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Photos by Don Leach | Staff Photographer

SCARLET IBIS in a tropical tree and brush exhibit on display at the Santa Ana Zoo, which has reopened after months of closure.

Safety is on exhibit at the reopened Santa Ana Zoo

Those eagerly awaiting to see dozens of monkeys monkeying around at the Santa Ana Zoo will finally get their chance after it reopened this week after a months-long closure due to the COVID-19 pandemic.

The zoo has implemented a number of safety protocols to keep visitors safe from the virus.

“It feels really nice to have the zoo open — it was a long process through the closure and reopening,” zoo manager Ethan Fisher said on Wednesday. “The people that came were really happy to be back at the zoo and have another option in the community to interact with nature and do it outdoors in a safer environment.”

All staff and guests ages 2 and older are required to wear masks, seating areas have been spaced out, and spaces are regularly disinfected.

There are physical-distancing reminders, markers and barriers throughout the zoo, and the narrowest walkways will only allow one-way foot traffic.

The zoo closed its amusement rides, the playground, dung-beetle maze, bird aviary and the goat petting area. Indoor exhibit spaces, like the Exploration Outpost, are also closed.

The zoo will operate at limited capacity on a first-come, first-served basis. It will be open from 10 a.m. to 5 p.m. Wednesday to Sunday. It is closed on



THE MONIZ family watch a gibbon swing in his exhibit at the Santa Ana Zoo on Thursday.

Monday and Tuesday.

Many of the exhibits are still open. Fisher said the zoo is taking extra precaution with its primates, which can be more susceptible to catching illnesses from people due to their close genetic connection.

“We’re taking particular care to secure the primate areas and to make sure there’s no potential exposure between the guests and the primates,” Fisher said. “So you’ll see at the zoo there’s some areas where we put up plexiglass panels in front of some of the animal habitats,

or increase the setback for where people stand.”

Fisher believes the animals are also happy to have visitors return to the zoo.

Since the zoo closed on March 16, Fisher said the staff focused on giving the animals a lot of attention and extra environmental enrichment to keep them busy. One of these enrichment tools was a puzzle feeder, where the animals solve a puzzle and get a treat.

“They actually seemed to miss the visitors,” Fisher said.

— Ben Brazil

RIGHT: Spirit the Bald Eagle squeals on his perch at the Santa Ana Zoo. Spirit came to the zoo from Alaska after one of his wings was permanently damaged.



FAR RIGHT: A lion tamarin monkey watches visitors as he rests on his perch.



Breaking down the cultural barriers of healthcare

Despite a longtime presence in the U.S., some Vietnamese and Cambodians struggle with social inequities, including in medicine.

BY AGNES CONSTANCE

This is the first story in a three-part TimesOC series “Improving Healthcare Access for Cambodians and Vietnamese,” which was supported by the USC Annenberg Center for Health Journalism 2020 California Fellowship.

Angkeroth Leap didn’t understand why she was receiving injections as she was giving birth to her first child in 2013.

Her medical team didn’t explain the purpose of the injections. They caused her discomfort and pain, but she wasn’t able to communicate what she was experiencing to her doctors and nurses.

“Everything in healthcare relies on communication. Medical providers cannot do their job if they cannot communicate with their patients. ... Patients cannot have the care they are expecting if they cannot clearly communicate with their healthcare provider.”

— **Xiomara Armas**
Chair of the National Board of Certification for Medical Interpreters

Leap, 47, had immigrated to the United States from Cambodia in 2002 and had limited English proficiency, making it difficult for her to understand exactly what was going on around her and follow their instructions while in labor.

She arrived at the hospital on a Tuesday morning, but it wasn’t until Wednesday evening that her medical team decided to perform a C-section and the entire ordeal came to an end.

She had been weak, she believes, because she was instructed not to eat for the majority of her time in labor. Coupled with thyroid issues, she was unable to give birth naturally.

“It was just a long duration of not knowing what’s the process, not knowing what to expect, and not understanding what is given to you and how to communicate your needs,” Leap said through an interpreter, Cindy Sicheang Phou, program coordinator and former health navigator at Santa Ana-based nonprofit the Cambodian

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Low-income and predominately Latino neighborhoods in Santa Ana affected by toxic lead, according to a report

BY BEN BRAZIL

There are potentially unhealthy levels of lead in low-income and predominately Latino neighborhoods in Santa Ana, a new report finds.

