

# "STUPID! WHO, ME?" – THE PRISM OF RACE AND CLASS

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*The following narrative is based on an experience that took place 17 years ago when the author came face to face with the prejudice, inhumanity, and arrogance of the medical profession while accompanying her father to a doctor's visit. The incident impacted the author so significantly that it led her to a career as a medical social worker, where she witnessed the challenges refugee seniors faced as they negotiated the medical system. The author has since become an advocate for social and policy change to improve health service access for low-income elder refugees*

My name is My Thu. In Vietnamese, "My" means beautiful and "Thu" means autumn. I was born on August 15<sup>th</sup> (lunar calendar) when the country was celebrating its annual "Moon Festival," the second biggest holiday celebrated in Vietnam with only the New Year being more important. August 15<sup>th</sup> is an auspicious date because it is believed that the moon shines brightest on this day, and the people give thanks to the moon Goddess for an abundant harvest. My earliest childhood memory involved my father telling me, "You are as bright as the mid-August moon and as beautiful as the moon Goddess." This simple paternal pride became, over the years, the foundation on which my identity was formed. I grew up believing that I could do anything, and with each successful step in my academic career, my confidence has been reinforced and that belief reaffirmed. Unlike my older siblings who came to this country in their late teens, experienced greater difficulty learning a new language, and had to work to support the family as soon as they graduated from high school, I came to this country when I was nine years old and had no difficulty learning a new language. While my traditional parents felt that a college education for a woman was not necessary because it may intimidate potential suitors, my elder sisters disagreed. With the support and encouragement of my older siblings, I had the privilege of graduating from college and obtaining a master's degree

in social work. I am currently completing my doctoral degree in social welfare specializing in gerontology at the university of Washington.

During my teenage years, the following incident temporarily shattered my beliefs and set me on the pathway to a career in services for the elderly. This incident was made painfully real on the socioeconomic and health disparity faced by my father and many older refugees in this country.

I was 16 and my father was 66. He suffered from severe hearing loss, but because of pride or lack of familiarity with medical technology, he refused to wear a hearing aid. After many years of persuasion by family and friends, my father finally agreed to get his ears examined and to be fitted for a hearing aid. I made an appointment with an eye, ear, nose, and throat (EENT) specialist because Medicaid (California's state-funded needs-based medical insurance program) would pay for a hearing aid only if an EENT specialist certified that it is medically necessary. In addition, Medicaid would only cover one hearing aid once every three years. My father, who had hearing loss in both ears, was qualified for only one hearing aid for the ear with the most severe hearing loss. If he wanted two hearing aids, he had to pay for the second one by himself. In addition to these restrictions set by Medicaid, we encountered a great reluctance among physicians to accept Medicaid patients since Medicaid does not

cover the full cost of care. As a result, my father's access to physicians was limited. I had to place many calls to doctors within a 20 mile radius before I was able to find an EENT specialist who would accept Medicaid coupons.

Transportation and orientation were other problems preventing my father from accessing health care. Fortunately, he had ten children who could speak English, were familiar with the medical system, and lived within a five-mile radius of each other. We thus were able to share and coordinate driving my parents to various medical appointments, even though all of us had to work and could not afford to take too many days off work without jeopardizing our jobs. Despite having strong family support, my father still experienced barriers getting to the doctor's office because of unclear directions. On the day of the appointment, I called the doctor's office to get directions. I was instructed over the phone to come to building "F" without any explanation that building "F" is a sub-unit of a larger compound located behind the hospital. After thirty minutes of desperate searching, I made a wrong turn into an unidentified alley and found the building. We arrived at the office ten minutes after our appointment time. As I approached the reception area, I found a handwritten note taped to a large glass window that read, "Do not knock on glass." I obliged and quietly found seats in the waiting area with my father. There were two other seniors waiting in the same room but neither of them looked up at us. Perhaps they did not hear us because they suffered from hearing loss like my father or they were intently involved in their reading.

