Asian and Pacific Islander Concerns Report on a Public Hearing

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According to a report by the Southern California Association of Governments in December 1984, Orange County experienced a 35% growth in population from 1970 to 1980, this translates into approximately 1/2 million persons. Of these, Asians had a phenomenal growth rate of 371%, the highest of any ethnic group. This is largely attributed to the resettlement of Indochinese refugees. The Immigrant and Refugee Planning Center estimates that 32% of the Indochinese refugees in the county are secondary migrants from other locations in the United States.

The influx of refugees and other Asian immigrants has caused noticeable changes in the social and cultural environment of the county. These changes are apparent in the growth of ethnic neighborhoods and business enclaves; new architectural styles, the proliferation of commercial signs in Asian languages, increased variety in cultural arts and ethnic restaurants.

There are numerous problems facing these new immigrants. In response to the problems faced by Asians in the county, the Orange County Human Relations Commission held a public hearing on May 9, 1985 on Asian and Pacific Islander concerns.

Testimony was provided by a broad group of individuals representative of various ethnic groups within the Asian and Pacific Islander communities. The forum was consistent with the Commission's mandate to eliminate discrimination and prejudice and to promote programs to foster mutual respect and understanding among groups and to improve inter-group relations in Orange County

The following report highlights some of the issues and concerns expressed at the forum. Based on the information presented at the forum, the Commission has adopted the enclosed recommendations.

Disclaimer

The following is not a transcript but a summary gleaned from the presentations. The opinions expressed at the public hearing are not necessarily representative of the Orange County Human Relations Commission nor of the County of Orange.

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PUBLIC FORUM SPEAKERS

1. Tony Tortorea, Concerned Citizen Topic: Problems in the Samoan community.
2. Nampet Panichpant-M, Health Professional Topics: Refugee mental and physical health needs; the Thai community in Orange County.
3. Ho Chung, Korean Chamber of Commerce Topic: Concerns of the Korean Community.
4. Vic Opalek, Christian Redevelopment Organization for Social Services Topic: Vietnamese student problems at Bolsa Grande High School.
5. Matthew Chieu Minh Pham, President of Federation of Vietnamese Catholics in the U.S. Topics: Problems facing Vietnamese refugees; the Medi-Cal fraud impact on the Vietnamese community. Please see Appendix A.
6. Elaine Ikemiya, Concerned Citizen Topic: Housing needs of Asians and Pacific Islanders.
7. Rifka Hirsch, Executive Director of Cambodian Family, Inc. Topic: Needs of the Cambodian community. Please see Appendix D.
8. Quynh Kieu, M.D., Vietnamese American Physicians Association of Orange and Los Angeles Counties Topic: Medi-Cal fraud investigation and its impact on the Vietnamese community.
9. Mai Cong, President Vietnamese Community of Orange County, Inc. Topic: Concerns of the Vietnamese Community, needs of Vietnamese Seniors. Please see Appendix B and C.
10. Alicia Cooper, Chair of the Orange County Refugee Forum Topic: Activities of the Refugee Forum.
11. Swan Ngin, Ph.D., Anthropologist Topic: Profile and needs of the Chinese Community.
12. Comments from the Audience

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1. *Tony Tortorea*, Concerned Citizen

1 - *GENERAL*
2 - Works for Community Services Agency Jobs Program.
3 - He addressed the needs of the Samoan Community.
4 - *YOUTH*

- high drop out rate
- lack of cultural identity
- lack of Samoan role models in the school system
- *ADULTS*
- need central location to congregate socially and for services
- all of the diverse Asian communities here tonight should form an alliance

2. *Nampet Panichpant-M*, Health Professional

- Not representing the County.
- Speaking as a health professional.
- Speaking as a Thai person who has lived all over the world.
- Addressing refugee health and mental health needs.
- We are entering the "international era" in Orange County.
- Language barriers limit access to Western medicine - the County program helps with translation.
- Refugee health needs should be looked into.
- Asian and Pacific Islanders are *very* diverse ethnically and linguistically.
- The following are examples of racism I have experienced:
- I've experienced racism from a realtor, he calls me "little Hong Kong", I am not Chinese, he came into my yard while I was gone and cut down my trees because he said they were messing up his pool.
- Cross cultural training is needed for Anglo population to understand the differenct cultural groups in Orange County.
- The Lao & Hmong communities need leadership training to better voice their needs. An example of problems, the drunk man with a knife that was killed by police in Santa Ana last year was Hmong, but the community meeting held was with the Lao community. (Editor's note: there are Hmong people in several Southeast Asian nations.) p. 4

3. *Ho Chung*, Korean Chamber of Commerce

- 10 year resident of Orange County.
- Businessman, founder of Korean Chamber of Commerce.
- There is an escalation of Anti-Asian bias in Orange County.
- There has been some very bad vandalism.
- Korean Church in Fullerton had windows broken and "Kill all nips" painted (we are not even Japanese).
- I had "white power" painted in front of my house.
- The Korean Travel Agency was broken into through the windows and they painted "Go Back to Korea".
- The reasons for this rise in Anti-Asian violence are:

4. Perception of too many Asians in Orange County;

- 1980 census showed 87,000 Asians about 4.5%.

32 - Today there are over twice as many.
33 - Increased visibility on streets.

5. Numerous signs in Asian languages on businesses.
6. - Asian cultures may hurt the feelings of Anglos.
7. - Anti-Asian feelings increase as the economy drops.
8. - Hostility due to Japan's trade policy, all Asians are lumped together.

34 -Asians and Pacific Islanders will never benefit from Affirmative Action due to Federal pull back.
35 -There are no full time Asian school administrators among the 1800 in Orange County.
36 -By not being Black or Hispanic, Asians don't benefit from affirmative action.
37 -We are squeezed between the privileged and the minorities.
38 -Discrimination will not go away just because we want it to.

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9. *Vic Opalek*, Christian Redevelopment Organization for Social Services

39 - Christian Redevelopment Organization for Social Services is a Christian refugee self help program.
40 - Dobermans were let loose on the Asian stick band.
41 - Indochinese students at Bolsa Grande High School are facing violence against them from Anglo football players.
42 - Five Anglos hung out after school waiting for Indochinese kids to bully them.
43 - One Indochinese student pretended to have a gun and he was arrested the next day his name is Thai Pham.
44 - Asian basketball players won't get on the team due to discrimination against them.

10. *Matthew Chieu Minh Pham*, President of the Southern California Catholic Vietnamese Community. (Editor's note below is the text submitted by Mr. Pham.)

CHANGES BROUGHT BY WAR

In South Vietnam, until the date of evacuation, Vietnamese refugees were living in a country where war had been fought continuosly for nearly 30 years. No one in the country escaped the effects of the war. Fear, anxiety, hatred, distrust, despair, depression, withdrawal, and sadness became a way of life for millions. Preservation of sanity often meant indifference to violence. Refugees born and raised in war account for over half of the total refugee population in the United States. Most Vietnamese found it difficult to think beyond the next bowl of rice. There was little confidence in survival, even to the next day.

A team was sent to South Vietnam to conduct an in-depth study of conditions there. On January 27, 1974, their report was presented to the Senate Judiciary Sub-committee to investigate problems connected with the refugees. Among the findings which contribute heavily to mental health problems of Vietnamese today were:

1. Over half the Southern Vietnam's population - some 10 million people had been forced to move, often many times over, as refugees since 1965.
2. New refugees continued to flee violence in the countryside, some 6,000 to 8,000 each day during the first months of the ceasefire in 1973, and several hundred each month thereafter. A total of 818,700 new refugees moved during all of 1973. p. 6
3. The ceasefire reduced the level of violence, but the rate of civilian casualties remained tragically high. In 1973, the monthly average of civilian war casualties admitted to hospitals was 3,597 - for a total of 453,166. This monthly average was down only by 900 compared to 1972.
4. The total number of Saigon government and Provisional Revolutionary Government (PRG) civilian and military deaths, during one year of ceasefire, was greater than the total number of American soldiers killed during a decade of war.
5. The dislocations caused by the war had shattered the social fabric of Vietnamese life... Once a predominantly rural society, Vietnam had over 65% of its population in urbanized areas. South Vietnam could not provide for its agricultural needs. A massive social welfare problem had emerged in the needed care of 880,000 orphans 650,000 war widows, and some 181,000 amputees, parapalegics, blind and deaf. For the first time in Vietnamese history, there was a need for institutions to help the aged, normally cared for in the extended family. For many people, the social support system-especially the extended family was-destroyed.
6. Mines and unexploded ordinance remained among the principal causes of civilian casualties. No U.S. assistance in ordinance removal had been offered.
7. There continued to be a critical shortage of simple rehabilitative and medical devices and other equipment to help the handicapped.