Local organization Orange County Environmental Justice partnered with UC Irvine and other community members over the last three years for the study.

The coalition analyzed more than 1,500 soil samples from more than 500 locations, finding that the samples ranged from 11.4 to 2,687 parts per million, with an average soil sample of 123.1 ppm.

The California Office of Environmental Health Hazard Assessment considers anything above 80 ppm in a residential area as hazardous to health. About half of the soil samples exceeded the California safety recommendation.

“This is of the utmost urgency,” said Enrique Valencia, project director of Orange County Environmental Justice. “We are sheltering in places that may have high levels of lead toxicity. We are doing everything out of our homes, so we are confined to places that may be contaminated, and that’s especially concerning for our children ... This is a toxin that is dangerous to humans at any age. We can’t afford to ignore the science anymore.”

In analyzing how lead disproportionately affects lower-income communities, the researchers found that there was an inverse correlation between income levels and the presence of lead in the community. Soil samples collected in neighborhoods with median household incomes below \$50,000 had 440% higher lead levels than communities with a median household income of \$100,000, and 70% higher lead concentrations when compared to neighborhoods with median household incomes between \$50,000 and \$100,000.

The report also found that thousands of children in Santa Ana are particularly at risk.

The researchers found that neighborhoods housing more than 28,000 children had maximum lead concentrations exceeding 80 ppm, and 12,000 of those children were in neighborhoods with lead concentrations above 400 ppm, the Environmental Protection Agency’s recommendation for play areas.



Raul Roa | Staff Photographer

ORANGE COUNTY Environmental Justice project director Enrique Valencia shows findings of lead soil testing on a local street, while in his office in Santa Ana on Aug. 15. “This is a toxin that is dangerous to humans at any age. We can’t afford to ignore the science anymore,” Valencia said.

Children who are exposed to lead can develop a number of neurological issues, including smaller brain volume, lower working memory and processing speed, more limited perceptual reasoning, poor school performance and asthma, the study says.

Adults who are exposed to high levels of lead can suffer cardiovascular issues, renal problems, osteoporosis and cognitive deficiencies.

“We have not had any recent contact with the researchers, but we will review the report,” Santa Ana spokesman Paul Eakins said when reached for comment. “The health and well-being of Santa Ana residents is of utmost importance. The city is currently in the process of a draft General Plan update that includes an Environmental Justice Policy Framework that lists among its priorities re-

ducing the community’s exposure to pollution.”

Valencia said they have tried to offer their help to the city but have not received a reply.

Valencia believes it would be best to include lead remediation efforts in the city’s general plan update, which includes a section on environmental justice.

“You know, my sense is that there’s a hesitancy to work on this issue,” Valencia said. “Even though we know that Think Progress has been investigating the issue since 2017. Even then the city hasn’t hadn’t really stepped up to address the issue.”

“I think it’s a matter of this City Council’s priorities. From what we’ve seen, they aren’t prioritizing the issues that are impacting the most vulnerable communities.”

The researchers started in 2017, when Valencia joined forces with the Santa Ana-based community group Jóvenes Cultivando Cam-

bios and Alana LeBron, a UC Irvine assistant professor of public health and Chicano/Latino studies.

The impetus was a detailed investigation of the lead crisis in Santa Ana by former ThinkProgress investigative reporter Yvette Cabrera.

For the investigative series, Cabrera found hazardous lead levels after testing more than 1,000 soil samples from homes and other public areas around Santa Ana.

Valencia’s coalition decided to expand on her work.

“We see this as part of the process of building a movement,” LeBron said in an earlier interview. “Our goal is a lead-free Santa Ana.”

LeBron said lead likely found its way into soil from historically leaded gasoline and paint.

Valencia said the group recently got a grant from the California EPA to do additional testing to de-

termine the sources of the lead.

The federal government banned consumer uses of lead-containing paint in 1978.

But, LeBron said census data shows the majority of houses in Santa Ana were built prior to that ban.

“Compared to the rest of the county, Santa Ana housing stock is significantly older and much more likely to have lead paint,” LeBron said.

LeBron said poorer neighborhoods can be more at risk for a number of reasons, including that residents may not have access to the resources to remediate the issue.