After 20 minutes of waiting in silence, a receptionist opened the window and called a patient's name. I took this opportunity to approach the window and announced that we had arrived for our appointment. The receptionist raised her voice and angrily said that we were half an hour late so we would

have to reschedule our appointment. Caught by surprise and stunned by her anger and impatience, I clumsily explained that we had trouble finding the building and that we had been waiting for 20 minutes. The receptionist haughtily told me we were supposed to sign in as soon as we arrived, and she abruptly shut the glass window, mumbling to herself, without bothering to hear any explanation. Startled and intimidated, I turned to face my father who stood silently behind me looking very confused. A few minutes later the window opened again, and the still angry receptionist said, "You are lucky that there is a cancellation, and the doctor is going to see you." The way she said this made me feel like we should get on our knees and thank her. She handed me a pile of forms to complete since this was my father's first visit to this office. As an English honors student, I immediately felt overwhelmed looking at the thick pile of papers and thinking, "What would my father have done if I was not here?"

In the space for primary insurance, I wrote Medicaid since I understood that Medicaid was the insurance that would be billed for my father's hearing aid. On the last page, in the space for other types of insurance, I wrote Medicare A & B. My father and I waited for another 30 minutes before his name was called. Her pronunciation of his name was so garbled that the only reason we knew it was his name was that no one else was in the room. If I had not been with my father, how would he know that a receptionist had just called his name? How would he be able to complete all the forms? How would he find this doctor's office?

Among the many barriers to healthcare, language may be the biggest challenge for refugee elders. Inability to speak English prevented my father from communicating with his physicians, much less being able to understand his rights as patients. In fact, it might have prevented him from even being seen by the doctor on this day. If I had not

been there, my father probably would have learned to accept his hearing deficit, continued to avoid seeking needed care, and entered the medical system only as the last resort. As a bilingual person, I felt intimidated and overwhelmed with this doctor's visit. I can imagine these challenges for a non-English-speaking patient would seem insurmountable.

Finally, we were ushered into an office where we waited for another five minutes before the doctor arrived. A man appeared at the door, but he never came into the examination room. He leaned heavily against the door frame, flipping through my father's newly created chart and asking questions without using my father's name or looking at us. "Has he had hearing aid before?" the doctor asked.

I looked up and saw a very tall man who seemed to tower over my father and me as we sat there like statues in the examining room.

To his question, I meekly answered "No" without bothering to translate what the doctor said, or giving my father a chance to answer questions concerning his own medical condition. This happened both because I was very familiar with my father's medical condition and thus knew the answers and because I was intimidated by the doctor's impatience. As a result, I didn't want to take up any more of his time by translating and waiting for my father's response. By ignoring my father, I inadvertently robbed him of his voice, his autonomy, and ultimately his right; and my behavior, like that of the doctor, contributed to an act of belittling and oppressing my father. Looking back, I must have internalized the

stereotype of "undeserving poor" because I remember feeling ashamed for being poor and demoralized for being associated with my father. I actually felt that with my father's insurance, we should be grateful and not expect too much of the

doctor. I was unaware of my own internalized oppression which allowed me to accept the dominant group's prejudiced perspective of the undeserving poor, while at the same alienating myself from my father and my minority status.

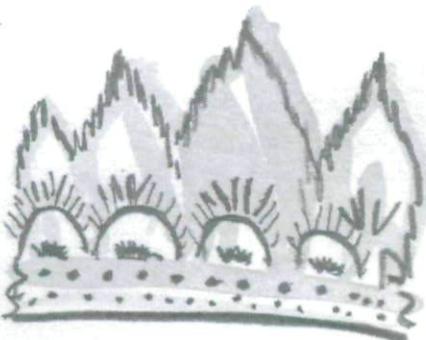
The doctor continued to ask questions without looking at my father or me as he quickly scribbled his authorization on a prescription pad: "Does he have any problems with his ears?"

