Published in final edited form as:

J Community Health. 2011 December ; 36(6): 992–998. doi:10.1007/s10900-011-9399-x.

Former Military Officers from the Republic of Vietnam Now Living in the United States (US): Exploring their Perceptions of the US Healthcare System

Elisabeth K. Stephens,

Cancer Education Program, Mayo Clinic Cancer Center, Rochester, MN, USA

Phuong L. Nguyen,

Division of Hematopathology, Department of Laboratory Medicine and Pathology, Mayo Clinic, Rochester, MN, USA

Carmen Radecki Breitkopf, and

Division of Health Care Policy & Research, Department of Health Sciences Research, Mayo Clinic, Rochester, MN, USA

Aminah Jatoi

Department of Oncology, Mayo Clinic, 200 First Street SW, Rochester, MN 55905, USA

Aminah Jatoi: jatoi.aminah@mayo.edu

Abstract

Few studies have focused on perceptions of healthcare among Vietnamese who came to the United States (US) as refugees. A 48-item survey that included information on demographics, health status, and satisfaction with healthcare [including the Patient Satisfaction Questionnaire-18 (PSQ-18)] was sent to 49 former Vietnamese military officers, who are now living in the US, based on their current geographic residence. A total of 22 of 49 delivered questionnaires were completed and returned, yielding a response rate of 45%. The survey was sent in Vietnamese and English, and all except one was completed in Vietnamese. In response to “Language barriers have prevented me from accessing health care when I need it,” 77% of respondents acknowledged that this was “sometimes” the case even today. Most respondents otherwise viewed the healthcare system favorably, but cost concerns were an issue: 28% strongly agreed or agreed with the statement, “I have to pay for more of my medical care than I can afford.” In contrast, only 9% described that they would have strongly agreed or agreed to this statement upon first arriving to the US. Write-in comments revealed themes that centered on language barriers, favorable impressions of healthcare in the US, financial concerns, and patriotism towards the US. Further study of this aging population of Vietnamese Americans might help shed light on concerns faced by other refugee populations who have arrived more recently.

Keywords

Vietnamese Americans; Healthcare perceptions; Survey; Cost

Relatively few studies have focused on perceptions of healthcare among Vietnamese military officers who came to the United States (US) as refugees. Although the Vietnam War ended in 1975 and the Republic of Vietnam was then dissolved, around the world, other

wars have occurred, spawning refugees and bringing to the forefront the concern of how best to deal with the healthcare needs of displaced people. Indeed, a recent statement from the United Nations Commissioner for Refugees highlights the fact that today “there are 25 such [protracted] situations in 21 countries” and that tertiary care is “still a major problem” [1]. Focusing on the Vietnamese, some of whom have lived in the US for as long as 35 years, might serve as a paradigm to enhance our understanding of the medical needs of other war-displaced people and the challenges they face.

No doubt, since coming to the United States, former military officers from the former Republic of Vietnam have needed to access healthcare. Not only have some Vietnamese Americans been exposed to war toxins such as Agent Orange, which puts them at risk for a variety of illnesses, but, for reasons that sometimes remain unexplained, these individuals have higher rates of specific cancers, tuberculosis, and hepatitis B than the general US population [2–4]. Vietnamese former military officers also appear to have suffered post-traumatic stress from the devastation they witnessed in Vietnam, loss of property and status upon entering the US, and acculturation challenges involving language [5]. Furthermore, with their arrival to the US decades ago, many of these former military officers are now older and are accessing healthcare at a greater rate for age-related morbidity that may be independent of the health issues mentioned above. Again, exploring how this group perceives their experiences with healthcare and how these encounters have changed over time might allow us to understand how best to attend to the needs of older Vietnamese in the US and perhaps also to the needs of the waves of refugees who have followed them and who will likely arrive in the future.

This exploratory, survey-based study was therefore undertaken with the following goals in mind: (1) to explore language barriers among older Vietnamese Americans who attempt to access healthcare in the US; (2) to explore older Vietnamese Americans’ current perceptions of the American healthcare system and those formed upon their arrival in the US; and (3) to acquire directly from them any other concerns related to their own health or matters related to healthcare. The primary goal of this project was to acquire preliminary information that might provide guidance on how best to help older Vietnamese Americans with the future goal of exploring whether such insights might help guide other war-related refugees who have come to the US more recently.

Methods

Overview

This survey-based, cross-sectional study was exploratory in nature because it appears to be the first time members of this group were surveyed in this manner. The Mayo Clinic Institutional Review Board approved this study prior to its initiation.

