



PTSD in Asian and Pacific Islanders: Medical 1 Written Video Transcript

[00:00.20.00] Thank you for joining us. The program you are about to see discusses the cultural issues of Asian-American and Pacific Islander veterans diagnosed with post-traumatic stress disorder or PTSD. [00:00.40.00] Based upon their unique ethnic backgrounds most veterans seeking VA services have a variety of perceptions about how to approach and receive health care. Cultural issues appear to play a role in the underutilization of services [00:01.00.00] by Asian-American, Native Hawaiian, Pacific Islander and Native American veterans. Understanding this is critically important to serving veterans who suffer from PTSD. To help meet these needs I worked to create the Pacific Center for PTSD [00:01.20.00] in Hawaii and the Center for Minority Veterans at VA. These centers have helped to evaluate and improve benefits and services for minority veterans. As care providers, it's important to recognize a veteran's cultural upbringing as well as [00:01.40.00] their personal experiences of being a soldier of Asian, American or Pacific Islander ancestry. Cultural identity is a deep seated part of each veteran whom we help within the VA system. The challenge is in understanding how to integrate an individual's [00:02.00.00] unique cultural background into their healing process. We hope that you will find this video enlightening and informative. [00:02.20.00]

Old thoughts come back, you know, like I lost my best friend. We were right through the Army, [00:02.40.00] traveled together. You see him lose his head right in the back of me. So, things like that doesn't go away.

The difference between [00:03.00.00] me and the Vietcongs, our enemies, was the color of our uniform. If you look at me and you look at one of the Vietnamese we look alike. [00:03.20.00]

At that time I didn't know that I had PTSD but I could not deal with life on the everyday schedule. I couldn't sleep, had nightmares. [00:03.40.00] I wasn't a very good person to be with.

War can be shocking and gruesome and these images can haunt us for a lifetime. [00:04.00.00] The three gentlemen you just met are Asian-American and Pacific Islander veterans who suffer from post-traumatic stress disorder or PTSD. In World War II, the Korean War, and the Vietnam War Asian-American and Pacific Islander veterans not only experienced combat stress but often experienced additional stressors. [00:04.20.00] They fought against enemy soldiers who may have resembled themselves and their family members. They were often mistaken to be enemy soldiers and were subjected to racial slurs by other American soldiers. Yet, Asian-American and Pacific Islander veterans are often the last to seek outside help. [00:04.40.00] PTSD is the third most



common problem in all our nation's veterans who access VA services. And many veterans with PTSD also suffer from psychiatric, behavioral and medical co-morbidities. This program is designed to provide primary healthcare providers with [00:05.00.00] cultural information to better recognize PTSD among Asian-American and Pacific Islander veterans. This program focuses on raising provider awareness of cultural factors that may impact veterans' mental and physical health. When left untreated PTSD often manifests in physical symptoms [00:05.20.00] and conditions that may not respond to traditional treatment regimen. The Asian-American and Pacific Islander backgrounds are comprised of nine major ethnic groups, each with its own unique culture. They include the Chinese, Filipino, Korean, Japanese, Vietnamese, (Guamanian), [00:05.40.00] Hawaiian, Samoan and Tongan peoples. According to recent census figures the Asian-American and Pacific Islander population has nearly doubled in the past 20 years and will continue to grow. Our nation's Asian-American and Pacific Islander veterans represent these diverse groups. [00:06.00.00]

I think when individuals are working with Asian-American and Pacific Islanders it's important that we don't stereotype all of them as one group. You're dealing with at least nine major groups of Asians and Pacific Islanders. They have different cultural histories, they have different experiences, their experiences [00:06.20.00] in this nation were different.

Without the understanding of where this Asian veteran comes from, the background, their community, their family, you miss a lot. You miss a lot in terms of who they are, what kind of things are going to work in terms of getting them, number one, into the vet center or into the VA [00:06.40.00] to be able to get treatment and then once you get them there how to treat them or what to do in terms of treating them.

For some veterans it's very difficult to come to the VA, in part because for them they're sort of stuck in time and the VA represents a connection to their military experience. It's important [00:07.00.00] that we try to find ways to sort of make that less of an issue for them. Providers need to be armed, if you will, with as much information as they can in order to provide the best treatment for veterans that come to our door. Also, there are veterans that are not coming to our door that in part [00:07.20.00] some of that can be possibly attributed to the lack of knowledge or understanding of how to reach out to some of these veterans.

There are nearly a quarter million Asian-American and Pacific Islander veterans making up 1% of the total veteran population. These veterans reside in most areas of [00:07.40.00] our nation. In the last few years the number of Asian-American and Pacific Islander veterans has increased.

