-Villa, J., Stein, D.J., Takeshima, T., & Wells, J.E.. (2008). Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys. *PLoS Med*, 5, e141.

Hahm, H.C., Wong, F.Y., Huang, Z.J., Ozonoff, A., & Lee J. (2008). Substance use among Asian Americans and Pacific Islanders sexual minority adolescents: findings from the National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health*, 42, 275-83.

Price, R.K., & Risk, N.K., et al. (2002). Substance use and abuse by Asian Americans and Pacific Islanders: preliminary results from four national epidemiologic studies. *Public Health Reports*, 117, 39-50.

Sidney, S. Beck, J.E., Tekawa, I.S., Quesenberry, C.P., & Friedman, G.D. (1997) Marijuana use and mortality. *American Journal of Public Health*, 87, 585-590.

Trinh-Shevrin, C., Islam, N.S., & Rey, M.J. (2009) *Asian American Communities and Health: Context, Research, Policy and Action*. San Francisco, CA: Jossey-Bass.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>



## **DINH PHAN: I AM A SECOND GENERATION ASIAN AMERICAN.**

Brand, D. (1987). The new whiz kids: Why Asian Americans are doing so well and what it costs them. *Time*, 130, 42-46.

Kalsner, L., & Pistole, M.C. (2003). College adjustment in a multiethnic sample: Attachment, separation-individuation, and ethnic identity. *Journal of College Student Development*, 44, 92-109.

Kim, J. (1991). Processes of Asian American identity development: A study of Japanese American women's perceptions of their struggle to achieve positive identities as Americans Of Asian Ancestry. Retrieved from University of Massachusetts Amherst website: <http://scholarworks.umass.edu>

Shrake, E.K., & Rhee, S. (2004). Ethnic identity as a predictor of problem behaviors among Korean American adolescents. *Adolescence*, 39, 601-622.

Vo, D.Z., Pate, O.L., Zhao, H., Siu, P., & Ginsberg, K.R. (2007). Voices Of Asian American Youth. *Pediatrics*, 120, 1481-93.

Yang, K. (2004). Southeast Asian American children: Not the "Model Minority". *The Future Of Children*, 14, 127-133.

## **MRS. S.: I HAVE ULCERATIVE COLITIS.**

American Cancer Society. (2009). *Cancer Facts and Figures*. Retrieved from American Cancer Society website: <http://www.cancer.org/downloads/STT/500809web.pdf>

Lashner, B. A. (1992). Recommendations for colorectal cancer screening in ulcerative colitis: a review of research from a single university-based surveillance program. *Amer J Gastroenterol*, 87, 168-175.

Maryland Department of Health and Mental Hygiene (2006). *Cancer Report 2006, Cigarette Restitution Fund – Cancer Prevention, Education, Screening and Treatment Program*. Baltimore, Maryland: Author.

Probert, C. S., Jayanthi, V., Hughes, A. O., Thompson, J. R., Wicks, A. C., & Mayberry, J. F. (1993). Prevalence and family risk of ulcerative colitis and Crohn's disease: an epidemiological study among Europeans and south Asians in Leicestershire. *Gut*, 34, 1547-1551.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

Wong, S. T., Gildengorin, G., Nguyen, T., & Mock, J. (2005). Disparities in colorectal cancer screening rates among Asian Americans and non-Latino whites. *Cancer*, 104, 2940-2947.

## **KIM SUOR NGAN: I AM A GENOCIDE SURVIVOR.**

American Heart Association. (2008). Asian/Pacific Islanders and Cardiovascular Diseases- Statistics: Populations 2008 Update. Retrieved from American Heart Association website: <http://www.americanheart.org/downloadable/heart/1199397765814FS03AS08.pdf>

Anderson, R. N. & Smith, B. L. (2003). Deaths: Leading causes for 2001. *Natl Vital Stat Rep*, 52(9), 1-85.

Centers for Disease Control and Prevention. (2008). *About high blood pressure*. Hyattsville, MD: National Center for Health Statistics.

Centers for Disease Control and Prevention. (2006). 10 Leading Causes of Death Asian American & Pacific Islander population. Hyattsville, MD: National Center for Health Statistics.

National Center for Health Statistics. (2006). Health, United States, 2006. *Chartbook on Trends in Health of Americans*. Hyattsville, MD: Author.