Survey Development

The study team formulated a 48-item survey that included information on patient demographics, health status, and satisfaction with current healthcare and healthcare immediately upon arrival to the US. The previously-validated Patient Satisfaction Questionnaire-18 (PSQ-18) was utilized as part of this survey [6]. Because no previously-developed survey could address all the goals of the current study, the team drafted other relevant questions. These questions underwent multiple reiterations to enhance clarity and then were included in the survey.

Recruitment and Survey Mailings

This study focused on retired military officers from the former Republic of Vietnam and specifically on those living in the state of Oregon. This state was chosen because a relatively small number of former Vietnamese officers live there, hence enabling the study team to perform a comprehensive assessment of a limited number of individuals and hence allowing the team to remain in keeping with the exploratory nature of this endeavor. One of these officers served as a liaison between the other officers and the study team itself. This liaison sent to his fellow officers an introductory letter about the study and about the forthcoming survey.

The entire survey was mailed to all participants at two-week intervals, each time with a cover letter that explained the purpose of the study. Both English and Vietnamese versions of all materials were sent simultaneously and were accompanied by a packet of tea. Although this study sought the viewpoint of the military officers, it was, again, exploratory in nature and so family members were allowed to answer questions on behalf of a deceased military officer.

All participants were assured that their responses would remain anonymous, and surveys did not include participant identifiers.

Language

The study team tracked whether each questionnaire had been completed in English or Vietnamese. A study team member, fluent in Vietnamese, translated all questionnaire responses into English.

Data Analyses and Reporting

Demographic and other data are presented descriptively. Two investigators independently identified themes within the translated comments (ES and AJ) and met to reconcile any differences in interpretation. These two investigators then selected direct questionnaire quotes illustrative of each theme.

Results

Survey Response Rate and Demographics

A total of 22 of 49 delivered questionnaires were completed and returned, yielding a response rate of 45%. Table 1 shows respondents' self-reported demographics.

Choice of Language for Survey Completion

Twenty-one of 22 respondents (95%) completed the survey in Vietnamese; a few write-in comments were in English. The one respondent who completed the English version described herself as the spouse of a former military officer.

Questionnaire Responses

With only a few exceptions, respondents did not describe major differences of their perceptions of healthcare in the US now and upon their arrival in the US; and, overall, they described their perceptions favorably (Table 2). Both today and upon arrival, the majority of respondents strongly agreed or agreed that "doctors are good about explaining the reasons for medical tests," that "when I go for medical care, they are careful to check everything when treating and examining me," and that "my doctors treat me in a very friendly and courteous manner." Interestingly, respondents also suggest improvement over time in

accessing medical care, as suggested by responses to “I have easy access to the medical specialists I need” and “I am able to get medical care whenever I need it.”

One exception to the above favorable responses concerned healthcare cost. In response to the statement, “I have to pay for more of my medical care than I can afford,” 28% strongly agreed or agreed today. In contrast, only 9% of respondents described that they would have strongly agreed or agreed to this statement upon first arriving to the US. Similarly, 45% of respondents stated that they strongly agreed or agreed with the statement, “There is a healthcare crisis in the US.” Only 9% responded that they would have strongly agreed or agreed with this statement upon first arriving. At the same time, half of respondents strongly agreed or agreed that “I can get the medical care I need without being set back financially.” Viewed in aggregate, these responses suggest that while affordability of health care might not be an immediate issue for this group, cost appears to be a growing concern. As shown below, the cost of healthcare also emerged as one of the themes in write-in comments.

In contrast, language appears to have become less challenging over time (Table 3). Nonetheless, it remains a source of concern. In response to “Language barriers have prevented me from accessing health care when I need it,” 77% of respondents acknowledged that this was “sometimes” the case even today. Notably, 68% report that they still use a professional interpreter.

Write-In Comments

In response to, “Overall, how would you compare your experience with the US health system when you first arrived and your experience with it today?” and in response to an invitation to write comments after each question, several themes emerged. These consisted of financial concerns, patriotism towards the US, favorable impressions of healthcare in the US, and the importance of overcoming language barriers (Table 4).

Discussion

This study sought to understand how a group of former Vietnamese military officers perceive the United States’ healthcare system both now and upon their arrival many years earlier. The 45% response rate to this survey enables us to begin to make some important observations, and three central themes emerge. First and surprisingly, although the majority of respondents have lived in the US for over 10 years, a strong preference to communicate in Vietnamese persists: when offered a choice to complete the survey in Vietnamese or English, the overwhelming majority chose to complete it in Vietnamese. Indeed, based on survey responses, the majority appear to continue to struggle with English and require or prefer a medical interpreter. This observation underscores the importance of communicating with this group in Vietnamese in future studies.