I again responded "No."

Having spent less than two minutes with us, the doctor handed me the prescription and said, "Take this back to the hearing aid specialist and your father can get his hearing aid." The doctor walked away, signaling for us to follow him. Perhaps I felt relieved that the appointment was over because I didn't say anything and timidly followed the doctor back to the front office. With his back to us, he told me to schedule another appointment for my father in two weeks for a follow up.

When the doctor reached his receptionist's desk, he was looking at the last page of my father's file. He asked his receptionist, "Did you make a copy of his Medicare card?" The receptionist looked at him surprised and said, "He doesn't have Medicare." The doctor pointed at the last line on the forms that I completed and sternly said, "He does; it says so here."

The receptionist grabbed the folder from the doctor's hand and said, "Well, his daughter said he has only Medicaid." She noisily turned to the first page and showed the doctor what I wrote on the first line. At this time, I softly interjected, "I said his primary insurer is Medicaid because I thought that is the insurance that would pay for my father's hearing aid, but I also said that he has Medicare parts A and B." Perhaps the receptionist took my soft-spoken voice as an admission of mistake, or perhaps the fact that I pointed out her mistake upset her, because



she retaliated by mumbling audibly under her breath, "Stupid."

Stupid! Who? Me? I was outraged! I had never felt such intense anger in my life. I was speechless, paralyzed by the insult. Because I was raised to avoid confrontation and disrespect, I didn't know what to say or how to respond to such a verbal assault. Instead of expressing my anger, I remained silent and defenseless. Reflecting on this incident, I was mad at myself for not confronting the receptionist for her inappropriate behavior, and allowing it to pass unchallenged implied that it is acceptable and likely to continue. I realize now that my acquiescence was due in part to my cultural upbringing, lack of self-confidence, and lack of awareness of the prevalence of discrimination. In addition, I had never been exposed to such overt prejudice and I really did not know how to confront or deal with such racial insensitivity.

In an attempt to appease the situation, the doctor said, "Well, it is a common mistake because insurance can be very complicated." Did he assume it was my mistake and that understanding insurance coverage was too complicated for my stupid brain? I didn't want to take the blame for the receptionist's oversight, but I couldn't find the voice to explain. The Vietnamese cultural values of respect for authority and avoidance of shame for self and others were so deeply rooted in me that I could not voice my disagreement and frustration even though I was screaming in my head. The receptionist was fuming when she snarled at me: "Do you want to schedule a follow-up appointment today or not?"

I softly responded "No" and I left with my father trailing behind. I knew at that time that I had no intention of bringing my father back to this office, but my response didn't communicate this intention explicitly. Again, I did not confront the receptionist's contempt, thus allowing her to think that her behavior was acceptable. This would never happen today.

As we walked away, I heard her curse us as "f—— Japs!" I was livid but kept on walking. When we got in our car, I began to cry. My father asked what just happened. It was then that I related to him for the first time an account of what happened since we arrived at the office. My father listened in silence. I turned to look at him and saw the deep pain and humiliation in his face. I realized how my father, as a human being and a patient, had been completely disrespected and ignored, how frustrated and powerless he must have felt. I felt sad realizing how my father's life must have changed since he came to America. In Vietnam he was a wealthy owner of a shipyard. He had servants and chauffeurs at his service. His advice was often sought after, his words struck fear among his staff, and his presence commanded immediate respect. In this doctor's office, he was invisible. No one talked to him, no one asked his opinions, and no one seemed to care whether he was there or not. Inadvertently or deliberately, he was ignored by his own daughter and his doctor. This occurred in part because in America, my father has little money, few doctors want to provide services to him, he doesn't have a voice outside of his home, and he had to depend on his youngest daughter to speak for him.