In the desperation of war, many Vietnamese eliminated every value other than survival. The war thus destroyed not only human lives, but human values as well. It undermined all government structure and systems of society, thus destroying the foundations of freedom. Those Vietnamese born in the last 30 years have sustained scars that are with them still.

To the tragedy of a prolonged war, add the destruction wrought by frequent natural disasters such as fire, flood, and typhoon and the unprecedented trauma suffered by refugees - especially BOAT PEOPLE - during their dangerous escape from the country. Women were raped by pirates who boarded their boat while they sailed for Thailand or Malaysia, or have seen family members drowned or killed. We must also cite generational conflicts exacerbated by demands of a new culture - the American Way of Life. The changing role of women in Vietnamese refugee families is tearing the fabric of traditional family life. In Vietnam, society and culture give the man great authority. In the United States, men have

difficulty finding work because they lack English or American credentials. Being a dishwasher is a degradation. Women, forced into the labor market by financial need, can take unskilled jobs without feeling the same psychological trauma. But women bring home new attitudes with their paychecks and become more assertive in family affairs while the husband's self-image declines further. These factors suggest the blighted image of a Vietnamese refugee in the United States. p. 7

A. EVACUATION:

Early in 1975, expecting to be abandoned by its allies, South Vietnam armed forces lost their morale as the Vietcong - supported by Red China and the U.S.S.R. - swept southward through Hue, Danang, Camranh and Ban Me Thuot to the outskirts of Saigon. South Vietnam was in complete chaos. The rich, the intelligentia, and Northerners who had left North Vietnam in 1954, planned to leave the country, expecting a politically neutral regime, which would allow them time to make a considered decision. Then, suddenly, evacuation began. Rumors spread and people panicked. By any means of conveyance available, everybody tried to flee the Communists. Many died during this period of panic. Many families were separated. Others arrived safely in the Philippines and Guam. A few were scattered on islands in the Pacific.

B. REFUGEE CAMPS:

Conditions in the refugee camps were deplorable. “Camps” were supervised by military personnel who conformed to military discipline, surrounded by barbed wire and provided unfamiliar food that made the refugees feel as through they were prisoners. Refugees had to stand in long lines in heavy rain or baking sun for hours before being served. A sudden strong gust of wind would deliver sand or dried leaves on your tray. Some tried to understand and adopted stoicism as a means of coping. Others became exasperated and likened the refugee camps to concentration camps. All wanted to leave the camps as soon as possible but had to undergo bureaucratic sponsorship procedures. Other managed to leave the camps in a few days while others still remained for months.

C. RESETTLEMENT:

Resettlement created new problems. Some families were happy with their sponsors. Others did not get along with their sponsors and fled. Some misunderstood the meaning of sponsorship, equating it with the concept of Vietnamese friendship; expecting too much; they were disappointed. Still others discovered they had been impulsive in signing documents without first asking for the meaning. Without knowing, many agreed to give up their children or to work under unbearable conditions. Resettlement became a trying, drawn-out ordeal. While charitable groups, associations and individuals have volunteered or have been funded to provide help, the need for assistance still exists, especially with psychological aspects of resettlement. Disillusionment has culminated in suicide for some refugees and has brought others to the verge of nervous breakdowns.

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D. LANGUAGE BARRIER:

We do think that for Vietnamese refugees, English is the essential tool for success, if not for survival.

The report to the Congress by the Refugee Resettlement Office on January 31, 1981, emphasized the importance, for refugees, to have good knowledge of English in order to be successful in their new lives. Here are some interesting facts it related on pages 18-19: “Less

than 25% of 1981 arrivals were in the labor force and less than half of 25% in the labor force had been able to find work. Refugees who arrived in the U.S.A. from 1975 through 1977, on the one hand had rates of labor force participation higher than the rate for the general United States population, and had employment rates somewhat lower than the national figure of 7.5%."

The gradual achievement of proficiency in English would quickly reduce unemployment among Vietnamese refugees and lead them towards self-sufficiency: THE MORE ENGLISH THE VIETNAMESE REFUGEES KNOW, THE GREATER THEIR CHANCES TO GET BETTER JOBS. (Editor's note emphasis provided by Mr. Pham.) Vietnamese adults and especially elderly people have found it difficult to learn a foreign language such as English. But happily, Vietnamese young people have learned it quickly and are excelling at high schools and colleges.

E. CULTURAL PROBLEMS:

Like other immigrants, Vietnamese refugees are confronted with racial discrimination, an unfamiliar culture and economy, a lack of information on their rights and obligations, and a challenging social environment. Special problems of this group include ambivalence about their presence here on the part of many Americans of all races; their coming from a country torn by war for more than a generation, their distorted picture of Americans created by their experiences with U.S. military forces; the fact that many arrived without any kind of preparation or resources after seeing their families divided and their education and careers interrupted. Furthermore, upon arrival in the U.S.A., they found no supportive established ethnic communities of relatives into which they could integrate. Differences between American and Vietnamese value systems add to these difficulties. Vietnamese refugess are lost in contradictions: sentiments vs. reason, clanism and dependence vs. individualism and independence, spiritualism vs. materialism, covert and indirect attitudes and manners vs. overt and direct attitudes and manners. These cultural clashes generate social, moral, & psychological conflicts which bear heavily on the refugee's mental health.

F. SOCIAL PROBLEMS:

Many refugees cannot cope with the moral standards typical of American society. There are clashes between husbands and wives. Children hover between what they learn at school from their classmates or teachers and what their parents teach at home or what they learned while living in Vietnam.

Parents are confused about how much freedom their children should be given, and how and what type of restrictions should be instituted. Extremes exist in situations where the parents are traditional and their children are becoming Americanized. In addition, parents have problems between themselves. Many Vietnamese wives are attracted to the Western women's emancipation movement. The typical problem is what degree of emancipation is tolerable to the husband. Some couples cope with the new situation easily and find satisfaction in it, but others reach the point of divorce. In some families, problems surface and are dealt with. In others, problems are latent and waiting to explode, contributing to the uncertainty of tomorrow. p. 9

G. ECONOMIC IMPACTS:

It might be possible for family problems to fade with time and effort if the economic situation of the refugee family were satisfactory. Financial troubles exacerbate psychological problems and retard the adjustment process. Most Vietnamese refugees are unemployed, and only a very limited number find jobs in their fields. Issues contributing to the employment problem are language difficulties, differences in training, and the rate of unemployment in the United States at large. Most refugees require retraining either in their own fields or in other fields.

H. PSYCHOLOGICAL PROBLEMS:

Cultural, social, and economic pressures as well as past painful experiences and suffering, have critically affected the psychological stability of the refugees. Nostalgia for their beloved homeland and for the “good ole days.” has become more acute. Feelings of shame, remorse and guilt have become unbearable.

Unemployment and lack of English proficiency are major sources of stress because they involve losing face - an anathema in Vietnamese society. Many Vietnamese are highly competent with marketable job skills but are not employable because of the language problem. If they obtain work, usually they are underemployed.

In addition to language limitations, many former Vietnamese soldiers who trained for a lifetime of war in their homeland now find they have no vocational skills to compete in limited labor markets. They are frustrated and resentful. They tend to exhibit apathy and a lack of motivation in relation to the goals of the larger society. In many cases, hostile feelings are turned inward and joined with feelings of frustration to produce serious waves of depression. Finding themselves in a hopeless situation, quite a few former Vietnamese soldiers joined gangs, trying to extort money from Vietnamese professionals and businessmen, and thus

p. 10 created an insecure atmosphere in the Vietnamese Commmunity, enhancing the already existing tension.