And within those populations there are also very diverse groups. They differ in terms of class status, generation, educational levels and the different experiences that they've had [00:08.00.00] in previous wars in which the U.S. has been engaged.



It's estimated that 70% of AAPI veterans served during war time, and nearly 90% of these are of Asian descent. Some of these veterans have received the National Congressional Medal of Honor, our nation's highest award given to war veterans. [00:08.20.00]

I think the first one to determine is exactly which group among the Asian-American population does the veteran come from. Is the person Chinese, Japanese, Filipino, Korean? What generation? Something much more, [00:08.40.00] perhaps find out more about their family background and kinds of experiences they've had in the U.S. that led them to participate in the armed services.

It's crucial to understand some of the uniqueness of the Asian and Polynesian cultures and how, as medical providers, you can better access and provide care and services [00:09.00.00] to these veteran groups. Within the Asian-American and Pacific Islander cultures not all ethnic groups are the same, and not all individuals within an ethnic group have the same beliefs. For example, within these cultures there is a wide variety of traditional or cultural based healing practices and traditions. [00:09.20.00]

Cultural competence is a phenomenon or a perspective that has gained momentum in the human and social services in the last ten years. And it refers to a body of knowledge and skills that enhance our working abilities with the culturally diverse [00:09.40.00] people in the United States and in the global arena. It's particularly important in the United States because the 2000 census tells us that one of every four persons is a person of ethnic or racial minority status. Culture is that shared set [00:10.00.00] of values and belief that define people's behaviors and it's typically passed generationally and it's used to include different groups, perhaps defined by gender or socioeconomic class, but most often [00:10.20.00] it's those people who are within an ethnic racial group. So, culture is important because it permeates everyone's life. There's a Hawaiian proverb, [Hawaiian] which for me captures the importance of being culturally competent. And that proverb is, [Hawaiian], [00:10.40.00] and what that proverb means is that there's importance to learning from many different schools, that there's not just one school of learning differences and world views but that there are multiple schools in the world. And what that proverb speaks to is our intent to work with culturally diverse [00:11.00.00] by knowing the values and backgrounds of the culturally diverse.

In Hawaii, they call it talk story.

I think when we're dealing with Asian-Americans and Pacific Islanders it's important to talk with them, not talk to them. Most Asian-Americans [00:11.20.00] and Pacific Islanders' socialization experience in this country has not been on equal footing. So, I think it's important for us also not to ask just the clinical questions, but to do as we say talk story with somebody. Talk about general things so that you can begin to have a mutual understanding, [00:11.40.00] a mutual respect, a mutual trust of each other. Then when that has established then you can begin to ask serious questions, significant questions, the one that may draw the emotional responses.



Talk story is letting the person talk about whatever—[00:12.00.00] that whatever is on their mind, whatever's going on. And if they come in and they've got nothing to say, how's the family doing? Family's very important. How's your kids doing? How's the wife doing? How is your mom and dad doing, what's going on? Just start in there and start begin to talk about their family.

The clinician may feel uncomfortable not wanting to [00:12.20.00] focus on themselves but focus on the veteran. But it's important for the AAPI veteran that that that happens. Because it brings to them some connection. If they can't make that connection then they may not feel as strange [00:12.40.00] talking to a stranger. Once they make that bond it makes them easier to open up.

It's very important, and the idea not only talking story but taking time to talk story and not so much getting in there and finding out what's going on, now what are we going to work on today and how we're going to do this and working on [00:13.00.00] your treatment plan or whatever it is. But staying with the individual and spending some time with them the work will come.

So, there are many, many different things that we can look at in here. But I think the safest bet is for the provider to really engage the veteran in participating in [00:13.20.00] taking that history and having an open dialogue, as opposed to just getting facts. We want to elicit those feelings and we want to try to understand what they mean.

So, now let's talk story with World War II veteran, Jesse (Hirata). Jesse is an 84 year old veteran who joined the Army just three weeks before the attack on [00:13.40.00] Pearl Harbor in December, 1941.

December 7th, 1941, a date which will live in infamy. United States of America.

Actually, Pearl Harbor Day we were through the radio we were [00:14.00.00] ordered to go back to post. But then passing Pearl Harbor, traffic was all jammed, so we were stuck right in front of Pearl Harbor where we saw the Zeroes diving and the bombers bombing the ships. You go lower and look into the harbor, the smoke rises so you can see [00:14.20.00] all the ships burning and falling over. Pearl Harbor was a sneak attack, so although I'm Japanese but I don't have the feeling like Japan Japanese. [laughs] We Americans. So, naturally we get mad. [00:14.40.00]

As a Japanese-American soldier Jessie was part of the distinguished 100th Infantry Battalion from Hawaii. They were honored with many Purple Hearts for their bravery and courage. What was it like being Japanese-Americans honored for fighting the Japanese yet discriminated against because they resembled the enemy? [00:15.00.00]

I was with the 100th Infantry Battalion, so we were the first ones that shipped out to go to the mainland. So, we had a hard time on the mainland because (they all became) Japan.



