

To: House of Representatives

From: Theanvy Kuoch
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Re: Bill 6002

Southeast Asians came to the United States as refugees fleeing war, torture and genocide. Our arrival was not a choice but a necessity for survival and we came with little more than the clothing on our back. Few people understand what it means to lose everything. We lost our homes, our families, our friends, the ability to work at our chosen professions and for many of us, our health. Years of torture, hunger, slave labor have compromised our physical and mental well-being. Unlike some survivors of war and genocide, we have no hope of compensation or return of our property. It should be understandable that many of us are poor and in need of special health care services.

The reality for Southeast Asians in Connecticut is that only a few will get any meaningful mental health services, let alone the specialty services for the trauma related mental health problems that afflict our survivors. A study of SEA's in Connecticut done in 2003 indicates that 44% our adult population suffers from depression and 21% from PTSD. U.S. Veterans who served in Vietnam and Iraq have PTSD rates of 15% and they too struggle to obtain care.

Southeast Asians came to Connecticut as refugees, not as beggars. We work, pay taxes and are good citizens. When we are sick and disabled we are entitled to the same care as other members of our society. For more than 30 years, we have attempted to educate state agencies about our needs with few results. Today, our community members are still not able to access state services because they don't speak English. Many cannot get through the front door of clinics because they cannot use telephone trees or because their Medicaid cards "didn't work." They cannot get free services such as mammograms because there are no interpreters or social services to assist them to understand available programs.

Connecticut needs a Commission on Asian American and Pacific Islanders in order to assure fair and equitable care for all members of our society. We are not visitors. This is our home too.

Attachment: Executive Summary of the SEA Health Assessment

EXECUTIVE SUMMARY

**Trauma Experience and Psychosocial Health Outcomes in Southeast Asian Communities in Connecticut
Summer 2003**

Objectives	A community-based survey was conducted among Cambodian, Lao, and Vietnamese communities in Connecticut in the summer of 2003 by a coalition of Southeast Asian organizations as part of a Center for Mental Health Services Community Action Grant. The purpose of the assessment was to document trauma experience, trauma symptoms, and indicators of anxiety and depression (Hopkins Symptom Checklist) and Post Traumatic Stress Disorder (PTSD). The survey also solicited responses about health problems, barriers to care, and experiences with the health care system.
Method	All methodology was developed jointly by members of the coalition developed for the SE Asian Community Trauma Survivor Action Project and Georgine Burke, PhD, medical anthropologist. The protocol was reviewed and approved by the Institutional Review Board of the Connecticut Children's Medical Center (FWA #00004706), where Dr. Burke is employed. Phone numbers were randomly selected from a list of Cambodian, Lao, and Vietnamese surnames of people living in Connecticut. Leaders from the three SEA communities, who were trained in bi-lingual scientific data collection, administered questionnaires to 366 community members who were born in Cambodia, Laos or Vietnam prior to 1971. These questionnaires included the Khmer, Lao and Vietnamese versions of the Harvard Trauma Questionnaire (HTQ) and the Hopkins Systems Checklist (HSC) and a questionnaire on health developed by the group.
Findings	
Trauma	The average number of trauma events reported was 10(±1) out of a possible 17 with 95% CI. 42% of the groups reported having been tortured.
Head Injury	Just under one-third (28%) indicated they had experienced head injury and 17% head injury with loss of consciousness. The proportion was similar across cultural groups. There were no differences in head injury occurrence between men and women or according to age
Depression	44% of all participants scored greater than 1.75 on the depression scale of the Hopkins Systems Checklist. <ul style="list-style-type: none"> ➤ Women (55%) were more likely to report symptoms indicative of depression than men (33%). ➤ Those reporting poor/fair health were more likely to score higher on the depression scale. ➤ Those reporting poor/fair health were more than four times as likely to have depression scores 1.75 or greater than those reporting good/very good health. ➤ Those with diabetes were two times as likely to score 1.75 or greater on the depression scale than those without diabetes
PTSD	21% of the sample reported a symptom spectrum characteristic of PTSD.
General Health	<ul style="list-style-type: none"> ◆ 86% of those 45 and over reported health as "poor" or "fair" in comparison to 19% in a US reference group from the National Health Interview Survey 2003
Access to Health Care	<ul style="list-style-type: none"> ◆ 33% reported that they delayed seeking health care in the past year because of cost ◆ 64% stated that they need an interpreter for doctor visits ◆ About 50% worried "often" or "always" about patient-doctor understanding
Health Care Coverage	Medicaid 9% Medicare 20% Private 64% Self Pay 10% 14% have not seen a doctor in more than 5 years less than 1% report that their doctor or health clinic provided a medical interpreter
Conclusion	Southeast Asians living in Connecticut are a traumatized group of people who have an extremely high prevalence of depression and Post Traumatic Stress Disorder in addition to chronic health problems. They have limited access to health care because of language and culture and are not likely to receive medical interpreter services despite the legal mandate of Title Six.

For additional information please contact:

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