A large number of women and aged cannot communicate in English at all. They feel alienated from U.S. society, and they cannot even communicate with their next door neighbors. Such isolation may result in personality disturbances. During the daytime, when their children or grandchildren go either to school or to work, the Vietnamese aged remain at home by themselves. Knowing very little English or no English at all, they cannot understand news announced by the radio. From time to time, they try to listen to radio music and watch television. There is little Vietnamese literature, and unfortunately their eyes are too weak to read. Fancy what a wretched life they endure day after day, month after month, and year after year! In the case of a widow or widower, life is meaningless.

To this suffering, please add occasional attacks from media: press and television. In the great country that upholds the highest traditions of freedom regarding race, color and creed, it is a sensitive concern of the Vietnamese to be respected and acknowledged for their determined

and dedicated contribution to the American way of life. Yet, with regard to the Vietnamese Community, we have the impression that American journalists, perhaps still haunted by the Vietnamese War, are inclined to project the prevalence of crimes as a matter involving not individuals, but the group. This could make to overflow a glass of water already full, and bring about mental illness to a lot of Vietnamese refugees.

Most of the refugees have large families. Because of financial problems, they cannot afford adequate housing and find themselves in congested, limited living space. Many must live in low income, high crime areas, which causes constant stress.

I have seen many Vietnamese with clinical syndromes of depression, interpersonal conflict, somatic distress, and various types of mental illness during these past years. Many appear to be suffering from guilt and remorse about wives, husbands, or children left behind in Vietnam. Loss of their former status greatly affects their self-respect. They are ashamed of not being able to support themselves or their families adequately or of having to be on public assistance. A number of them have no family members or any other social support system. They are desperately lonely and isolated and feel totally out of place in the United States. While they feel they have no future and don't want to live here, they know they cannot return to their homeland. With no alternative, they live in a perennial paradox. Those who are motivated to adapt to a new life have been hindered by seemingly insurmountable barriers on the road to acculturation.

Since my arrival in this country in June 1975, I have been constantly involved with Vietnamese community activities. I have been in constant contact with Vietnamese civic and religious leaders, professionals and businessmen. Through these past years, I have made frequent, personal contact with hundreds of Vietnamese families. I have been concerned with problems - especially health problems - and adjustments of family members.

Having personally suffered as a refugee - first from Hanoi to Saigon, then from Saigon to the United States - I understand the trauma of individual Vietnamese and their needs. p. 11

1. *Elaine Ikemiya*, Concerned Citizen

45 - Speaking to the need for affordable housing in the Asian community and other low-income communities.
46 - Code enforcement has eliminated older housing stock, it penalizes tenants for landlord negligence and has displaced many people.
47 - Redevelopment has demolished low cost rentals.
48 - Many low cost rentals have been converted to condos.
49 - The aforementioned have caused a lack of affordable housing in the region. This is particularly difficult for the Southeast Asians who have large families and are poor.
50 - These families have been forced to break up in order to get into Section 8 subsidized housing. 1/3 of the applicants for subsidized housing in Santa Ana are Southeast Asians; of these only 1/2 are approved due to large family size disqualifying them.
51 - The HRC should continue to help displaced tenants especially with both first and last months rent.

52 - Support the rent subsidy program.
53 - Work to preserve existing housing.

2. *Rifka Hirsch*, Executive Director of Cambodian Family, Inc.

GENERAL

54 - The first problem is that I am representing Cambodians rather than a Cambodian representing Cambodians.
55 - The Pol Pot genocide wiped out a lot of self esteem.
56 - There is not a formal method in the Cambodian community for problem solving.
57 - No more money for mental health adjustment, all of the money is now going to
p. 12 employment programs and English as a Second Language.
58 - *Youth*
59 - In Cambodia the teacher was the disciplinarian, here this is not so.
60 - The Cambodian families are confused over what is allowable discipline, they fear child abuse charges.
61 - The young watch too much television.
62 - *High School Students*
63 - They are enamored with new cars and often borrow money to buy them, only to have them repossessed later.
64 - There is insufficient tutoring available.
65 - There is a lack of positive role models.
66 - *Older Adults*
67 - The young adults can adapt, but those over 40 have a very difficult time.
68 - The 10% who are educated do okay, but the uneducated 90% have a very tough time adjusting.
69 - We need to educate the Caucasian public about refugees.
70 - We need to do something about peoples defensiveness.
71 - Bene Boyd from the Commission's staff has helped us tremendously over the last year.
72 - Cambodians are facing discrimination at Bishop St. at the end of Minnie St. They need mediation and cross cultural training.

1. *Quynh Kieu, M.D*, Vietnamese American Physician's Association of Orange County and Los Angeles counties

I will address the The Medi-Cal Fraud Investigation & its impact on the Vietnamese community May 9, 1985.

Madam Chairman, Members of the Commission, I am thankful to you for this opportunity to share with you a concern which has been foremost on my mind and prominent in the Refugee community.

p. 13 On February 15, 1984, Orange County suddenly became a national celebrity when the Medi-Cal fraud task force of the Attorney General's office arrested 23 Vietnamese health professionals

(doctors, pharmacists, physician assistants, acupuncturists) located mostly in Westminster. The arrests used a large police force of 150 and the news media had been notified with CBS cameras following each phase of the raid. The doctors and pharmacists were charged with fraud amounting to “at least 27.5 million.”

On February 28, 1984, a mere 13 days following the raid, the State Women, Infant, Children Program released a list of 53 physicians in Los Angeles and Orange counties suspended from referring to the Nutrition program. All but two of the doctors have Indochinese names” officials were quoted to remark. There were no criminal charges filed but the doctors were accused of submitting false tests results to qualify their patients. I was among the suspended physicans and immediately challenged the State WIC decision. I encountered tremendous red tape and denial of responsibility everywhere, finally with the help of my legislator was reinstated by the Chief of the Maternal Health Branch. Subsequently many others were also reinstated. The reason for the previous action was cited a “clerical error.”

Members of the Commission, I would like to attract your attention on some of the less known facts, some facts which will shed a new light and bring a new perspective to the whole matter: Medi-Cal fraud is no novelty and has never been ever since inception of the Medi-Cal program in 1965. Every 6 months the bulletin of the Medi-Cal board publishes a list of approximately 100 names of providers terminated for reason of fraud conviction, few of them minority names. The novelty is that the Attorney General singled out the Vietnamese professionals, creating a special task force called the “Southeast Asian Prosecution” (SEAP), a name with all the flavor of the days of the Ku-Klux-Klan…The Attorney General promptly appeared on TV after the arrests, estimating fraud from 27.5 to 80 million, while the actual documented amount was only $18,000. He seemed to base his calculations on the total cost of the Medicaid for refugees in 1982 of $48.5 million, using some unrevealed formula, and implying misuse of 70% of the funds! Previous Medi-Cal fraud arrests have never taken on this unprecedented large scale raid, one fails to see the necessity of deploying such a police force to focus on unsuspected health professionals hardly the caliber of dangerous criminals. Moreover in a society respectful of individual rights where one is presumed innocent, such a display serves only to suggest organized crime and hardened, possibly violent criminals. The doctors were handcuffed and exposed to public ridicule for hours, in contrast to the usual rights of the accused. The WIC suspension which closely followed the Medi-Cal arrests did not rest on valid grounds in many instances and the physicians were immediately reinstated on review by a peer.

The Director of Maternal and Child Health calls it a “clerical error”… and “a tragedy” however she “does not know where the error lies”…On my complaints, the Federal Department of Agriculture initiated an investigation through its Civil Rights division, and recommended many

changes including the deletion of a WIC form which held clearly discriminatory requirements p. 14
for Southeast Asians. Some physicians arrested in the Medi-Cal fraud have been sentenced, all 4 received jail sentences. Compared with the penalties inflicted to the previously convicted providers who had only suspended sentencing and monetary restitution, they appear unusually harsh: one of the Vietnamese physicians was condemned to one year imprisonment and 5 years suspension for an offense less than $400!

Above all, the tremendous publicity intensely focused on the Refugee community, the grossly overinflated estimates of the fraud, suggestion of the uniqueness of the occurrence and that it was part of an organized crime while it was merely an isolated instance, all this severely affected the Indochinese community:

73 - It impeded health access, as patients were scared from seeking care for legitimate medical conditions. Many patients declared that they were reluctant to use health services for they felt that it may be perceived as part of a fraud.