So, we were in between and we had to have patience. [00:15.20.00] But at one time there were too many fights. And we don't start the fights, they come after us, calling us names. So, so we had to have a (captain started) a Judo exhibition to show all the [00:15.40.00] rest of the camp. So, we went, and after the exhibition when everybody's flying in the air, the fighting stopped.

Today, Jessie is retired from the military and from his dry-cleaning business. He used to be a tour guide for Pearl Harbor, the site of the U.S.S. Arizona Memorial [00:16.00.00] and now the place of the Battleship Missouri Memorial. For years he was troubled at night about his war experience. But it was only when he turned 84 that he found out he suffered from PTSD symptoms. Based on another veteran's recommendation Jessie approached the VA to talk to a counselor about [00:16.20.00] his sleep problems and other issues.

You'll notice as you start working more and more on some of the things that have been bothering you that your symptoms actually may start finally settling down a little bit more than before you came in.

I didn't know I had post-traumatic stress. [00:16.40.00] But the reason I couldn't sleep was I thought just my feet bothering me. And of course when you think about post-traumatic stress (you tell me) the things I think about, I dream about, it's post-traumatic stress, not my feet [laughs] that keep me [00:17.00.00] from sleeping.

Jessie admits that his Japanese upbringing taught him not to divulge private things. Sharing personal problems is considered shameful among Japanese families.

Asian-Americans are reserved. They should be more asking questions and then [00:17.20.00] they'll answer. And they won't very seldom come out by themselves explaining things. They don't come out and give you feelings. So, really, we're brought up that way, especially World War II group. [00:17.40.00]

Mental health is a Western concept, basically. It's not an Eastern concept. so, it's not something that an Asian-American or Pacific Islander is often going to go to initially. They more often than not would seek the help of an elder, they may seek a religious person. They may seek someone in that context, an educator. [00:18.00.00] But the least likely would be to seek mental health. Well, I think it's important for each of us to realize that we all are somewhat ethnocentric. We look at the world through our eyes and our socialization process. I think that it would be important for someone who is working with an Asian-American or Pacific Islander to listen and to learn. [00:18.20.00] For most Asian-American Pacific Islander cultures the whole sense of mental illness or mental health often carries a negative stigma to it. And so they're not likely to rush to a mental health clinic to seek help. It could be embarrassing, it could be shameful. [00:18.40.00]

Over the years, research from the Department of Veteran Affairs clearly shows that Asian-American and Pacific Islander veterans are not utilizing mental health services. In



fact, they represent the lowest numbers of any ethnic groups coming in for treatment. [00:19.00.00] As mentioned, there's a negative stigma towards asking for help. Common reasons for this reluctance include a fear that they will be seen as crazy, inadequate or weak or that a therapist who is non Asian or non Pacific Islander won't really understand. Without the therapist being sensitive to the client's [00:19.20.00] culturally-based understanding of issues, symptoms and problems, the client and therapist may both be working from well-intentioned but contrasting and possibly conflicting perspectives. Research supports that Asian-American and Pacific Islander veterans often experience and manifest stress physically. [00:19.40.00] So, as might be expected, when problems are experienced they're more likely to turn first to a primary care provider for care.

I think an important consideration in providing treatment services to Asian-American veterans is not to generalize over the entire population, to appreciate [00:20.00.00] and understand the diversity in terms of the cultural background of the various groups, including Chinese, Japanese, Filipinos, Koreans, and not to assume it's possible to develop an overall treatment strategy that could be effective and appropriate for all of these groups.

It's important for the provider to find out [00:20.20.00] what the veteran thinks is causing the problem, also to find out what has worked for the veteran in the past to treat the problem and to find out what the veteran thinks would be the best solution for care right now. Not just in terms of figuring out what medications the veteran thinks would help this particular complaint, but to understand [00:20.40.00] have they used any culturally based treatments and to find out about their religious practices.

Medical or mental health providers could, in their assessment, uncover information about the client or person's background. So, they might better understand whether that person subscribes [00:21.00.00] to traditional values and practices simply by asking them questions on what they do, what they believe in, what foods they eat, songs they sing, what practices they hold, what are their spiritual beliefs. So just trying to uncover some information about a person's life I think will give hints [00:21.20.00] to the provider as to whether or not a culturally based solution or intervention will be appropriate.