“Communities of color and low-income residents get funneled into housing markets that are not maintained or remediated,” LeBron said.

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Chapman University moves closer to restoring historic schoolhouse

BY BEN BRAZIL

Chapman University just got one step closer to restoring the former Lydia D. Killefer School building, which was the first school to voluntarily desegregate in Orange County in 1944.

The university recently closed escrow on the historic former schoolhouse and has released its renovation plans, which include at least three research labs, a small memorial area paying tribute to the building’s history and a space for community meetings.

The Killefer building for many in the community stands as one of the most historically significant in Orange County. The building is listed on the National Register of Historic Places.

The Killefer school desegregated three years before the landmark *Méndez vs. Westminster* case forced the county’s schools to integrate. According to the Old Towne Preservation Assn., it is believed to be the first school in California to desegregate.

The Supreme Court desegregated schools with the *Brown vs. Board of Education* decision in 1954.

“For Orange County to have predated the Supreme Court intervention by almost a decade shows forward thinking,” said Harold Hewitt, executive vice president and chief operating officer of Chapman. “There’s a lot of people in the community who are very proud that Orange County moved in this direction before it was a national mandate.”

“Chapman certainly feels like the custodian of a bit of history that is really important to the neighbors and city of Orange but more generally to Orange County.”

Hewitt said the space will be small but will include historical photos and will tell of the history of the *Méndez* case and the desegregation of Orange County schools.

The public can also reserve a meeting room on an “occasional” basis.

“We want the public to know we are taking excellent care of it — we know it’s an important legacy build-



Courtesy of Preserve Orange County

THE LYDIA KILLEFER SCHOOL in Orange is one of the historic places on the most endangered list of Preserve Orange County, a recently organized historic conservation group.

ing to the entire community,” Hewitt said. “We know the best way to do that is to give them access and show them we are taking really good care of it.”

The issue of public access to the Killefer building has been hotly debated in the community. Some residents have been skeptical of Chapman’s intentions for the building.

Orange resident Jerome Ryan, a member of the community group Preserve the First Desegregated School, said he prefers the Killefer building to be turned into a community center or civil rights museum.

“That would mean something more than a framed picture of MLK Jr. in the lobby — a curated museum so that the story of these people who suffered from racist segregation, that story can be told,” Ryan said. “I believe this school tells the story of the American Civil Rights Movement. I believe this school is important to all people.”

Ryan is skeptical that Chapman will adhere to its public access pledge. He specifically pointed out to the lack of public access at the Chapman-owned, historic Cypress Street Schoolhouse, which was also desegregated.

“I don’t want to project more than we are actually able to do — the building is very small,” Hewitt said. “We intend to put at least three researchers with labs

into it, so it would be very difficult for us to dedicate a substantial portion of the building to open community use.”

Hewitt said the university is currently in negotiations to bring in the three researchers. The move is part of the university’s goal to increase its research capacity.

However, it will be a while until the researchers can move into the building.

Hewitt said Killefer is currently in poor condition. It has largely gone unused for many years since Orange Unified stopped using the building in the early 1980s.

The school district declared the 1.7-acre parcel surplus property in 2014 and held a public auction that attracted bids from Chapman and four housing developers who wanted to build apartments on the property. Various housing projects were essentially blocked after the property was listed on the National Register of Historic Places in April 2014 through the efforts of the Old Towne Preservation Assn.

Hewitt said the building has to go through a special entitlement and review period before the renovation can begin due to its place on the historic register. He estimated that the total review and construction could take about 3½ years.


Daniel Langhorne contributed to this report.

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‘From the trans community for the trans community’: LGBTQ center kicks off Trans Pride OC event online

BY VERA CASTANEDA

When the LGBTQ Center of Orange County threw together its first Trans Pride OC event, the goal was to create a sense of community and visibility. Five years later, the original purpose remains the same.

But the center's trans committee has to face one of the many challenges of the pandemic era: How do you translate community and visibility in the virtual realm?

This year's Trans Pride OC kicked off on Saturday and continues on two additional Saturdays through the rest of the month. The event theme changes every week from love, education to awareness.

The three-day event is a mix of workshops in which speakers discuss dating and health, panel discussions highlighting nonbinary and Black trans experiences as well as keynote speakers like Netflix's "The OA" Ian Alexander, Project Q's Madin Lopez, Transitional Wisdom's Nash Azarian and actress and activist Blossom Brown.