74 - The general public was horrified by the spectacular numbers and cases as it was made to appear. Prejudice was widely felt by the whole Indochinese community; even by other Asians mistaken to be Indochinese. Hostile reactions were encountered in the work environment, schools, a chief of staff of a local hospital demanded from me an explanation for the WIC suspension...it became more difficult for a Vietnamese physician to obtain a business loan.

75 - Many in the Vietnamese community felt that they had lost face and credibility. To those who have lost their beloved country, families and friends, and who had left their pride for only wealth and possession, this can become a most traumatic experience, compounding the drama of evacuation.

On reviewing the events surrounding the Medical fraud investigation and on evaluation of the aftermath, it is most obvious that there has been prejudice towards the Indochinese, at many levels, from State officials down to members of the judicial system...Even nowdays it is difficult to be a Vietnamese doctor: as much as 10% of Vietnamese physicians have been harassed by audits from the Medi-Cal program, a disproportionately high rate if you recall that 90% plus of frauds are committed by white doctors.

In order to stop this chain of events, I appeal to you, the Commissioners who have been entrusted with the mission of preserving the human rights of different groups, to immediately look into the matter. Recommendations need to be made to the Attorney General's Office, the Justice Department, the Department of Health & Human Services, the Medical division, the WIC office, the Orange County Public Health, and all other related branches, so that the same set of standards shall be enforced for Southeast Asians as for all, and to prevent future occurances of overblowing any infraction from a Southeast Asian into a community-sponsored crime.

p. 15 It took nearly 40 years for the Japanese to get their unjustified internment recognized as such. The Vietnam veterans did not get their homecoming welcome until this week. Do not let it be said that the Refugees will have to wait many years for prejudice to be overcome...

1. *Mai Cong*, President Vietnamese Community of Orange County, Inc.

My name is Mai Cong, I was a former refugee who has lived in Orange County for the past ten years. I am not here to represent the Mental Health Services or Health Care Agency. I am here as a concerned citizen. From my professional career in counseling and my community involvement as a volunteer, I have seen the needs of the Vietnamese people in the mental health and social services areas as they are going through the process of adjustment. As a new

refugee group of approximately 85,000 in an unfamiliar environment, the Vietnamese people experience cultural shock compounded by the trauma of multiple losses, both material and emotional, and the added problems of prejudice and discrimination make that adjustment more difficult for our community. The consequences of these prejudices and discriminations are that the impacted group is forced to function in isolated and segregated setting and manner. The final result is the disruption of the entire community's ability to work together.

I would like to illustrate by sharing with you a few examples:

The most recent major example is the so-called “Medi-Cal fraud.” In my profession and volunteer work, I have been in contact with people of different ages and backgrounds. Many of them are afraid to use their Medi-Cal stamps because of being labeled as being in the fraud. When I advised them to seek help for serious health problems, they told me they didn't want to, because the government might take back their Medi-Cal stamps. In the native country, the government has the power to indiscriminately force its will on the citizen without recourse, therefore, many of the refugees retain the fear of the government and are hesitant to assert their rights.

The so-called “Medi-Cal fraud” also has had a great impact on the refugee children. At schools, children have been accused of being children of “Medi-Cal cheaters”, have been ridiculed by non-refugee children, and have been taunted; “Go home to your country.” Many of these children are U.S. Citizens born here in the United States. In many instances, when refugee or immigrant children did well on their placement test, they have been subjected to prejudiced statements such as - “Did you actually do the test yourself or someone help you?”

It is an unfair practice in schools to place the refugee children according to their age. These newcomers had to stay in the transition camps in the Philippines or Indonesia from one to two

year periods. Also in their native country, many of them have not been allowed to go to school because their parents were accused of being collaboraters of the former government. p. 16

During the height of media publicity regarding the so-called “Medi-Cal fraud” and the so-called “abuse of the Women, Infant and Children Program”, there were many adult refugees who stayed away from their work place because of the feeling of humiliation and shame. A number of non-refugee co-workers stereotyped all refugees as being cheaters, etc. The “so-called WIC fraud” was later admitted by State officials to have been a result of clerical errors.

As another example of fall-out from an atmosphere that lacks understanding is the tendency to identify Vietnamese and Asian youth as prone to be members of gangs. It is very detrimental to stereotype the good youth in that fashion. Socially speaking, the children need to adjust themselves in an environment of trust, respect and understanding.

Many opinions suggest that the Southeast Asians draw on public resources in a disproportionate manner. It should be reminded that in 1982 alone the newly arrived refugee community earned 1.2 billion dollars, paid taxes of almost $115 million and enjoyed median individual incomes of $9,119 (U.S. News World Report 4/22/85.) As more successful

adjustment is made and more refugees and prospective citizens become gainfully employed, the greater our contribution as a whole will be. The more we have an atmosphere of acceptance and support, the more quickly total integration into the American fabric is possible.

On the needs of the Vietnamese seniors, I am enclosing copies of two testimonies I have submitted to the Orange County Area Agency on Aging in February and April 1985 respectively.

One of the greatest needs for the Human Relations Commission is that the Commission assist this community in integration since at this time our community is lacking full citizenship and the right to vote. We need the organization like the Human Relations Commission to take the lead in supporting inter-group cooperation and understanding.

I would like to request the Commission to take action in order to educate the public and to prevent recurrence of actions such as the ones mentioned above by public officials whether locally or in higher government offices.

1. *Alicia Cooper*, Chair of the Orange County Refugee Forum

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- 76 - Umbrella organization of public and private refugee service groups.
- 77 - Mission: to advocate on behalf of refugees and coordinate services to them.
- 78 - Co-Sponsored 10th anniversary of refugee arrival at Golden West College.
- 79 - Cross-Cultural symposium for United Way
- 80 - Referral service on refugees services are available.
- 81 - The Commission should provide an educational service to Orange County.

2. *Swan Ngin, Ph.D.*, Anthropologist

- 82 - Last year Southern Pacific Railroad finally recognized the Chinese community for building the railroads.
- 83 - 17% of the Vietnamese are Chinese ethnics
- 84 - There are 812,000 Chinese in the West that comprise 23% of the Asian Community.
- 85 - The Chinese-Americans have a higher education level than Whites, yet they remain in a lower economic class.
- 86 - This is evidence of the discrimination that has existed against the Chinese for over a hundred years.
- 87 - The Chinese community has better health than the Anglo community when measured by infant mortality. This is attributable to a lower incidence of substance abuse and stronger genes.

The Chinese community's main health problems are:

- 88 -high blood pressure
- 89 -diabetes

The HRC should support the formation of a Health Resource Center that would; have well-baby clinics, teach nutrition, and provide family planning

This is text submitted by Dr. Ngin.

Chinese Americans

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Asian-Americans are the fastest growing segment of the U.S. population today, with Chinese as the largest Asian population in 1980. The Chinese American population growth in the coming decades will accelerate more rapidly than that of any other Asian groups due to (1) the passage of a law in 1981 which alloted a separate immigration quota of 20,000 person per year for Taiwan, in addition to the 20,000 assigned to Mainland China, and (2) a large number of Indochinese entering the country are also of Chinese origin.

According to the 1980 census there are an estimated 806,000 Chinese in America, comprising 23.4% of the total Asian Population. One out of every two Chinese lived in the West in 1982. Ninety-seven percent of the Chinese live in urban areas compared to 71% for the majority white.

An accurate population figure for Chinese in Orange County is not available for three reasons:

1. Current census data do not accurately reflect the large number of Southeast Asian refugees who have settled recently in Southern California communities (see Table 1). Most of the migration took place after 1980 census was taken.
2. Chinese from Indochina are lumped together with other Indochinese groups. A 1983 Long Beach study suggests that an estimated 17% of the Indochinese entering Long Beach in the last few years are of Chinese origin (see Table 2).
3. Census data do not account for secondary migration. Many Chinese and Koreans are moving from Los Angeles County to Orange County.

Source: *Refugee Resettlement in Long Beach: Need, Service Utilization Patterns and Demographics, and Recommendations*. City of Long Beach Department of Public Health, 1983.

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Education

Educational level among Chinese-Americans as a whole is higher than that of the White population (see Table 2). However, the unparalleled educational attainment of Chinese and other Asians do not necessarily assure the advantage that one would expect in the U.S. occupational structure (see Table 3).