National Institutes of Health. (2003). *Cardiovascular Risk in the Cambodian Community*. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute. Retrieved from National Heart, Lung, and Blood Institute website: <http://www.nhlbi.nih.gov/health/prof/heart/other/cambodian.pdf>

National Institutes of Health. (2006). *Silent Trauma: Diabetes, Health Status, and the Refugee Southeast Asians in the United States*. Bethesda, MD: National Heart, Lung, and Blood Institute, National Diabetes Education Program, Asian American/Pacific Islander Work Group. Retrieved from National Diabetes Education Program website: <http://www.ndep.nih.gov/media/SilentTrauma.pdf>

Pleis, J. R. & Lethbridge-Cejku, M. (2006). Summary health statistics for U.S. adults: National Health Interview Survey, 2005. National Center for Health Statistics. *Vital Health Stat*, 10.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

## **JEAN KO KO GYI: I AM AN IMMIGRANT AND AN ADVOCATE.**

Garrett, K.E. (Ed.). (2006). *Living in America: Challenges facing new immigrants and refugees*. Princeton, NJ: Robert Wood Johnson Foundation. Retrieved from Robert Wood Johnson Foundation website: <http://rwjf.org>

Lueck, K. & Wilson, M. (2010). Acculturative stress in Asian immigrants: The impact of social and linguistic factors. *International Journal of Intercultural Relations*, 34, 47-57.

Ma, G. X., Tan, Y., Wang, M. Q., Yuan, Y., & Chae, W. G. (2010). Hepatitis B screening compliance and non-compliance among Chinese, Koreans, Vietnamese and Cambodians. *Clinical Medicine Insights: Gastroenterology*, 3, 1-10.

US Census Bureau. (2010). *American FactFinder. People: Race and ethnicity*. Retrieved June 8, 2010, from US Census Bureau website: [http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?\\_pagelid=tp9\\_race\\_ethnicity](http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?_pagelid=tp9_race_ethnicity)

US Census Bureau. (2009). *Census Bureau estimates nearly half of children under age 5 are minorities - Estimates find nation's population growing older, more diverse*. Retrieved from US Census Bureau website: <http://www.census.gov/newsroom/releases/archives/population/cb09-75.html>

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

## **JEFF SUKASEM: I AM AN AMERICAN.**

Fisher, C.B., Wallace, S.A., & Fenton, R.E. (2000). Discrimination distress during adolescence. *Journal of Youth and Adolescence*, 29, 679-695.

Lorenzo, M.K., Frost, A.K., & Reinherz, H.Z. (2000). Social and emotional functioning of older Asian American adolescents. *Child & Adolescent Social Work Journal*, 17, 289-304.

Niedzwiecki, M. & Duong, T.C. (2004). *Southeast Asian American Statistical Profile*. Washington, DC: Southeast Asia Resource Action Center.

Ng, J., Lee, S.S., & Pak, Y. (2007). Contesting the model minority and perpetual foreigner stereotypes: A critical review of literature on Asian Americans in education. *Review of Research in Education*, 31, 95-130.

Pearce, R. R. (2006). Effects of cultural and social structural factors on the achievement of white and Chinese American students at school transition points. *American Educational Research Journal*, 43, 75-101.

Siu, S.F. (1996). *Asian American Students at Risk: A Literature Review*. Baltimore, MD: The Center for Research on the Education of Students Placed At Risk.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

Zhou, M. (2000). Social capital in Chinatown: The role of community-based organizations and families in the adaptation of the younger generation. In M. Zhou & J. Gatewood (Eds.), *Contemporary Asian America: A multidisciplinary reader* (pp. 315-335). New York: New York University Press.

## PICHAMMAL NAGARAJAN: I AM 74 YEARS YOUNG!

Asian American Health Initiative. (2008). *Asian American Health Priorities: A Study of Montgomery County: Strengths, Needs, and Opportunities for Action*. Rockville, MD: Montgomery County Department of Health and Human Services. Retrieved from Asian American Health Initiative website: [http://www.AAHIinfo.org/english/pdf/needsAssessment/AAHI\\_01AssessmentReport.pdf](http://www.AAHIinfo.org/english/pdf/needsAssessment/AAHI_01AssessmentReport.pdf)

Barnes, P.M., Adams, P.F., & Powell-Griner, E. (2008). Health characteristics of the Asian adult population: United States, 2004–2006. *Advance data from vital and health statistics*, 394. Hyattsville, MD: National Center for Health Statistics.

Centers for Disease Control. (2009). *WISQARS*. Washington, D.C:US Department of Health and Human Services. Retrieved from Centers for Disease Control website: <http://webapp.cdc.gov/cgi-bin/broker.exe>

Fuhimoto WY. (1995). *Diabetes in America: Diabetes in Asian and Pacific Islander Americans*. Bethesda, MD: National Diabetes Data Group.

Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities. (2006). *Asian Americans & Pacific Islanders in Maryland Population and Health Data*. Baltimore, Maryland.

Mayo Clinic. (2008). Mayo Researchers Look for Explanation Behind High Incidence of Diabetes Among Asian Indians. Retrieved from Mayo Clinic website: <http://www.mayoclinic.org/news2008-rst/4686.html>

Misra, R., Patel, T. G., Davies, D., & Russo, T. (2000). Health promotion behaviors of Gujurati Asian Indian immigrants in the United States. *Journal of Immigrant Health*, 2, 223-230.