Artists, including writers, poets, painters and musicians, plan to perform live while some may be pre-recorded. Poet Natasha Corich, DJ Unsheikable and DJ Lazyeye are some of the local featured artists.

The resource fair, usually packed with organizations' spokespeople tabling at the event, is online in a list format. It includes doctors who have their own practice and specialize in gender-affirming medical transitions, makeup artists, advocacy groups, LGBTQ-owned businesses, religious and spiritual practices and more.

Trans Pride is traditionally held on the last Saturday of July but was postponed to September in the hopes that the event could be held in person.

"We've viewed pride as a big festival and a big party," said Tony Viramontes, the

center's director of prevention services. "Our pride is slightly different and incredibly unique because it's about bringing people together. It's about us learning together. It's about us growing together and it's about us being visible together."

After it became clear an in-person event wouldn't be possible, healthcare and transgender services coordinator Miliana Singh said the committee looked toward the center's previous virtual events for inspiration. The LGBTQ Youth Convening conference led by Youth Empowered to Act was scheduled on Zoom over three consecutive Saturdays in May. About 500 people participated in the virtual conference, while last year's in-person event garnered about 200.

One of the major differences is the loss of the event's staple feature — the glam closet. In previous years, community partners would donate clothing, chest binders and hygiene products. Staff would spend about four days folding clothes and building racks to create a boutique free-for-all.

"People would come and take as many clothes as they wanted and match their gender identity," Viramontes said. "It was really important, but it was also providing support to those individuals who maybe couldn't afford to buy clothing. We noticed that it was serving the trans community, but it was also serving other branches of the LGBTQ community who are economically challenged."

Singh said there's nothing like it. She's participated in organizing the event for three years and remembers seeing an 11-year-old, who attended Trans Pride with the child's dad, getting a haircut and (for the first time) a chest binder. She saw the dad get emotional and cry.

"I think that was one of



LGBTQ Center of OC

THE GLAM CLOSET at Trans Pride OC in 2019. This year's Trans Pride OC opened Saturday and continues two more Saturdays.

the beautiful things about the services that the center offers — the ways in which we can positively impact community and how people can finally feel heard and get the things that they've always needed" Singh said.

The center is in the planning phase of a creating videos with local partners, such as how-to tutorials on binding, bra-sizing, tucking and packing.

The origins of Trans Pride OC are steeped in closing a gap in needs specific to the trans community.

"The gap in services that intentionally target the trans community is incredibly wide in every part of the world, in every county

you go to in the U.S.," Viramontes said. "I would argue it's probably higher and greater in Orange County given the climate that exists, what I mean is, it's incredibly conservative."

Major discrepancies in services include access to general healthcare as well as gender affirming services in HIV care, medical transitions and mental wellness.

Out of 3 million HIV-testing events reported to the CDC in 2017, the percentage of trans people who received a new HIV diagnosis was three times the national average with Black transmen and transwomen receiving the highest percentage of diagnosis.

A 2015 survey conducted

online of 27,715 trans people in the U.S. found that 40% had attempted suicide in their lifetimes, which is eight times the rate of the general population.

Silvia Lilly, who represents National Alliance on Mental Health (NAMI) and is also a peer mentor, has seen an uptick in phone calls during the pandemic. The free peer-led NAMI connection program is phone-based, and callers are paired with a trained mentor who has lived experience.

Lilly said many of the artists, who were curated from the previously canceled NAMI Loud & Proud Festival, will take time to offer testimony about their own

mental health journeys and how it connects to the arts.

"It's very powerful [that it's] September, which is mental health awareness month, and looking at the community at large ... With this year being so heavy, those numbers have probably risen," Singh said. "And I know that numbers seem to go down when both people are being affirmed and supported."

Two of the event workshops on Sept. 19 are healthcare focused such as "Queering Health with UCI Gender Diversity Program." The workshop will feature UCI Gender Diversity Program Coordinator and the

See **Trans**, page R5

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Genaro Molina | Los Angeles Times

PEDESTRIANS WALK past a sign outside a business in Huntington Beach urging customers to wear a mask on Aug. 12.