Income

The 1980 census reveals that the median family income for Asians is higher than that found for Whites. However, caution is warranted in interpreting such types of data because they mask the true poverty situation of Asian Americans. Many Asian adults tolerate the sharing of household, thereby inflating the “family” income. The more established families appear to be serving as a temporary base for less fortunate relatives and friends. Poverty prevalence of Vietnamese, Chinese and Korean Americans is actually well above average.

Mortality from Major Diseases

p. 20

Heart disease, cancer, cerebrovascular disease and accidents are the four major causes of death for Chinese-Americans and White Americans. Certain other causes of death are far more common among Chinese-Americans than among white Americans; there are also causes of death that are far rarer among Chinese-Americans than among white Americans (see Table 4, 5, 6 - attached).

General Characteristics

The general picture that emerges is that the Chinese as a group have more education, more income, and better health than the white Americans. They share with the Japanese and Koreans the title "model minority" where the children are perceived as doing better in school and involved less in in crime. However, this image has led to the disqualification of these ethnic groups to be considered under Affirmative Action programs.

Chinese in Orange County can be divided into three groups: (1) suburban middle class, (2) recent immigrants from urban centers in Asia, (3) refugee Chinese. Needs of the second and third groups are different from the first.

Both the second and third groups have problems of adjustment. Their inability to speak English precludes them from many aspects of American life we take for granted. Few of them have medical insurance coverage. This is especially true for the restaurant workers and other independent operators who are not covered by company health plans. Among the secondary immigrants from Los Angeles County, they lack local services sensitive to their needs, i.e., services with interpreting assistance and cultural sensitivity. Secondary immigrants continue to depend on Los Angeles Chinatown's Chinatown Social Service Center Hospital (French Hospital) and Chinatown's Chinese-speaking private physicians for even prenatal and obstetric services.

The need for a resource center to provide immediate answers or referrals to routine problems encountered in adjustment to American life can be of tremendous help to the immigrant community.

Recommendation:

In Orange County, geographical concentrations of ethnic populations with the same need justifies the establishment of a multi-lingual local health care resource center to serve not just the immigrant Chinese, but also all other Asian and Pacific groups. Family planning, prenatal and well-baby checks, immunization, nutrition counseling and routine checks on hypertension, etc.–these are routine needs that will "bring the women out of the house." Advantages of Health Care Resource Center are many:

p. 21

1. Prenatal care can be used as a vehicle to assist recent non-English speaking immigrants in their assimilation into American society. It will be a conscious effort to seize each

transaction implicit in prenatal care as an opportunity to promote self-reliance in the new immigrant. Thus, nutrition counseling not only will assist in adaptation to new and unfamiliar Western foods, but the transaction can be used to encourage familiarity with new English words pertaining to nutrition and food shopping. Health education and social services can transcend immediate health concerns and assist in a variety of problem-solving situations in which the health center is seen as responsive to the felt needs of the community it serves.

2. Moreover, the homogeniety and shared community interests of its clientele will help to make the clinic a meeting place and attendance there a social event. The recent immigrants share many of the same problems of assimilation despite their cultural and linguistic diversity. The refugees have additional health problems related to poor conditions in their countries of origin.

The focus of this Health Resource Center on a low risk group will preclude any objective measure of its impact on the health status of its clients. The benefits will be less measurable but equally important. The Center will contribute towards the immigrant's self-sufficiency and sophistication as consumers of American health services. These benefits must be weighed in the cost-benefit balance.

Comments from the Audience:

William Cassidy, described himself as a former U.S. Senate staff, consultant to Congressman Dornan, Badham and others, and (expert on organized Vietnamese crime.).

- The Medi-Cal Fraud investigation was an abuse of government power with a racist motivation. Vietnamese doctors were handcuffed for 3 hours while CBS news photographed them. It was a deliberate attempt to embarrass them. John Van de Kamp trumped up $27.5 million in alleged fraud but to date has only proven $18,000. Police officers are trained to “shame” Vietnamese. This happens during Vietnamese in-service training for officers for Westminster, Huntington Beach and Garden Grove departments as well as the O.C. District Attorney's office.

COMMISSION RECOMMENDATIONS BY AREA OF SPECIALIZATION

p. 22

RECOMMENDATIONS:

EDUCATION

Encourage and support affirmative action programs to increase Asian staff representation in the educational system.

Provide inter-group training at Bolsa Grande High School.

Encourage the use of curriculum in K-12 that includes the contributions of Asians to the United States.

Support bilingual education for language minority students.

EMPLOYMENT

Support specific youth-oriented job programs such as the Community Services Youth Employment Project.

Encourage and support youth guidance projects and use the program at the Vietnamese Community Center of Orange County as a possible model.

HEALTH

Monitor the accessibility of health care for refugees particularly language accessibility.

Encourage mental health programs for Asians.

That in the future, fraud investigations such as the Medi-Cal fraud investigation not single out a particular ethnic group for publicity because it creates tension among members of that ethnic group.

Support the Vietnamese Senior Center which provides specialized programs and has bilingual, bicultural staff.

HOUSING

Work with Asian language media to publicize HRC and Fair Housing Council services through press releases and public service announcements.

Advocate increased affordable and subsidized housing units for large families.

Support Senior housing for Asians.

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POLICE/COMMUNITY RELATIONS

Support affirmative action programs to increase Asian staff representation in law enforcement agencies.

Develop a comprehensive system of cooperation between law enforcement agencies, cities and other interested organizations to document incidents of ethnic and religious violence, vandalism and graffitti.

Provide cross cultural training to law enforcement and criminal justice staff.

Encourage law enforcement agencies use of the Task Force on Police Asian Relations (TOPAR) training tapes.

INTERGROUP RELATIONS

Develop intergroup cooperation and understanding

Facilitate the intergration of refugees

Educate the public about Asian refugees

Mediate between Asians and Hispanics in the Minnie Street area.

Provide leadership training in the Lao and Hmong communities.

Appendix A p.

LIEN-DOàGN CôCNG-GIáAO VIéAT-NAM TAI HOA-KY The Vietnamese Catholic Federation in U.S.A. CôCNG-DONG CôCNG-GIAO VIêT-NAM MIêN TâY HOA-KY The Vietnamese Catholic Community in Westem U.S.A.

2621 East Colidge Avenut Orange, California 92667 Phone: (714)997-9356

Orange, March 6, 1984

No. 142 :/CDCGMTHK

OPEN LETTER TO:

- The government of the United States The government of the State of California Legislators Newspaper editors, radio and television directors American friends

RE: VIETNAMESE CONCERN OVER PUBLIC RELATIONS.

First of all, we would like to take this opportunity to extend our sincere thanks and profound gratitude to the American government and people for warmly opening their arms to the Vietnamese refugees and generously helping them adapt to American society and build a new life.

Second, we would like to direct your attention to the fact that it is the primary concern of the Vietnamese community to foster a healthy community. In this regard, upholding the law and cooperating with authorities are essential. It should be pointed out that investigators have enjoyed the cooperation of Vietnamese who have offered them valuable information. A representative of the State Attorney General's office praised members of the Vietnamese community for reporting suspected wrongdoing in health care services. In doing so, they acted in a way that was in accordance with “what any good citizen would do.” With particular concern for the poor who need financial assistance and medical help, we wish to enhance cooperation with authorities in order that government programs like Medi-Cal can continue successfully,

with minimum abuse, not only among the Vietnamese and Indochinese, but also among other minority groups, and the general population.

Third, we would like to stress that in *every race, every nation*, and *every community* in the world, good and honest people coexist with bad and dishonest ones. The Vietnamese community cannot escape this circumstance. Fortunately, the first class of people always greatly outnumbers the second one.

Fourth, in this country the individual is of supreme importance. In a great country that upholds the highest tradition of freedom regarding race, color and creed, it is a sensitive concern of worthy Vietnamese to be respected and acknowledged for their determined and dedicated contribution to the American way of life. Yet, with regard to the Vietnamese community, we have the impression that American journalists and reporters, perhaps still haunted by the Vietnamese War, are inclined to project the prevalence of crimes as a matter involving not individuals, but the group.

