

Testimony Provided for HR 590 Public Hearing

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It is an honor and privilege to be here with all of you today to testify before the House Resolution 590 Task Force. My name is Tiffany Chang Lawson and I serve as the Executive Director of the Governor's Advisory Commission on Asian Pacific American Affairs.

The Governor's Advisory Commission on Asian Pacific American Affairs was created by Executive Order and consists of Commissioners that have been appointed by Governor Tom Wolf. GACAPAA is responsible for advising Governor Wolf on policies, procedures and legislation that have an impact on the diverse Asian American and Pacific Islander communities in Pennsylvania. The Commission also serves as a liaison to federal, state and local agencies to ensure that services affecting AAPIs are effectively utilized and promoted; serve as a resource for community groups and provide forums for developing strategies and programs that will expand and enhance the civic, social, education, cultural and economic status of the AAPI communities; identify programs, scholarships, mentoring programs, and resource for the benefit and advancement of AAPIs. The Commission also acts as an advocate for policies and legislation it feels serves the best interest of AAPIs in Pennsylvania.

I am here today because it has been brought to my attention that recently there has been an alarming increase of synthetic drug use in our Bhutanese refugee communities, specifically the youth populations. Recently, in Dauphin County over the course of one weekend there were reported 15 synthetic drug overdoses.

The Bhutanese refugee community is one of our most recently arrived AAPI populations and also one of our most vulnerable. Since 2008, they have been resettled to areas in Pennsylvania such as Erie, Pittsburgh, Harrisburg, Scranton, Lancaster and Philadelphia. They experience a great number of barriers when trying to access social services such as but not limited to receiving culturally and linguistically appropriate services. Many of the Bhutanese refugees are Limited English Proficient also known as LEP and have a limited ability to read, speak,

write, or understand English. Under the Civil Rights Act of 1964 Title VI they are entitled to language assistance with respect to a service, benefit, or encounter from any agency receiving federal financial funding.

Furthermore, I have recently learned that there has also been a dramatic increase in substance abuse addiction specifically alcohol amongst the Bhutanese refugee community which anecdotally appears to have a direct correlation with increased cases of domestic violence. I was told that when the Bhutanese refugees were living in the refugee camps in Nepal they did not have such unfettered access to alcohol. Alcohol in Nepal was very expensive and not so readily available. Families would make home brewed alcohol but it was always on a very small scale. Thus, when the Bhutanese refugees started arriving in the United States and in Pennsylvania in 2008 they were highly unaccustomed to how accessible alcohol is if you are over the age of 21 years old.

In traditional Asian families, and the definition I am using for a “traditional Asian family” extends to the first generation, which encompasses individuals who have immigrated or been resettled to the United States from their country of origin. Furthermore, “traditional Asian family” extends to the second generation. Second generation include individuals like myself who are the first generation to be born in the United States. In traditional Asian families, our identity is encompassing of family, clan and community. There is no notion of “me” or “I” the mentality is about “we,” “us.” Additionally, in traditional Asian families our family relations are hierarchical organized by age and gender.

Since arriving to the United States and subsequently Pennsylvania many members of our Bhutanese refugee community are LEP and cannot speak English. Therefore, much of the responsibility of interpreting encounters with social service agencies and translating documents has befallen on Bhutanese children. When a child has a position of power over their parent’s ability to access information this can harmfully shift family power dynamics and lead to inter-generational conflict. Furthermore, when children see their parents as weak and vulnerable they experience feelings of shame, frustration and anger. Therefore, what do these children do with all of the shame, frustration and anger they are experiencing? It would appear that they are turning to alcohol and drugs.

A dear friend of mine recently shared his family’s story with me and I want to share it with all of you. His father is a 67-year-old Bhutanese refugee who had a pinched nerve and underwent surgery. After the surgery, he went for physical therapy. The father’s physician prescribed him Oxycodone to help him with the

pain. However, the father was allergic to Oxycodone. So, the physician prescribed him Klonopin and the father became addicted. My friend tells me that his father cannot sleep without taking Klonopin. My friend has tried everything for his father meditation, yoga etc. However, please bear in mind that the Bhutanese community does not have the financial resources nor the capacity to sustain the services it so desperately needs. You all have heard many testimonies since you started these public hearing in Philadelphia on September 7th of this year and I ask you to consider everything that you have heard and then just imagine if you were suffering from opioid use disorder or substance use disorder but could not speak, read or write English what that might feel like? And what services would be equipped linguistically and culturally to serve you?

Thank you so much for your time and attention.