McNeely, M. & Boyko, E. (2004). Type II Diabetes Prevalence in Asian Americans. *Diabetes Care*, 27, 66-69.

National Asian Women's Health Organization. (2002). *Making a Difference: Highlights from a National Symposia Series on Asian Americans and Diabetes*. Retrieved from National Asian Women's Health Organization website: [http://www.nawho.org/site/c.iplLKT0CJsG/b.3508253/k.BC65/NAWHO\\_Publications.htm](http://www.nawho.org/site/c.iplLKT0CJsG/b.3508253/k.BC65/NAWHO_Publications.htm)

Satterfield D, Lofton, T., May, J.E., Bowman, B.A, Alfaro-Correa, A., Benjamin, C., & Stankus, M. (2003). Learning from listening: common concerns and perceptions about diabetes prevention among diverse American populations. *Journal of Public Health Management Practices*, 9, S56-S63.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

## MALA NAGARAJAN: I AM A SOUTH ASIAN LESBIAN.

Asian Pacific American Legal Resource Center and South Asian Americans Leading Together. (2009). *South Asian Community Empowerment (SACE) Report, Washington DeSi: South Asians in the Nation's Capital*. Washington, DC: Author.

Satrang and South Asian Network. (2007). *No More Denial!: Giving Visibility to the Needs of the South Asian LGBTIQ Community in Southern California*. Los Angeles, CA: Author. Retrieved from Satrang website: <http://www.satrang.org/NeedsAssesmentReport.pdf>

## YU YING ZHANG: I COULDN'T COMMUNICATE WITH MY DOCTOR.

Asian & Pacific Islander American Health Forum. (2009). *Asian American, Native Hawaiian and Pacific Islander population demographic data 2006*. Retrieved from Asian & Pacific Islander American Health Forum website: [http://www.apiahf.org/images/stories/Documents/publications\\_database/hta\\_datachart%202006.pdf](http://www.apiahf.org/images/stories/Documents/publications_database/hta_datachart%202006.pdf)

Morales, L. S., Elliott, M., Weech-Maldonado, R., & Hays, R. D. (2006). The impact of interpreters on parents' experiences with ambulatory care for their children. *Medical Care Research and Review*, 63, 110-128.

Ngo-Metzger, Q., Massagli, M. P., Clarridge, B. R., Manocchia, M., Davis, R. B., Lezzoni, L. I., & Phillips, R. S. (2003). Linguistic and cultural barriers to care. *Journal of General Internal Medicine*, 18, 44-52.

US Census Bureau. (2008). *2006-2008 American Community Survey 3-year estimates*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

US National Library of Medicine. (2010). *Asian American health*. Retrieved from National Library of Medicine website: <http://asianamericanhealth.nlm.nih.gov/intro1.html>

## HONG NGUYEN: I MIGHT HAVE CANCER.

Asian American Health Initiative. (2008). *Asian American Health Priorities: A Study of Montgomery County: Strengths, Needs, and Opportunities for Action*. Rockville, MD: Montgomery County Department of Health and Human Services. Retrieved from Asian American Health Initiative website: [http://www.AAHInfo.org/english/pdf/needsAssessment/AAHI\\_01AssessmentReport.pdf](http://www.AAHInfo.org/english/pdf/needsAssessment/AAHI_01AssessmentReport.pdf)

Asian & Pacific Islander American Health Forum. (2006). *APIAHF Health Brief: Vietnamese in the States*. Retrieved from Asian & Pacific Islander American Health Forum website: [http://www.apiahf.org/images/stories/Documents/publications\\_database/Vietnamese\\_in\\_the\\_United\\_States.pdf](http://www.apiahf.org/images/stories/Documents/publications_database/Vietnamese_in_the_United_States.pdf)

Centers for Disease Control and Prevention. (2004). Health status of Cambodians and Vietnamese—Selected communities, United States, 2001-2002. *MMWR*, 53, 760-765.

Centers for Disease Control. (1991). Screening for hepatitis B virus infection among refugees arriving in the United States. *MMWR*, 45, 784-786.

Duong, D.A., Bohannon, A.S. & Ross, M.C. (2001). A descriptive study of hypertension in Vietnamese Americans. *Journal of Community Health Nursing*, 18, 1-11.

Goodman, R.A. & Sikes, R.K. (1984). Hepatitis B markers in Southeast Asian refugees. *JAMA*, 251, 2086.

Lok, A. & McMahon, B. (2001). Chronic hepatitis B. *Hepatology*, 34, 1225-1241.

