

**Traditional Medicines Can't Harm You: Medicament Use and Awareness of Health Risks
Among Vietnamese Immigrants in San Jose, California**

Jimmy Thanh Lam

ABSTRACT

Despite the common perception that traditional remedies are harmless, many of them pose health risks due to possible heavy metal, biological, and chemical contaminants. The use of traditional herbal remedies is common within Vietnamese communities, but there is a deficit of knowledge concerning use practices and awareness of health complications associated with traditional medicine use in these communities. Based on fifteen interviews, I found that Vietnamese immigrants have switched to a primarily western approach to the treatment of illness, diminishing exposure to, and concern over the risks associated with traditional medicine use. Soon after immigrating, many respondents lost trust in the quality of traditional medicines for the treatment of illness. Yet some respondents continued to use traditional medicines as dietary supplements and for the prevention of illness, with little awareness of the potentially toxic qualities of these substances. My findings suggest that, as Vietnamese immigrants acculturate, they assume a primarily western health regime, while maintaining a traditional belief system that natural, traditional medicines are important means of preventing illness and increasing quality of health. Therefore, my findings reflect a tension between acculturation and traditional values underpinning the use of medication, and suggest the need to expand awareness of health risks associated with traditional medicine in Vietnamese communities.

KEYWORDS

Vietnam, herbal medicines, western medicines, use practices, acculturation

INTRODUCTION

Despite common perceptions that traditional medicines are harmless, many naturally derived remedies may pose health risks due to toxicity associated with heavy metals, chemicals, and organic toxins (Garvey et al., 2001). Traditional remedies have increased in popularity in the United States due to their perceived medicinal properties and the assumption that natural medicines are harmless (Kosalec et al., 2009; Garvey et al., 2001). However, traditional remedies can contain impurities including pesticides, heavy metals such as arsenic, lead, and mercury, and naturally occurring organic toxins that may cause serious illness or death (Garvey et al., 2001; Byard, 2010). Traditional remedies can become contaminated at any point in the production process from environmental conditions associated with growing, drying, preserving, and manufacturing (Kosalec et al. 2009). Additionally, traditional medicines often lack strict rules regulating manufacturing, import, distribution and use, appropriate labeling and proper identification of specific active ingredient (Byard, 2010). Thus, it is difficult for users and physicians to determine the level of safety associated with their use, creating a public health risk (Garvey et al. 2001). Therefore, traditional remedies should be used with caution, as they may do more harm than good. In order to address this public health concern, further research is needed to understand the use practices and awareness of the risks associated with traditional medicines.

Vietnamese immigrants are disproportionately affected by health risks associated with traditional remedies due to their cultural and historical preference for these medicines. They have disturbingly high rates of depression, anxiety disorders, and post-traumatic stress associated with military combat, repatriation camps, and tragedies suffered during the Vietnam War (Purnell, 2008). These historical experiences offer insight as to why Vietnamese immigrants suffer from greater health disparities compared to other ethnic groups (Woodall et al., 2006). Even among Asian American populations, Vietnamese immigrants have been reported to have one of the highest uninsured healthcare rates (Alegria et al., 2006). As a result, traditional remedies are understood to be very popular in Vietnamese communities because they are cheaper and more familiar to use than Western medicine (Kim and Keefe, 2010; Purnell, 2008; Jenkins et al., 1996). As Vietnamese immigrants are a highly vulnerable population, it is important to document the use patterns and level of awareness of health risk associated with traditional medicines, and how those may change in to the context of acculturation.