As a second theme, a salient and prominent concern centers on the cost of healthcare. In the context of the current public debate on health care cost coverage, such concerns seem no different from those of most other older Americans who has been born in the US and have reached retirement age. Based on both write-in comments and survey responses to items such as, “There is a healthcare crisis in the US,” financial concerns emerged as a major theme that affected a substantial percentage (30–45%) and seemed to have changed for the worse over time. It should be noted, however, that, despite such concerns, half the respondents conveyed that currently they feel they can receive the medical care they need without being set back financially.

A third theme from this survey centered on patriotism. Interestingly, the survey itself did not attempt to assess patriotism, but many of the write-in comments definitely alluded to it. For

example, one respondent commented, “[We] need to be willing to do whatever it takes to help build this country and to maintain its status as a world superpower.” Another stated, “Very fortunate to have settled in the US” From the standpoint of future research, such comments suggest that this group is willing to complete further surveys if doing so might benefit other Americans.

Admittedly, this study has several limitations. First, this study was launched as an exploratory effort that focused only on a small group of former Vietnamese military officers. The decision to focus on a group in only one state was intended to demonstrate feasibility to justify future, larger efforts. However, the highly focused nature of this study precludes an attempt to generalize conclusions to all Vietnamese Americans. Second, although this survey had a reasonable response rate, it is possible that only the most civic and, by inference, the most patriotic former military officers responded. Again, this possibility of bias invites caution in generalizing conclusions. Finally, because of the exploratory nature of this study, we were generous in allowing family members to complete the questionnaire, particularly if the former officer was deceased. This approach likely increased response rates, presumably generated more data, but potentially detracts from our ability to claim a completely homogeneous group of surveyed individuals.

In summary, this study focused on older Vietnamese Americans because it was thought that the long interval since this group’s arrival in the US might allow for a more measured perspective on these individuals’ healthcare-related adjustment issues from decades ago. The issue of language as an obstacle to healthcare emerged as both a current and previous concern; and the issue of cost emerged as a present-day concern. Most notably, this study suggests that a relatively high survey response rate and a strong sense of patriotism might make these older Americans, who are former military officers from the Republic of Vietnam, an important group for providing insight into the challenges faced by other refugees from war-torn countries.

Acknowledgments

This work was supported by 5K24CA131099.

References

1. <http://www.unhcr.org/4ca995299.html>.
2. McPhee SJ, Nguyen TT. Cancer, cancer risk factors, and community-based cancer control trials in Vietnamese Americans. *Asian American and Pacific Islander Journal of Health*. 2000; 8:18–31. [PubMed: 11567508]
3. Frumkin H. Agent orange and cancer: An overview for clinicians. *CA: A Cancer Journal for Clinicians*. 2003; 53:245–255. [PubMed: 12924777]
4. Smith JS. Ethnic disparities in cervical cancer illness burden and subsequent care: A prospective view. *The American Journal of Managed Care*. 2008; 14:S193–S199. [PubMed: 18611087]
5. Silove D, Steel Z, Bauman A, et al. Trauma, PTSD and the longer-term mental health burden amongst Vietnamese refugees. *Social Psychiatry and Psychiatric Epidemiology*. 2007; 42:467–476. [PubMed: 17450451]
6. <http://www.rand.org/pubs/papers/P7865.html>.

Table 1

Demographics

Age in years, median (range)	70 (47, 84)*
Gender	
Male	21 (96)
Female	1 (4)
Relation to officer	
Self	20 (92)
Family member	1 (4)
Other	1 (4)
Duration in the United States (years)	
6–10	1 (4)
16–20	15 (68)
30 +	6 (27)
Number of medical visits in the past year	
None	1 (4)
1	4 (18)
2–3	6 (27)
4–5	6 (27)
6 or more	5 (22)
Self-described health	
Excellent	0
Very good	3 (14)
Good	9 (41)
Fair	9 (41)
Poor	1 (4)
Medical conditions	
Arthritis	5 (23)
Asthma	1 (4)
Cancer	2 (9)
Diabetes	5 (23)
Heart disease	9 (5)
Hypertension	14 (64)
Other	11 (50)
Insurance?	
Yes	22 (100)
No	0
Previous combat?	
Yes	19 (86)
No	3 (14)