Fifth, according to Henry Pontell and Gilbert Geis, criminology professors at UC Irvine, CA, and monthly records kept since 1977 by the Health Care Financing Administration of the US Department of Health & Human Services, Medi-Cal fraud & abuse constitutes a major national problem, one which affects both the white population and ethnic minorities. Researchers say authorities will find fraud wherever they choose to look. Gilbert Geis, one of the principal researchers said our guess is that the extent of fraud is absolutely enormous. Investigations often lead to exaggeration of findings. First report estimated fraud among Indochinese totalling 25 million dollars and rose in a matter of days to about 80 million dollars. Researchers say that no one knows the actual extent of fraud & abuse in the health care community. Researchers found a white physician who billed for *"performing hysterectomies on four men"*, and a white psychiatrist who charged the government for *"seeing patients 30 hours a day."* Attention should focus upon the structure and nature of such a large and complex program that easily encourages abuses.

Recent disclosure of Medi-Cal violations and the arrests of Vietnamese medical doctors, pharmacists and assistants throughout California is indeed shocking. But we have never seen, read, or heard of such police raids with planned media participation. It seems that crimes by individuals of the general population are seldom, if ever, subjected to such unique attention.

p. While harshly condemning illegal activities of any individual of any rank or profession, the V.N.community reacts sensitively to:

- the nature of procedures that subject arrested persons to *public ridicule*: medical doctors & pharmacists handcuffed & left on the public street for hours in view of spectators and exposed to unrestricted photography;

- the massive & simultaneous arrests that *have provoked publicity & placed the entire VN community in jeopardy of psychological & physical attack by the public*. In our opinion, medical doctors & pharmacists greatly differ from violent criminals against whom special procedures

for apprehension such as surprise & coordinated arrests are critical. In addition, it would be almost impossible to delete or alter medical records without leaving any traces that will be easily found out by experts. There appears to be no reasonable explanation for such massive and simultaneous arrests that are seriously detrimental to the economic well-being and the reputation of the V.N. community. Considering the minority position of Vietnamese, their recent introduction to the American community, and the relative ease with which prejudices are established and/or encouraged - especially by those who receive the news only through the media - we think it behooves authorities to proceed with sensitivity and concern for the public relations aspects of investigations and arrests, especially those that involve more than a few individuals of a particular ethnic body. This is essential for the basic health of the V.N. community and for the continued cooperation between members of the V.N. community and civic leaders for the common benefit of both the general and Vietnamese communities.

Ironically enough, a likely result of the vigilant and praiseworthy behavior of members of the V.N. community who assisted authorities will surely be an increase in prejudice and defamation against the entire V.N. community, and probably be a decrease in government funds for medical assistance to the community. This would be a strange, if not perverse, reward for exercising traits of good citizenship. This could also discourage Vietnamese of good will in their strong wish to cooperate with authorities to crack down on major crimes in order to cleanse the V.N. community of undesirable elements.

Through illegal activities of isolated individuals, distress, shame and depression have been brought upon the entire V.N. community. From all quarters, we are hearing increasing reports of bad news: at schools, Vietnamese children have been made fun of or humiliated by native students; at their offices or plants, Vietnamese employees have been slandered or ridiculed by their white co-workers; Vietnamese businesses, begun with great effort and sacrifice, have lost from 40 to 60 per cent of their trade. Such reports are too numerous to check, but one thing is clear: the entire Vietnamese community suffers from this kind of publicity and is being psychologically assaulted by the general population. The Vietnamese people are wondering what else will follow? Such use of publicity during arrests cannot help but further the cause of racism throughout the whole of society. A high official of the City of Westminster, California, told THE REGISTER he has received many calls from residents urging him to expel Vietnamese refugees from the area.

Having already suffered greatly in the protracted Vietnamese War - continued for the advantages of foreign political forces - these refugees beg for understanding of their varied problems in a new country and complex society.

It is our deepest prayer that the sympathy and support you offer will generate positive results that deserve the never-ending gratitude of all Vietnamese refugees who regard with reverence and love this *“land of the free and home of the brave.”*

Respectfully yours,

Matthew Chieu Minh Pham Member of the Board of Directors of the Federation of the Vietnamese Catholics in the U.S.A. & President of the Federation of the Vietnamese Catholics on the West Coast of the U.S.A.

p. Appendix B

VIETNAMESE COMMUNITY OF ORANGE COUNTY, INC.

3701 W. Mc Fadden Ave., • Suite M - N • Santa Ana • California 92704 • (714) 775-2637/2638

TESTIMONY AT PUBLIC HEARING HELD BY ORANGE COUNTY AREA AGENCY ON AGING 1985-86 SENIOR SERVICES AREA PLAN FEBRUARY 12, 1985

p. Mr. Chairman Ladies and Gentlemen

I am now speaking on behalf of the Vietnamese seniors and the Vietnamese Community of Orange County, Inc.

I want first to thank the Senior Citizens Advisory Council of Orange County for their support for the establishment of the Vietnamese Seniors Nutritional site, where our seniors are enjoying ethnic food, support and recreational activities. I also want to thank Feedback Foundation for making it possible.

The Area Plan would like to increase the services to the truly needy minority seniors and I would like to take this opportunity to share with you the experiences of my elders. and show you why they are among the truly needy who are both socially and economically in need.

Our seniors were forced to live their home in Vietnam, leaving behind their home, properties, furniture, clotchings, family treasures. Everything they worked and invested in were taken over by the communist. For many, during their escape from Vietnam to Southeast Asian countries, which took from one to three years, trying to survive in primitive refugee camps without adequate medical care and nutrition. It is hard to believe when you look at the smiling face of our seniors that a great many of them have witnessed deaths of loved one, rapes and atrocities. Can you picture yourself alongside of these Vietnamese seniors in a strange country, with only the clotches on your back, going without food for many days and not knowing when and how you would leave the strange country. Could you, at your age, face the future living in a hut, or tin shack without proper sanitation, running water.

p. 2 The fortunate ones who make it to the United States haave suffered a great cultural shock. They found themselves isolated and very lonely. One elderly stated to me recently that she considers herself reduce to that of an infant because she is forced to be dependent upon others in order to survive. In Vietnam, the elder has complete authority. Now I like to share with you this painting done by one of our seniors who recently died. Look at this, what does it say to you? How many of you notice she has no mouth and has no ear. This grand Vietnamese gentleman said to me in Vietnamese “This painting represents all of us. We are as deaf mute who cannot communicate our needs and our wants, we are forced to carry the pains in our heart forever.”

There are rumors that persist that Vietnamese seniors are not truly needy because they come to the Center in beautiful clotches and fine jewelvy, gentlemen in suit and tie. We would like you to know that in spite of the so-called finery, our seniors, according to the Old American Act, are socially and economically deprived minority. Almost all of them are on Social Security Income and the rest are on General Relief, if they are eligible, and or have no income at all, therefore they are of poverty level. Historically, it is a part of the Vietnamese culture to face the world looking our best. Our ancestors said “Your stomach may be aching for food but you will put on your best clothing when you go out so that the world will not know that you have this pain.” The jewelry you see on the hands of those lovely elders did not come from Vietnam, they are the sacrificial love gifts from sons and daughters.

It is estimated thatrthere are approximately 85, 000 Vietnamese in Orange County. We are estimating the seniors population age 60 plus to be about 5% or 45m seniors.

Appendix C p.

VIETNAMESE COMMUNITY OF ORANGE COUNTY, INC.

3701 W. Mc Fadden Ave., • Suite M - N • Santa Ana • California 92704 • (714) 775-2637/2638

TESTIMONY SUBMITTED BY THE VIETNAMESE COMMUNITY OF ORANGE COUNTY, INC.

April 29, 1985. ORANGE COUNTY.

Our nutrition site at this time serves 40 to 50 seniors daily for lunch. There are still many many who are unable to participate due to lack of transportation, health or family responsibilities. These are the one that we need to target our services as they are truly needy. p.

We like to request that funding be target to this segment of frail elderly socially and economically deprived minority seniors so that we can develop a specialized program of services to be delivered by qualified bi-lingual and bi-cultural staff. Our seniors have endured sufferings for the past 10 years. We call upon you to see that their last years are spent free from the pain of isolation.