National Institutes of Health. (2003). *Cardiovascular Risk in the Vietnamese Community*. Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute. Retrieved from National Heart, Lung, and Blood Institute website: <http://www.nhlbi.nih.gov/health/prof/heart/other/vietnamese.pdf>

National Institutes of Health. (2006). *Silent Trauma: Diabetes, Health Status, and the Refugee Southeast Asians in the United States*. Bethesda, MD: National Heart, Lung, and Blood Institute, National Diabetes Education Program, Asian American/Pacific Islander Work Group. Retrieved from National Diabetes Education Program website: <http://www.ndep.nih.gov/media/SilentTrauma.pdf>

Nguyen, T. T., Liao, Y., Gildengorin, G., Tsoh, J., Bui-Tong, N., & McPhee, S.J. (2009). Cardiovascular risk factors and knowledge of symptoms among Vietnamese Americans. *Journal of General Internal Medicine*, 24, 238-243.

Nguyen, T., McPhee, S., Nguyen, T., Lam, T., Mock, J. (2002). Predictors of cervical pap smear screening awareness, intention, and receipt among Vietnamese-American women. *American Journal of Preventive Medicine*, 23, 207-214.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

## PETER: I HAVE CHRONIC HEPATITIS B.

Asian & Pacific Islander American Health Forum. (2009, September). *Asian American, Native Hawaiian and Pacific Islander population demographic data 2006*. Retrieved from Asian & Pacific Islander American Health Forum website: [http://www.apiahf.org/images/stories/Documents/publications\\_database/hta\\_datachart%202006.pdf](http://www.apiahf.org/images/stories/Documents/publications_database/hta_datachart%202006.pdf)

Centers for Disease Control and Prevention. (2009). *Hepatitis B Information for the Public. Division of Viral Hepatitis and National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. Retrieved from Centers for Disease Control and Prevention website: <http://www.cdc.gov/hepatitis/B>

Centers for Disease Control and Prevention. (2007). Hepatitis awareness month. *Morbidity and Mortality Weekly Report*, 56, 18. Retrieved from Centers for Disease Control and Prevention website: <http://www.cdc.gov/mmwr/PDF/wk/mm5618.pdf>

Hsu, C.E., Liu, L.C., Juon, H., Chiu, Y., Bawa, J., Tillman, U., Li, M., Miller, J., & Wang, M.Q. (2007). Reducing liver cancer disparities: A community-based hepatitis-B prevention program for Asian American communities. *Journal of the National Medical Association, 99*, 900-907.

Stanford Asian Liver Center. (2010). *FAQ about Hepatitis B*. Retrieved June 15, 2010, from Stanford Asian Liver Center website: <http://liver.stanford.edu/Education/faq.html>

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

US Department of Health and Human Services, Office of Minority Health. (2008). *Chronic Hepatitis B in Asian Americans, Native Hawaiians and Other Pacific Islanders: Background*. Retrieved June 15, 2010, from Office of Minority Health website: <http://www.omhrc.gov/templates/content.aspx?ID=7240&lvl=2&lvlid=190>

World Health Organization. (2008, August). *Hepatitis B Factsheet*. Retrieved June 15, 2010, from World Health Organization website: <http://www.who.int/mediacentre/factsheets/fs204/en/>

## GALLAGE HEMANTA PADMINI: I AM ALONE.

Casado, B. L. L., P. (2002). Migratory grief and depression among elderly Chinese American immigrants. *Journal of Gerontological Social Work, 36*, 5-26.

Federal Interagency Forum on Aging-Related Statistics. (2006). *Older Americans updated 2006: Key indicators of well-being*. Washington, DC: US Government Printing Office.

Iwamasaa, G.Y., & Hilliard, K.M. (1999). Depression and anxiety among Asian American elders: A review of the literature. *Clinical Psychology Review, 19*, 343-357.

Lauderdale, D.S., Kuohung, V., Chang, S.-L., & Chin, M.H. (2003). Identifying older Chinese immigrants at high risk for osteoporosis. *Journal of General Internal Medicine, 18*, 508-515.

Mui, A. C., & Kang, S. Y. (2006). Acculturation stress and depression among Asian immigrant elders. *Soc Work, 51*, 243-255.

Shibusawa, T., & Chung, I.W. (2009). Health of Asian American elderly. In Rey, M., Trin-Shevrin, C. (Eds.), *Health issues in the Asian American community*. New York: Jossey Bass.

US Census Bureau. (2006). *2006 American Community Survey*. Retrieved from US Census Bureau website: <http://www.census.gov/acs>

US Census Bureau. (2001). *Census 2000 Demographic Profile Highlights*. Retrieved May 25, 2010, from US Census Bureau website: [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en)

Walker, M.D., Babbar, R., Opotowsky, A.R., Rohira, A., Nabizadeh, F., Badia, M.D., Chung, W., Chiang, J., Mediratta, A., McMahon, D., Liu, G., Bilezikian, J.P. (2006). A referent bone mineral density database for Chinese American women. *Osteoporos Int, 17*, 878-87.