At the time I didn't realize the depth of my father's pain because I was so consumed with anger and self-pity. This experience was the first time in my life that I came face to face with the blatant racial prejudice and the inhumanity and arrogance of the medical profession. I was made painfully aware that I could be judged and treated as inferior based on my speech and appearance. Or was it the insurance that my father didn't have (and the poverty implied thereby) that led to this discounting and disrespect? For the first time in my life, I felt ashamed of my father because he had Medicaid instead of private insurance. If he had had private insurance, the receptionist might not have been so rude and

the doctor might have deigned to spend a little more time with us. But I also felt stupid not for what I did but for what I didn't do. Why didn't I knock on the door after I read the sign that said "Do not knock on glass" rather than compliantly waited for twenty minutes? Why didn't I question the doctor when he didn't examine my father? Why didn't I say something to the receptionist when she was rude and disrespectful? Why didn't I file a complaint against her racial slurs?

Just as I turned into our driveway, my father looked at me and said, "People only get offended when an insult is possibly true. You shouldn't get offended when that woman called us stupid. She was only talking to me." This was a very poignant moment in my life; I realized my father's utter love for me as he tried to shoulder the assault by himself and shelter me from discrimination. It was my father's futile attempt to protect me that made me see that this experience hurt me much less than it did him. I realize that in my father's lifetime, he must endure other discrimination similar to this. At the time, however, I could not understand how my father managed to remain so tolerant to smile and wave at the receptionist as we left. It took me many years to understand that the source of my father's strength and his ability to cope with injustice came from his practice of Buddhism.

Buddhists believe that the world is fundamentally just and justice is maintained by karma, or law of cause and effect, where one's good or bad deeds will be accumulated and balanced from one life to the next (Thich, 1998). Forbearance is important to Buddhist practice. According to Canda & Phaobtong (1992), the Buddhist notion of forbearance means to endure an action done against you and to renounce any anger or resentment toward the one who has offended you. In the Buddhist practice, revenge will not bring comfort to the person who was wronged; instead, it leads to bad karma where he will have to pay for any ill action he takes in

retaliation to the one who has offended him. Similar to the concept of forbearance is Buddha's First Noble Truth, which states that suffering is a part of life (Thich, 1998). Thus, the goal of practicing Buddhism is to end all forms of suffering for ourselves and for others. Perhaps after a lifetime of suffering from famine, disease, war, poverty, inequality, and injustice, my father has grown accustomed to adversities and learned to accept them rather than to retaliate. I am not implying that my father was unscathed by this incident, or that he was consciously calculating the cause and effect of his action for the fear of bad karma. Instead, his tolerant, non-retaliatory behavior was probably cultivated by his practice of Buddhism.

Unlike my father, I could not even look at the receptionist, much less smile or wave at her. I remember that I was so angry that wanted to scream at her. Of course, we never returned to that doctor's office, and I never filed a complaint with the human resource department at the hospital against the doctor or the receptionist. The years passed, the anger subsided, the pain disappeared, but I could never forget this experience for I believe from it a seed of social justice was planted in a teenager's head. This incident changed me forever because it made me acutely aware of the challenges that older refugees and low-income elders face when dealing with the medical system in this country. It was this experience that led to my commitment to a career of service and advocacy for social changes for low-income elders.

I graduated from college and went on to obtain a master's degree in social work. I spent two years working with refugee families in Chinatown in San Francisco where I came across many elders who would only see American doctors as a last resort. Like my father, many refugee elders experienced language barriers which made it very difficult to negotiate the medical system. I will never forget the following story about a Vietnamese

man and his experience with the health care system. This man experienced pain in his knees for over a year and despite numerous herbal remedies, his pain persisted. When he fell at work because he could no longer stand on his feet, he was taken to the emergency room. X-rays showed that the bones in both of his knees were worn out and surgery was needed. Because he couldn't speak any English, had no family or friends, was not aware of any home health services, he had to crawl around in his apartment on his hands and belly for the first six months following his surgery. He told me that there were times when he had to eat off his floor because his bowl of rice dropped when he lost his balance reaching for it.