Numbers in parentheses denote percentages unless otherwise specified. Percentages may not sum to 100% either because of rounding or, in the case of medical conditions, because respondents may have had more than one

* Although the 47 year old respondent was an outlier because of his age and was assumed to be the child of an officer, these data are nonetheless presented as reported in the returned surveys

Table 2

Questionnaire responses

	Today					Upon arrival				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Doctors are good about explaining the reasons for medical tests.	6 (27)	16 (73)	0	0	0	4 (18)	12 (55)	2 (9)	2 (9)	0
I think my doctor's office has everything needed to provide complete medical care.	3 (14)	8 (36)	7 (32)	4 (18)	0	4 (18)	7 (32)	5 (23)	2 (9)	1 (5)
The medical care I have been receiving is just about perfect.	3 (14)	9 (41)	9 (41)	1 (5)	0	4 (18)	8 (36)	5 (23)	4 (18)	0
Sometimes doctors make me wonder if their diagnosis is correct.	3 (14)	9 (41)	9 (41)	1 (5)	0	4 (18)	8 (36)	5 (23)	4 (18)	0
I feel confident that I can get the medical care I need without being set back financially.	4 (18)	7 (32)	5 (23)	5 (23)	1 (5)	4 (18)	6 (27)	4 (18)	4 (18)	1 (5)
When I go for medical care, they are careful to check everything when treating and examining me.	2 (9)	17 (77)	1 (5)	1 (5)	0	5 (23)	13 (59)	0	1 (5)	0
I have to pay for more of my medical care than I can afford.	1 (5)	5 (23)	3 (14)	6 (27)	5 (23)	0	2 (9)	0	12 (55)	2 (9)
I have easy access to the medical specialists I need.	2 (9)	15 (68)	3 (14)	2 (9)	0	4 (18)	7 (32)	5 (23)	4 (18)	0
Where I get medical care, people have to wait too long for emergency treatment.	1 (5)	3 (14)	6 (27)	7 (32)	3 (14)	1 (5)	3 (14)	4 (18)	7 (32)	1 (5)
Doctors act too businesslike and impersonal toward me.	0	1 (5)	1 (5)	13 (59)	5 (23)	1 (5)	1 (5)	2 (9)	11 (50)	4 (18)
My doctors treat me in a very friendly and courteous manner.	6 (28)	14 (64)	2 (9)	0	0	4 (18)	12 (55)	3 (14)	1 (5)	0
Those who provide my medical care sometimes hurry too much when they treat me.	1 (5)	5 (23)	6 (27)	9 (41)	0	1 (5)	2 (9)	9 (41)	7 (32)	0
Doctors sometimes ignore what I tell them.	0	2 (9)	3 (14)	14 (64)	1 (5)	1 (5)	0	3 (14)	13 (59)	1 (5)
I have some doubts about the ability of the doctors who treat me.	0	2 (9)	8 (36)	8 (36)	2 (9)	1 (5)	0	8 (36)	8 (36)	2 (9)
Doctors usually spend plenty of time with me.	3 (14)	4 (18)	6 (27)	5 (23)	2 (9)	1 (5)	4 (18)	5 (23)	6 (27)	2 (9)
I find it hard to get an appointment for medical care right away.	0	4 (18)	3 (14)	10 (45)	2 (9)	0	5 (23)	4 (18)	8 (36)	1 (5)
I am dissatisfied with some things about the medical care I receive.	0	4 (18)	3 (14)	12 (55)	1 (5)	0	2 (9)	5 (23)	11 (50)	0
I am able to get medical care whenever I need it.	3 (14)	13 (59)	3 (14)	1 (5)	0	1 (5)	8 (36)	5 (23)	4 (18)	0
The doctors who treat me should give me more respect.	1 (5)	6 (27)	4 (18)	6 (27)	2 (9)	1 (5)	4 (18)	3 (14)	7 (32)	2 (9)
There is a healthcare crisis in the US	3 (14)	7 (32)	4 (18)	6 (27)	0	1 (5)	1 (5)	4 (18)	12 (55)	0

Numbers in parentheses refer to percentages and may not sum to 100% because of rounding