As COVID-19 risk dips, O.C. gets the OK to reopen indoor restaurants, movie theaters

BY COLLEEN SHALBY

Orange County received some much-anticipated and welcome news in its battle against the coronavirus on Tuesday as it officially moved into the second stage of California's four-tiered, color-coded reopening system.

The reclassification allows for more businesses — including movie theaters, restaurants and places of worship — to ease restrictions and open in limited capacity.

Four other counties also moved from Tier 1 (purple) to Tier 2 (red) on Tuesday: Santa Clara, Santa Cruz, Amador and Placer.

Orange joins San Diego as the only counties in Southern California not classified as having “widespread risk” under the state's COVID-19 monitoring system.

Seven other counties are being monitored for potential tier changes, but Gov. Gavin Newsom cautioned against complacency as well as the potential for spread due to the Labor Day weekend.

“Three-day holiday weekends have not been advantageous in terms of

the mitigation of the spread of this virus,” Newsom said Tuesday, warning counties can sometimes regress after moving forward.

It will take roughly two weeks to learn whether the combination of Labor Day weekend activity and the state's new reopening guidelines leads to a new surge in COVID-19 cases.

Orange County's new risk level — which is still considered “substantial” under the state's monitoring system — allows for the reopening of indoor dining, places of worship, movie theaters, museums, zoos and aquariums at 25% capacity; shopping centers and retail stores at 50% capacity; and gyms and fitness centers at 10% capacity.

The county surpassed 1,000 deaths last week and has recorded more than 50,000 infections.

It is currently reporting 5.2 cases per 100,000 residents and a 4.2% testing positivity rate over a seven-day period, according to the California Department of Public Health.

Those two data points are key metrics for a county to move from one tier to another.

To move into a new tier, a county must meet targets for cases per capita and positive test results for three consecutive weeks. If the county doesn't meet both standards, the rules for the stricter tier apply.

Los Angeles County, for example, straddles two tiers — Tier 1 for a higher case count per 100,000 residents and Tier 2 for a positivity rate of 4.3% — but remains in Tier 1 because that level is more stringent.

Those numbers have declined significantly in the weeks since a statewide surge in cases, hospitalizations and deaths linked to Memorial Day weekend activity and the state's first reopening strategy.

In Orange County, officials who had thought they were days away from moving off the original watch list have expressed frustration since the state updated its reopening guidelines last month and placed the county in the strictest tier. The change delayed the county's timetable for reopening schools, which officials had expected to be eligible to do this week.

On Thursday, county Supervisor Michelle Steel said that officials were told Or-

ange County would be eligible to reopen schools on Sept. 22, assuming the county shifted into the red tier.

“I hope the state moves faster to accommodate schools, students and families and not change those dates again,” she said.

“Everyone wants our children back in school. Now that we have a date set, it's imperative that we continue on our current course and do what we know must be done: social distancing, good hygiene and wearing masks.”

Following the county's change in status, Steel reiterated her message on Tuesday that residents must remain vigilant in order to continue progressing through the state's reopening system.

“With our continued hard work, I am confident that we will continue trending in the right direction and move into the orange tier in the not-too-distant future. The county of Orange can't get there without everyone's help and participation in observing health guidelines.”

COLLEEN SHALBY writes for the Los Angeles Times.

TRANS

Continued from page R4

center's board member Brit Cervantes leading an open Q&A session with a medical provider. The goal is to demystify trans care — something Cervantes said isn't easily available with a simple Google search.

“Historically and ongoing, there tends to be this idea that the T in LGBTQ is silent,” Cervantes said.

“Just because there are a lot of increases in LGBTQ rights doesn't necessarily mean that there are things that have been expanded or increased in terms of protections for trans folks.”

Recently, a federal judge blocked the Trump administration from enforcing a regulation rolling back trans healthcare protections, and the Department of Housing and Urban Development is proposing a rule that would allow emergency shelters to discriminate against transgender people.

In 2015, when the Santa Ana-based LGBTQ center had some funding available, it hired a part-time trans services coordinator, Dannie Ceseña. The first Trans Pride OC event was organized in about two weeks by Ceseña, Viramontes, Cervantes and the Cervantes family.

“We brainstormed about what we could provide for the community ... and they had this great

idea. It's beautiful to see that it really came from the trans community for the trans community,” Viramontes said.