I met this man in 1998 through an outreach effort that I helped organize where we went and knocked on doors of low-income senior housing in San Francisco. I was stunned to find many seniors who lived alone in tiny apartments with deplorable conditions. Some of these apartments had communal kitchens and bathrooms so the seniors would have to walk down a long corridor to get to the kitchen to cook or take a bath. I cried as I heard this man's story, and while he survived his ordeal and was in fair health at the time I met him, I wished we had found him sooner and perhaps we could have saved him some of the pain and suffering. It was stories like this that made me realize the critical need to improve health-care access and provide more affordable housing for non-English-speaking low-income seniors.

I moved to Seattle to work on my Ph.D. in 1999. Since then, my work has focused mainly in the areas of health and refugees. There are almost 50,000 Vietnamese living in Seattle, the third largest Vietnamese population following California and Texas (Census Bureau, 2000), yet there is no nursing home or adult family home in the entire state that has the language capacity to serve Vietnamese non-English-speaking seniors

(CHOICE- Senior Housing and Care Referral services). For instance, when my mother had to stay in a nursing home following a fall, we had to take turns visiting her at a nursing home everyday, bringing her food and translating for the staff. This was possible only because I have a large family. For family members who have no siblings, no relatives, and have to work full-time, this would be impossible if their loved one has to be in a nursing home for a few months at a time.

From my own experience of having aging parents and working with Vietnamese families, one of the complaints that I often hear from children with aging parents is that when they are the sole caretaker, they cannot go on vacation because there is no culturally and linguistically appropriate residential services that can provide them respite care. I realize that beside the lack of Vietnamese providers, there is a strong reluctance among the Vietnamese community to utilize formal institutions for the care of their elders. Such reluctance may be culturally based since the traditional family structure and filial responsibility require the children to take care of their aging parents at home until they die. This tradition of care may be born out of necessity since in Vietnam, and in many rural countries, multiple generations of family live together. There was no institution to care for the aged, so family members did not have a choice but to provide the care themselves. Also, elders in Vietnam tend to have land and property; thus if the children wish to inherit the property after their parents die, they may feel obligated to fulfill their filial responsibility. While this family structure and system of economic dependence may not be the reason or the motivation for children to provide care for their aging parents in America, some of the remnants of this feudal cultural tradition may still exist and be practiced.

Through my personal experience and my work with Vietnamese aging families, I have found that increasing access to health services

for refugee seniors requires major changes in the personal, social, and political system where efforts should be directed to improve linguistic and cultural competence among the individuals and health service delivery. At the individual level, client-oriented efforts should be made to teach seniors basic English and other necessary skills, such as scheduling an appointment, using public transportation, accessing bilingual information, and using referral hotlines. Through such efforts, seniors can be empowered, thus less dependent on their children and others.

Teaching older refugees English and increased self-efficacy does not obviate the need for trained interpreters and more culturally and linguistically competent practitioners. At a social level and political level, there should be policy requiring hospitals, clinics, and health care settings that serve refugees to provide trained interpreters because the inability to effectively communicate with patients can lead to misdiagnoses, ineffective treatment, and frustration for patients. There is a need to change behaviors, attitudes, and practices among the health care system staff, as well as to address systemic issues contributing to health disparities. Health care professionals must reconstruct their approaches to health care delivery to examine their behaviors and assumptions and to incorporate the principles of accommodation and respect for patients from different culture and languages.

My work with Vietnamese refugee seniors helped me realize that my father's experience with the EENT doctor was far from unique. Like my father, I have witnessed many refugee elders who experience great difficulty negotiating an often indifferent and sometimes plainly hostile health care system. I hope that my personal growth and my continuing efforts to bring forth individuals and local changes will lead to improved access to health and ultimately better justice for the refugees. I understand that such change may

be slow to come, given the historical and cultural context of the medical profession. However, I hope that my story will give voice to those who have long been silenced by the system and call attention to the challenges and injustice many refugee families face.



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