Table 3

Further questionnaire responses

	Today			Upon arrival		
	Frequently	Sometimes	Never	Frequently	Sometimes	Never
Language barriers have prevented me from accessing health care when I need it.	1 (5)	17 (77)	3 (14)	7 (32)	12 (55)	1 (5)
I use(d) a family member as an interpreter	2 (9)	11 (50)	7 (32)	4 (18)	9 (41)	4 (18)
I use(d) a professional interpreter	5 (23)	10 (45)	4 (18)	1 (5)	10 (45)	9 (41)
I prefer a doctor who speaks my native language.	13 (59)	5 (23)	2 (9)	11 (50)	3 (14)	3 (14)
I use(d) a doctor who speaks my native language.	8 (36)	4 (18)	7 (32)	6 (27)	5 (23)	7 (32)
My doctor gives me educational reading material about my health conditions in my native language.	5 (23)	5 (23)	10 (45)	5 (23)	5 (23)	9 (41)
My doctor gives me educational reading material about my health conditions in English language.	8 (36)	10 (45)	3 (14)	6 (27)	9 (41)	4 (18)
I drive myself to medical appointments.	13 (59)	5 (23)	3 (14)	9 (41)	7 (32)	3 (14)
I have missed a medical appointment because I could not find transportation.	1 (5)	2 (9)	17 (77)	0	1 (5)	19 (86)
I have needed to see a doctor, to have a medical test, or to get medicine, but could not afford it.	0	5 (23)	16 (73)	0	4 (18)	15 (68)
I use(d) traditional treatments to improve my health.	2 (9)	6 (27)	14 (64)	2 (9)	6 (27)	11 (50)
Western medicine practices make me feel uncomfortable.	0	4 (18)	17 (77)	0	2 (9)	17 (77)
I share my health concerns with my family and/or friends.	9 (41)	12 (55)	0	9 (41)	8 (36)	2 (9)
I attend health-related support group meetings.	0	13 (59)	9 (41)	0	6 (27)	13 (59)
Cultural issues have prevented me from seeking healthcare when needed.	0	12 (55)	9 (41)	2 (9)	7 (32)	9 (41)
Navigating the US healthcare system has been easy for me.	13 (59)	6 (27)	1 (5)	12 (55)	5 (23)	0

Numbers in parentheses refer to percentages and may not sum to 100% because of rounding

Table 4

Qualitative themes

Financial concerns	<p>"Now, despite my old age and...my retiree's income, I can't get dental or eye care, not even the eyeglasses I need, and when I need hospitalization, the 20% co-pay is too much relative to my present income..."</p> <p>"If I lose my job now, I will not have any health insurance"</p> <p>"... I am over 80 years of age, with a low pension and low SSA supplement. But not qualified as "SSI" for whom everything is free/provided for, so I am very worried"</p> <p>"...given my brief period of employment, my retirement income is very little, and I have had to purchase additional health insurance....a financial hardship..... Therefore, I try to keep to a minimum any medical visits because they cost too much...."</p> <p>"My worries at present revolve around not having enough money to pay for hospitalization after my operation(s) for my heart, lungs, kidneys, liver, GI, etc...."</p>
United States' patriotism	<p>"We had turned away from our home, all of our material possessions, and even our ancestral burial grounds to gain our freedom. I have often told my wife and my children that we owe our gratitude to this country and need to be willing to do whatever it takes to help build this country and to maintain its status as a world superpower..."</p> <p>"Very fortunate to have settled in the US"</p>
Quality of care	<p>"No changes in the system itself, but the scope of my care has gotten more and more restricted, with more and more cuts to my benefits"</p> <p>"I think that sometimes even when there is no illness (cancer), the doctors still say that there is disease that has to be treated. Seems to be a situation with the radiologists"</p> <p>"Takes too much time from the time when the symptoms develop to when [I can be] treated"</p> <p>"In emergency situations, have not had to wait." and "Better when first arrived; at present, dental and eye care have been reduced; in one's old age, need greater eye and dental care, why are these services reduced?"</p> <p>"The US still has always had a perfect health care system...."</p> <p>"The doctors are professional and conscientious"</p> <p>"After 17 years under the communist regime, arriving in the US in 1992... I was provided with very good and thorough health care services, but as I have lived [here] longer and longer, I have now begun to recognize that the health care system in the US is not entirely good, since some of the health care activities seem more commerce-like and not geared towards helping the patients per se</p>
Language issues	<p>"The language is a major obstacle for..."</p> <p>"Need to disseminate to those newly arrived immigrants documents/informational brochures in their native languages..... Need to have translators/interpreters in doctors' offices and in the emergency rooms...."</p> <p>"If the hospital budget allows, it's still better for the patients to have interpreters/translators"</p>