Mai Anh Thi Cong President, Board of Directors Vietnamese Community of Orange County, Inc.

Mr. Chairman, Ladies and Gentlemen: p.

Orange County has approximately 4500 Vietnamese elders. Of these numbers it is safe to say less than 50 of these seniors have been integrated into our present Orange County Senior centers. This is a high estimate. At our Vietnamese Nutritional site which opened in September of 1984, we are able to provide meals and limited services to approximately 50 seniors a day. The funding for the rental of this Vietnamese site will end as of September 1985. We, therefore, need a Vietnamese Senior Center that can provide meals and services to a much larger number of seniors.

We have a committee who has been working on the development and construction of a senior center that will be located in a central area, easily accessible to the greatest number of Vietnamese seniors. It will be staffed by bi-lingual, bicultural trained specialist, and be decorated in a manner that will provide a home environment for our Vietnamese elders.

These 4,500 Vietnamese seniors are of low-income and present a growing demand for in-home support services and other social services which are not available to them though our present aging network because of language and cultural differences.

The Vietnamese elders have been slow in being integrated in the existing senior centers because:

1. Language barrier- It is extremely difficult for anyone to come day after day to a program and not to find anyone who can talk to them.

p. 2. They are economically deprived- therefore they would not be able to dress on the level of their peers. Most all elderly have only one dress-up outfit. They left their homeland with empty hands as refugees.

3. Cultural differences- there is a real cultural shock experienced by the Vietnamese elders. The Vietnamese elders tend to be quiet and passive when out of their environment.

4. Adjustment to new environment- Most Orange County centers are very busy and noisy. It is frightening and confusing to the Vietnamese elders.

That is why we want to provide a Vietnamese center building architecturally designed with Vietnamese features and decorated objects which are reminicences of their homeland. We have also a staff of bilingual trained workers both paid and volunteers who can minister to their health and emotional needs as well as provide opportunities for educational and recreational activities.

The center we envision will certainly be an attraction and a model throughout the National Aging Network and one that Orange County will be proud of and provide a learning experience for those studying the needs of elders of another culture.

To achieve our goal the Vietnamese Community of Orange County and the Vietnamese Seniors are planning a number of fund-raising activities to meet the required match for the funding.

MAI CONG Chairman, Board of Directors

p. Appendix D

The Cambodian family

1111 E, WAKEHAM AVE. STE. K, SANTA ANA, CA 92705 (714) 542-2907

May 2, 1985 Joint Committee on Refugee Resettlement and Immigration Room 5035 State Capitol Sacramento, CA 95814

Dear Chairman Carpenter and Honorable Committee Members,

The present state of Health Accessing in the State of California is unacceptable by humane standards. It is the moral obligation of a government to insure that all its citizens and non-citizen residents have the opportunity to be healthy. For this purpose, the Congress of the United States has created health programs for the elderly and the poor, to allow equal access to all. In principle, this is just and good. In actual practice, many residents in need of treatment are excluded from our health institutions because of barriers to access. The concept of a Health Accessing program is to avoid or resolve language and cultural barriers through the intervention of specially trained health-oriented bi-lingual staff. And the concept works.

What is Health Accessing?

This bi-lingual or multi-lingual staff is trained in medical terminology and usage and is aware of the cultural and linguistic differences which separate the refugees from health diagnosis and treatment, early detection of disease, and health preventive education. This staff interfaces with refugee patients and medical personnel, creating a bridge for understanding, which makes medical treatment possible.

The staff assists in maternal and child health clinics, WIC Program feeding clinics, immunization clinics, alcoholism programs, and field nursing home visits.

The New and Reduced Definition

With the re-definition of `Health Accessing' which went into effect October 1, 1984, eligible clientele were reduced to only those refugees enrolled in special government-funded employment related projects; and allowable services were curtailed to only those activities with a direct relationship to the patient's employability. Throughout the State, our effective Health Accessing Program was crippled. Most typically high risk individuals - pregnant mothers, children under 16, the elderly, the disabled - were dropped. In Orange County, through extensive local lobbying and the cooperation of the County Board of Supervisors, we have been able to keep our program alive, temporarily. But our `bandaid' solution does not impact the real problem: the morally unjust definition of Health Accessing and its eligible clientele.

The significance of these new reductions is that refugee language

capability in most of the programs and clinics is reduced to `0.' That means the refugees, though still eligible for public health services, simply don't go to the clinics anymore, unless they bring with their own interpreters. These interpreters often turn out to be their husbands who must leave work or stay out of training programs to take their wives or children to the hospitals or clinics. Primary wage earner employability may be reduced and jobs lost.

A Realistic Perspective of Need

Consider the scope of the Health Accessing services from another perspective: When a refugee arrives in the United States, he or she must undergo an initial health screening. Through the State Department of Health, Refugee Preventive Health Program, the refugee is given a limited screening for tuberculosis, parasites, Hepatitis B. Those who are ill are referred to primary care facilities. The majority of refugees test positive for T.B. but do not have active cases; they are started on one year of INH tablets to insure that the disease will not break out in the future.

After this, there is no funding and staff for follow-up care. Sick refugees may or may not go for primary care as referred. T.B. positive refugees may or may not take their year of preventive medicine.

This is the time when Health Accessing should take over, for all refugees. The program staff now follows up on the earlier medical referrals making sure appointments are kept and medical treatment is understood and followed, and INH medicine is taken. Anyone getting sick after the time of their initial screening may use the Health Accessing services to ensure diagnosis and treatment. As health education specialists, the staff is sent to various agencies and Mutual Assistance Associations (MAA's) to talk about vital health issues, such as high blood pressure, taking medicine, avoiding poisins, and child safety. CPR training is given. The Hmong and the Cambodian refugees are prone to the Sudden Unexplained Death Syndrome, and CPR may be a life-saving activity to refugees suffering from this syndrome. Bi-lingual staff accompany the Public Health Nurses on their home visits. This is a crucial activity of the program. Here the nurse may prevent illness or detect early signs. Through the interpretation of the Health Accessing staff person, the nurse can help the refugee understand medical problems diagnosed by a doctor and misunderstood. Proper treatment can be resumed. It is common to find prescriptions unfilled, medicine stopped too early, tablespoon and teaspoon measurements mixed up. Some refugees may fear recommeded surgery. The hygiene in some homes may be unhealthy. The Health Accessing specialist talks with the refugees in their own languages. This communication results in changes and helps to solve the problems.

Everyone's Problem

Without Health Accessing for the greatest number of refugees who need it - including the high risk individuals (pregnant mothers, children, the elderly, and the disabled) - we are all affected. A community is affected by the health of its members. Healthy people function better, and a healthy refugee community will bring about earlier self sufficiency for the whole.

You may be told that the refugees don't need public health anymore, because there is a growing number of private medical service providers. Though this is increasingly true for the Vietnamese refugees, it is not true for the

p. 3 Cambodians, the Laotians, the Hmongs, the Eastern Europeans, and the Africans. And Vietnamese refugees still make up the majority of refugees needing public health services.

With time, more refugees will be adjusted and working. With an increased English facility, they will be able to access public health facilities by themselves or they will make use of private medical providers.

In the meantime, Health Accessing serves a very important function. It fits right between the initial health screening by the Refugee Preventive Health Program of the State Department of Health - and mainstreamed use of public and private health providers by self-sufficient refugees. Its scope is large and vital to a healthy state and nation.

Recommendations

Short-range: The State Office of Refugee Services (ORS) should continue to pursue a waiver to current Health Accessing restrictions, which will allow access to all needy refugees by pre-October, 1984 standards.

Middle-range: There should be an inter-agency agreement developed between the ORS and the State Department of Health, allowing Health Accessing funding to pick up where Refugee Preventive Health funding stops, thereby facilitating an effective continuum of services. Program Administration could be under the Department of Health.

Health Accessing current limitations to services and eligibility should be removed.

Long-range: Health Accessing education specialists should help prepare the refugee population for mainstreaming into the general public health and private provider client populations.

** Health Accessing should no longer be considered a `soft' service. Health - as well as mental health and social adjustment - is an integral part of a well-functioning society. Health is essential for economic self-sufficiency.

We urge the members of the Joint Committee on Refugee Resettlement and Immigration to advocate for a humane definition of Health Accessing.