During pre-military information gathering one would ask, "When you were growing up how much did you participate in ethnic activities, such as festivals, [00:21.40.00] family traditions or holidays, etc.?" And then ask them again, "After the military, did you participate in those things or did you decrease the amount of activity?" But that helps to, again, try to [00:22.00.00] get at culture beliefs and how much it plays into their everyday coping and their world view of themselves and others.

I think what we really need to do is slow ourselves down, slow the veteran down, and try to get a good history. Who is this person? You want to know what were the values and beliefs of that family. What were their practices? [00:22.20.00] What was the experience in terms of family members? Was there an intense extended family or not? How does this move and how did it shift while going into the military? What was their



experience in school? What was their belief system in terms of spirituality and religion and so on? Then I would want to ask similar questions [00:22.40.00] about the military in terms of how do those things play out in the military? And then as we expose them to looking at their traumatic experiences we would then start to piece this puzzle together.

The Diagnostic and Statistical Manual [00:23.00.00] of Mental Disorders Fourth Edition, also known as the DSM-IV TR and the preceding editions use a Western model of mental health. Let's define and describe the DSM criteria for PTSD.

The main symptoms of PTSD starts with a trauma event itself. The person experiences [00:23.20.00] or witnesses or is confronted with an unusually traumatic event. The event involves actual or threatened death or serious physical injury to self and others, and the response of the person is intense fear, horror or helplessness. [00:23.40.00] The first group has to do with intrusive recurring reliving of the trauma, for instance intrusive memories of the traumatic event or repeated dreams of the trauma. The second group has to do with avoiding [00:24.00.00] reminders of the trauma, for instance avoiding conversation, thoughts, feelings that have to do with the trauma, avoiding situations or places that may remind them of the trauma. Finally the third category has to do with symptoms of increased arousal, for instance, problems falling asleep, staying asleep, [00:24.20.00] problems concentrating, excessive startle. And these symptoms need to occur for at least a month following the event.

Like most veterans you're going to see similar symptoms in Asian-Americans and Pacific Islanders. You're going to see symptoms of intrusive thoughts, nightmares, avoidance, those types of things. But I think in addition, with the Asian Pacific Islander [00:24.40.00] you may also see somatic type complaints which will present at a primary care physician. And so, I think it's important for people in the medical field to recognize that individuals who have been in combat may present not at a mental health clinic but may present at a primary care physician. I think Asian-American Pacific Islanders may present at [00:25.00.00] a doctor for the normal kinds of complaints that one would go for. Maybe a stomach ailment, maybe, "Doc, I've not been sleeping well. I may be feeling anxious. Maybe I'm coming down with the flu." And it's really important I think for the medical practitioner to have a sense of history. Has this person been in combat? Has this person been in a traumatic experience? [00:25.20.00] And then pursue that if it's appropriate.

The other thing is to keep in mind that veterans are not coming to the VA with a trauma story in mind. They're experiencing the stress. A lot of times for AAPI veterans [00:25.40.00] it can be manifested in aches and pains, concern that something is medically wrong with them, somatic complaints come to the fore. So, it's important to take those complaints seriously and to follow up with laboratory assessments or a physical exam as needed to reassure both the patient and the therapist. [00:26.00.00]

It's too difficult for them to acknowledge their emotional pain. It's much more easier for them to acknowledge their physical pain. Providers need to consider three very important



medical co-morbidities when dealing with the veteran with PTSD. Number one is hypertension, number two is hepatitis C and number three is diabetes. Veterans [00:26.20.00] with PTSD have medical co-morbidities that differ from other men and women their age. Specifically, diabetes is much more prevalent in this population. It's roughly 6% adult onset diabetes in the general population in the 45-55 year old age group. [00:26.40.00] But in veterans with PTSD it runs between 21% and 28%, significantly higher than in other—their own peers who do not have PTSD.

One thing to keep in mind is that medication dosages may be lower in this population. Studies have shown that [00:27.00.00] there's a higher rate of slow metabolizers in the Taiwanese, Chinese population. And what that means, effectively, is that when you're starting the medication you need to start out at a lower dose and monitor for side effects.

According to Dr. Lee, the other issue to be aware of is that studies have demonstrated pretty low compliance rates in Asian populations [00:27.20.00] taking drugs to control their anxieties. There's a stigma surrounding mental illness.

I think it's important to provide ongoing education to this population. Not just at the first visit when starting the medication but at every visit talk about your expectation for dosing, talk about how long you believe the veteran would need [00:27.40.00] to be on the medication, and when you expect that the benefits from treatment will show itself.

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