The first event had a handful of workshops, and the resource fair fit in the center's patio with about 80 attendees showing up.

It was the first Trans Pride event for Cervantes, who uses the pronouns they, them and their, and it coincided with their birthday. The event was held around the same time period they came out as trans publicly. Cervantes attended the event with their family and remembers being ecstatic about the turnout.

Every year since then, the center's trans services and the event have expanded. In 2019, there were about 500 attendees and 40 organizations that participated in the resource fair.

Cervantes said they are hoping about 1,000 attendees will be able to join, and one of the benefits of the virtual format is to have a wider reach.

“[Nearly] 50 years after the center was incorporated, we remain intentional and even more purposeful now than ever to bring community and provide visibility, but also expand beyond Orange County and provide that kind of support and community at a national level for those who need it,” Viramontes said.

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LGBTQ Center of OC

THE SANTA-ANA based LGBTQ Center of OC is hosting a virtual Trans Pride event on three Saturdays this month.



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HEALTH

Continued from page R1

Family.
“It’s just a very, very uncomfortable situation to be in.”
Leap is one of the more than 2.5 million Southeast Asian Americans living in the United States. Orange County is home to approximately 195,000 Vietnamese and 7,000 Cambodian residents, according to figures referenced in a 2010 report by nonprofits Asian Americans Advancing Justice-Orange County and Orange County Asian and Pacific Islander Community Alliance.
The group’s history in the country dates back to 1975 following the conclusion of conflicts in the region: The Khmer Rouge regime in Cambodia ended in 1979, and the Vietnam War ended in 1975.
Yet despite a presence of nearly half a century in the United States, Cambodians and Vietnamese continue to struggle with social inequities, including access to culturally sensitive healthcare.

LANGUAGE AS A BARRIER TO HEALTHCARE ACCESS
A report from civil rights nonprofit the Southeast Asia Resource Action Center found that about 90% of Southeast Asian Americans speak a language other than English at home, while 45% have limited English proficiency.
Patients with limited English proficiency have been found to experience lower quality of care and high rates of medical errors with worse clinical outcomes than those who are English proficient, according to the American Medical Association Journal of Ethics. One study cited by the medical journal the Annals of Family Medicine found that one out of every 40 malpractice claims were in part or entirely linked to providers’ failure to provide appropriate interpreting services.
In one case, the use of a 9-year-old Vietnamese girl and her 16-year-old



CINDY SICHEANG PHOU of the Cambodian Family Community Center leads a breast health education workshop, funded by Susan G. Komen, to bring awareness of breast health to the Cambodian American community.

brother as interpreters for their parents resulted in the girl’s death due to a reaction to a drug, whose side effects were not explained to her parents. An expert witness testified that they believed the doctor and facility’s failure to provide a professional medical interpreter was a significant contributor to the girl’s death.
Xiomara Armas, chair of the National Board of Certification for Medical Interpreters, said language access in healthcare is a critical component of patient safety.
“Everything in healthcare relies on communication,” she said. “Medical providers cannot do their job if they cannot communicate with their patients. And on the other side, the limited English proficiency patients cannot have the care they are expecting if they cannot clearly communicate with their healthcare provider.”
Federal and state law re-

quires providers to have qualified medical interpreters available for limited English proficient patients, though in some cases, they aren’t aware of their right to an interpreter. That was the case for Leap as she gave birth to her first child. She said her doctors and nurses didn’t inform her about interpreting services available to her.
“The staff probably assumed that because I was able to communicate a little bit that I could speak and understand English,” she said. “However, they didn’t really think carefully about not being able to understand the different terminology in the process of everything.”
While the law requires providers to use qualified medical interpreters when needed, a 2018 study in the journal Annals of Family Medicine encourages providers to use interpreters certified by the National Board of Certification for