Thank you,

Rifka Hirsch Project Director

Appendix E p.

State of California Office of the Attarneg Beneral John K. Van de Kamp Attorney General

June 4, 1985

Jean Forbath, Chair Human Relations Commission 1300 S. Grand, Bldg. B Santa Ana, California 92705

Dear Ms. Forbath:

I am pleased to respond to your recent inquiry about the status of Medi-Cal fraud charges filed on February 15, 1984, against a number of Vietnamese physicians, pharmacists and others. As I told a large San Diego gathering of Vietnamese celebrating TET earlier this year, I know that most Vietnamese who have settled in the United States are productive residents and citizens and are justifiably proud of their many contributions to our society. Therefore, I understand when representatives of Vietnamese communities express concern that their reputations may be affected by publicity about crime in those communities.

In order to provide you with some background information, I have attached a copy of the news release issued by my office on February 15, 1984. As you will see, fraud charges were filed against 34 physicians. Pharmacists, physicians assistants, and others were charged with conspiracy and other crimes. The aggregate theft shown in our formal complaints was about $18,000, although it was clear from our investigations that millions of dollars were actually involved.

Although not all of these cases have been resolved during the past 15 months, we are making considerable progress. Our continued investigation, aided considerably by cooperation from the Vietnamese community, has led to dismissal of charges against one physician and new charges against several additional individuals. So far, 30 defendants, including 11 physicians, have entered guilty pleas. One physician was convicted after a jury trial. Preliminary examinations are either underway or scheduled in 18 cases, and jury trials are scheduled in four more cases.

It is still difficult to estimate the total amount of fraud. Several physicians who have pled guilty admitted thefts of more than $25,000; one has admitted stealing over $100,000. Audits have shown that over 95% of the Medi-Cal billings submitted by some of these physicians were false. Payment records provided by the Department of Health Services for all 34 physicians show that the total claims allowed by the Medi-Cal program for these physicians dropped from approximately $8 million in 1983 to $3.67 million in 1984 - a 54% decrease.

p. Jean Forbath June 4, 1985 Page 2

I hope I have satisfactorily answered the questions posed in your letter. I appreciate the concerns that have been expressed by the Asian community and commend the Commission's support for that community.

Very truly yours,

JOHN K. VAN DE KAMP Attorney General cc. Marty Mercado

p. 1 News Release

Contacts: Sigrid Bathen Press Secretary Sam Haynes Information Officer

Telephone: 916/324-5439 (Sacramento) 213/736-2298 (Los Angeles)

Offices: 1515 K Street, Suite 511 Sacramento. CA 95814 3580 Wilshire Boulevard Los Angeles, CA 90010

Date: February 15, 1984 FOR IMMEDIATE RELEASE

Release No.: 84-42

LOS ANGELES – Attorney General John K. Van de Kamp today announced the filing of complaints and the issuance of arrest warrants against 34 California physicians, pharmacists, acupuncturists and physicians' assistants on felony charges of Medi-Cal fraud.

Felony complaints and arrest warrants were also issued for 17 other persons who assisted in the alleged frauds.

The felonies charged included filing false Medi-Cal claims, grand theft, conspiracy and paying kickbacks.

Van de Kamp said 34 search warrants have also been issued for medical and pharmacy records.

Actual frauds charged in the complaints – those frauds which were documented in actual transactions by Indochinese undercover operatives working with the Attorney General's investigative task force – total more than $18,000. Search warrants executed today for physician and pharmacy records are expected to produce additional information about other suspected frauds.

The complaints and warrants were issued following a lengthy investigation of what are believed to be widespread efforts to defraud the Medi-Cal Program by certain health care providers in the Indochinese communities of Orange, Los Angeles, Santa Clara and San Diego Counties. p. 2

“These actions are the result of intensive investigations conducted cooperatively by state, federal and local law enforcement and health care investigators,” Van de Kamp said in a Los Angeles news conference announcing the arrests today. “The investigations were initiated nearly a year ago after numerous complaints from Indochinese community residents about possible efforts to defraud the Medi-Cal program.”

“Since the early 1970's a large influx of Indochinese refugees has established residence in various communities throughout California,” Van de Kamp noted. “At this time, approximately 250,000 Indochinese refugees are currently residing in California, with five areas – Orange, Los Angeles, San Diego and Santa Clara Counties and the San Francisco Bay area – receiving the bulk of the refugees.”

Under the current Medi-Cal program, Van de Kamp said, individual refugees are eligible for 18 months of Medi-Cal services, with extensions available for an additional 18 months. California

receives federal reimbursement for medical services provided under Medi-Cal during the first 18 months after the refugee arrives, and federal reimbursement is provided to the state for a major portion of the 18-month extension.

p. 3 “Just to provide a measure of the enormity of the program,” Van de Kamp added, “statistics compiled by the state Department of Health Services show that, from January 1982 through October 1982, *$23.5 million* was paid by the federal government as reimbursement to the state for payment to physicians under the refugee program and nearly *$6.5 million* was paid as reimbursement to the state for payment to pharmacies for prescription drugs. In addition, nearly *$8 million* was paid to physicians by the state under this program, and more than *$2.5 million* to pharmacies for prescription drugs.”

As a result of initial investigations by the Attorney General's Medi-Cal Fraud Bureau early last year, a task force was established in March 1983 to investigate possible widespread fraud in the five geographic areas where the bulk of the refugees resided.

The task force consisted of ten investigators from the Medi-Cal Fraud Bureau and three investigators from the state Department of Health Services. In addition, the task force was assisted by investigators from the Westminster (Orange County) and San Jose Police Departments and other local law enforcement agencies throughout the state. Also assisting were the state Board of Medical Quality Assurance (BMQA), the state Board of Pharmacy and the Inspector General's Office of the United States Department of Health and Human Services.

“The investigators uncovered a widespread pattern of abuse of the Medi-Cal system by health care providers within the Indochinese communities,” Van de Kamp said. He said investigators

p. 4 identified seven illegal practices used to defraud the Medi-Cal program:

1. Doctors billing and prescribing for patients not seen.
2. Doctors billing and over-prescribing drugs or antibiotics to patients who were not ill for the purpose of providing the patient with the drug for shipment to relatives in Vietnam or for sales on the black market in Vietnam.
3. Doctors buying Medi-Cal stickers from beneficiaries for subsequent billing (a card containing stickers is issued to a Medi-Cal recipient each month; doctors and pharmacists then affix the stickers to reimbursement claims which they in turn submit to the state).
4. Doctors paying individuals (known as drivers) in the community to bring stickers to doctors for a fee.
5. Doctors obtaining Medi-Cal stickers from individuals in the community who are extorting them from the beneficiaries.
6. Pharmacies buying or trading merchandise for Medi-Cal stickers from both providers and beneficiaries.
7. Pharmacies billing the state for one drug and providing a lesser one.

Local law enforcement agencies which participated in the investigations and arrests include officers from the San Jose, Westminster, San Gabriel, Monterey Park, Pomona, Santa Ana, Garden Grove, Los Angeles and San Diego Police Departments and the

Orange County District Attorney's Office. More than 150 officers from those jurisdictions assisted in serving the warrants today. p. 5

“These investigations represent a concerted effort by this office to investigate and prosecute those health care professionals who would abuse a system intended to provide adequate medical care for the poor of this state,” Van de Kamp added. He said such abuses will be “vigorously prosecuted” by the Attorney General's newly reorganized Medi-Cal Fraud Bureau.

The felonies charged today include: Section 14107 of the Welfare and Institutions Code (submitting a false claim); Section 14107.2 of the Welfare and Institutions Code (paying kickbacks); Penal Code Section 487 (grand theft) and Penal Code Section 182 (conspiracy). Each charge is punishable by a state prison term of 16 months, two years, or three years, depending on the severity of the offense and other factors.

The investigation was coordinated by Senior Assistant Attorney General Gregory Baugher, Chief of the Medi-Cal Fraud Bureau; Deputy Attorney General Vincent J. Scally, Jr.; Chief Medi-Cal Fraud Investigator Lyman L. Lambeth and Senior Special Investigator David Mansfield.

Baugher said the investigation is continuing and urged persons with any additional information to call toll-free 1-800-622-8222.