Medical Interpreters or Certification Commission for Healthcare Interpreters, two entities in the United States that offer formal certifications in medical interpreting.
Both the board and commission established their certification programs in 2009. But more than a decade later, the number of certified Vietnamese and Khmer interpreters remains sparse.
Twenty-two Vietnamese medical interpreters across the U.S. are certified by the board, eight of whom are based in Orange County. The commission has six certified Khmer interpreters, none of whom are in California, and 95 certified Vietnamese interpreters.
Tyler Nguyen, a court interpreter in Sacramento and a certified Vietnamese medical interpreter who previously worked in Orange County, said there’s a stark difference in the quality of interpreting and

translating services provided between certified and noncertified interpreters. The training he underwent allowed him to interpret more quickly and improved his familiarity with medical terminology, he said.
Ryan Le, a certified Vietnamese medical interpreter who serves patients in Los Angeles and Orange County, said the board’s program trained him to navigate situations when he has to interpret terminology that doesn’t exist in Vietnamese — such as the word steroid.
He does this by asking the doctor to explain the terms in a way he can explain them to patients. He also learned that accurate interpreting is more about conveying the meaning of what’s being said rather than word for word.
UNDERSTANDING AND MASTERING CULTURAL NUANCES
The lack of providers

with an understanding of patients’ culture is another significant barrier to healthcare access.
Phou, the program coordinator at the Cambodian Family who previously worked as a health navigator for the agency, said it’s crucial for providers serving the Cambodian community to understand its experiences and culture, including trauma that refugees have endured as a result of fleeing the Khmer Rouge, the importance of holistic care — which may include practices such as temple visits for healing — and the idea of obligation and duty to family.
Phan Eng, 67, was tortured multiple times and nearly beaten to death by the Khmer Rouge regime before she fled Cambodia, she said through interpreter Kieng Seng, a health navigator and case manager at the Cambodian Family. Her experiences left her traumatized with nightmares, memory loss and sadness.
But when she initially sought medical care in the United States, her diagnosis was unclear, and she was simply prescribed with medication for sleeping and relaxation, she said.
Amina Sen-Matthews, health program director at the Cambodian Family, where Eng is a client, said her symptoms point to post-traumatic stress disorder.
“Providers need to understand that it’s hard to work with our community sometimes because we have been through a lot,” Phou said.
She also noted that providing sensitive care goes beyond cultural and linguistic nuances.
“Each patient is not a case,” she said. “It’s a relationship.”
Leap, who was one of Phou’s clients, said Phou has become like a younger sister to her. Phou provided support while Leap underwent treatment for breast cancer, when she was diagnosed in 2017.
Leap has a young child and a husband whose sole

Courtesy of the Cambodian Family staff

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HEALTH

Continued from page R6

income supports the family. Because he had to work while she fought cancer, it was Phou who was by her side.

“I’ll forever remember her for being there for me and providing all the different care coordination that a patient would ever want,” she said.

Dr. Tony Nguyen, founder and CEO of 360 Healthcare, a group that caters to the geriatric population in Orange County and serves predominantly Vietnamese patients, said he has noticed that the community is drawn to providers that speak Vietnamese and understand the culture, which can encompass belief systems and family dynamics.

“Some families don’t believe in withdrawing care because it’s their religious belief that when it’s time to go, God will take you,” he said. “But if you withdraw care, they think, ‘You kill my mom. You killed Dad.’”

When it comes to handling end-of-life care for Vietnamese patients who aren’t able to make decisions for themselves, Nguyen makes it a point to consult with all of their children rather than putting the responsibility on one person.

He said he also understands how to navigate situations where a child, who may have been absent from caring for their parent as their health deteriorated, may insist on prolonging that parent’s life out of guilt.

Le, the certified Vietnamese medical interpreter, said that beyond his ability to speak the language, his understanding of certain facial expressions that can indicate things such as their preferences and dislikes, has also been instrumental in his ability to interpret accurately.

HEALTH EDUCATION AND TRANSPORTATION BARRIERS

In California, heart disease, cancer and stroke are



Courtesy of the Cambodian Family staff

FOUR WOMEN wear Cambodian Family’s Cambodian Breast Health Education and Support Together Program T-shirts. Orange County is home to approximately 7,000 Cambodian residents



Improving Healthcare Access for Cambodians & Vietnamese

the three leading causes of death in the Southeast Asian American community, according to a report from the Southeast Asia Resource Action Center and Asian Americans Advancing Justice-Los Angeles.

But community members’ lack of awareness of preventive care and how to take care of their health is another obstacle to healthcare for the Cambodian community, Phou said.

The Cambodian Family works to address this by hosting a program that promotes preventive health practices, and health education workshops about conditions prevalent in the community, including heart disease and stroke, as well as breast health.

Yet even when patients are aware that they need to seek medical care, the lack of easy access to transportation can make it difficult for them to do so.

Phou said the elders that the Cambodian Family

serves prefer to seek and receive assistance from the agency rather than burden their children by asking for help.

“Some of them don’t even trust their kids because they don’t know if they know enough English, where to go, what’s happening,” she said. “So they’d rather come to our agency where they know this is what we do. We do have the language capability to figure it out and help them.”

Phou also noted that the transportation barrier isn’t due to a lack of resources. It’s more that community members aren’t always aware of what is available to them and aren’t always comfortable accessing them.

The agency CalOptima provides a number of services for Medi-Cal patients, including transportation and language lines for those who have limited English proficiency. But Phou said even requesting for an interpreter requires patients to speak enough

English.

Yet simply asking for a “Khmer interpreter” can be uncomfortable for many, she said.

“Even sometimes when you teach them, ‘When you call, you put this number and then you dial the extension and then you just say one simple line: Khmer translator,’ it’s still a very difficult process,” she said.

“When it comes to documentation, healthcare, speaking English, they’re not comfortable with it. And they always want someone there with them to assist.”

For elders who rely on their children to get to the doctor, the situation can be financially challenging.

Census data referenced in a report published by civil rights nonprofits the Southeast Asia Resource Action Center and Asian Americans Advancing Justice-Los Angeles highlighted that the average per capita income for Southeast Asian Americans ranges from about

\$17,000 to \$23,300.

Westminster resident Hong Vuong’s income supports her parents, brother and sister-in-law, so taking even one day off to bring her parents to the doctor is not something she can afford to do easily, she said.

Last year, she placed her parents under the care of Dr. Tony Nguyen’s practice 360 Healthcare. Providers in that group travel to see their patients rather than vice versa, which Vuong said has eliminated that burden.

“They come to your house, and that saves a lot of time,” she said. “My parents don’t have to worry about getting sick from the virus of other people. The doctors come and do X-rays and they do blood tests here. It’s very convenient.”

IMPACT OF LACK OF CULTURALLY SENSITIVE HEALTH PROVIDERS

The struggles resulting from a system that lacks culturally sensitive and appropriate healthcare extend beyond patients to the limited number of providers and individuals serving to bridge that gap.

Dr. Tony Nguyen said he sees about six to eight patients per day, a fraction of the 20 to 30 a provider at a hospital practice might see on a daily basis. Yet even with a smaller number of patients, people frequently contact his practice outside of clinical hours, he said.

So he’s always trying to recruit physicians and nurse practitioners to join his team.

“The phone always rings off the hook,” he said. “It’s a very demanding operation.”

Vattana Peong, executive director of the Cambodian Family, said bilingual and bicultural health navigators have proven to be an indispensable piece in ensuring culturally sensitive healthcare access for the Cambodian community.

But with only 10 at the agency, each of whom handles a case load of anywhere between 10 to 15 clients, demand for their help is high.

Phou said clients are heavily reliant on health navigators for assistance, in part because they trust and are comfortable with the agency, she said.

She remembered asking a group during a workshop who they would call in the event of an emergency. The resounding response was the Cambodian Family.

“Sometimes it can be very, very overwhelming because we just want them to do a direct utilization of the services and programs so we can focus on people who really don’t know how to use them,” she said.

“When it comes to crises, we cannot be the ambulance. We can do a lot of things, but some things we just can’t do, and this is where we would like to let them know, these are lines you can call to get those resources and needs met,” she added.

The lack of a bicultural and bilingual medical workforce is a root cause of the issue, Peong said. It’s something that has been difficult to address due to low graduation rates in the community: 17% of Cambodians hold a bachelor’s degree or higher, compared to 30% of the total U.S. population.

It’s a statistic that’s attributable to barriers such as poverty and the lack of access to educational resources.

For now, it’s health navigators filling the gap in healthcare access for the Cambodian community, and it’s a solution that has been working effectively, Peong said.

“We still have hope to fix the root causes, but the community members we are assisting, almost 35% are 65 and older, and they cannot wait for another 10 to 15 years,” he said.

“Their health is getting weaker and weaker. We cannot wait for that long.”

The next story in the “Improving Healthcare Access for Cambodians and Vietnamese” series will address mental health in these communities.

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