Despite the common use of traditional remedies within Vietnamese communities, no research has documented use patterns and awareness of health complications associated with traditional medicines in Vietnamese immigrants (Kim and Keefe, 2010). Assimilating Vietnamese communities are a highly vulnerable population, as there are multiple obstacles including language barriers, cultural stigmas, non-citizenship, and socioeconomic instability that prevent them from seeking the medical help they need (Lee et al., 2009). This vulnerability underscores a considerable health risk to American Vietnamese communities, which also have relatively low levels of general healthcare knowledge, utilization, and awareness, in addition to barriers to interpersonal relations with doctors (Ahn et al., 2006; Woodall et al., 2006; Jenkins et al., 1996). Furthermore, acculturating Vietnamese communities present a distinct population that has preserved many aspects of traditional culture and social dynamics (Kim and Keefe, 2010). This may make it difficult to reach out to Vietnamese communities to inform them of the risk associated with traditional medicine use. Therefore there is an urgent need to expand understanding of traditional use patterns and levels of awareness among assimilating Vietnamese Americans, in order to promote community awareness.

I investigate use practices and level of awareness among the Vietnamese immigrant community in San Jose, California regarding traditional remedies and health risks. Specifically, I consider the following questions: What are the use practices of traditional remedies by Vietnamese immigrants? What are the rationales for the use of traditional remedies by Vietnamese immigrants? How aware of the potential health risks associated with traditional remedy use are Vietnamese immigrants?

METHODS

Study population and sampling

I used convenience and snowball sampling methods to contact and interview first generation Vietnamese immigrant men and women 18 and older in San Jose, California between March 18, 2011 and April 18, 2011.

Study design

To document Vietnamese immigrant traditional medicine use practices and awareness of health risks, I conducted in person and over the phone interviews with Vietnamese Americans. My interview questions focused on demographics, traditional medicine use practices, rationales for traditional medicine use, and perceptions of risk associated with traditional medicine use. Demographic questions concerned respondents' gender, age, number of family members, income, profession, zip code, region of immigration, year of immigration to the United States, and whether or not they had health insurance. Use practices questions identified respondents' previous and current use of traditional medicine and how often they use traditional medicine within a year. Rationale questions investigated respondent's motive and reasoning for using traditional medicines. Awareness questions screened for respondent's knowledge of health risks and experiences of side effects associated with traditional medicine use. I recorded interviews in Vietnamese, and later transcribe and coded them in English.

RESULTS

Demographics

Most respondents were low income and had health provider benefits. Through my 15 interviews, I found that the average household size was five, with an average annual income of \$30,000 per year (range \$10,000-110,000) (Table 1). I also found that all but two respondents had health insurance. The average age of respondents was 55 for males and 52 for females, with an average of 23 years residency in the United States (range of 11-32 years).

Table 1. Study Population Demographics.

Respondent	Sex	Age	HH#*	Income	Profession	Zip Code	City of Origin	YOI**	HI***
1	F	42	5	45,000	Hair Salonist	95122	Ho Chi Minh	2000	No
2	M	42	8	110,000	Design Engineer	95127	Tri Phong	1988	Yes
3	F	44	8	80,000	Cust. Service Manager	95127	Tri Phong	1988	Yes
4	F	50	4	<10,000	Nursing Home Worker	95122	Ho Chi Minh	1994	Yes
5	F	51	4	40,000	Machine Assembler	95121	Ho Chi Minh	1979	Yes
6	F	51	3	<10,000	Gardener	95123	Vinh Yen	1980	No
7	F	53	4	<10,000	Yard Duty	95111	Dong Ha	1981	Yes
8	F	53	8	<10,000	Hired Cook	95122	Ho Chi Minh	1991	Yes
9	M	54	4	40,000	Machine Assembler	95121	Long Khanh	1981	Yes
10	M	55	4	<10,000	Electronic Assembler	95111	Da Nang	1985	Yes
11	M	56	6	16,000	Butcher	95122	Ho Chi Minh	1990	Yes
12	F	56	3	11,000	Herbal Factory	95122	Long An	1996	Yes
13	M	60	3	12,000	Gardener	95122	Long An	1996	Yes
14	M	65	4	25,000	Broadcaster	95122	Ho Chi Minh	1973	Yes
15	F	69	8	<10,000	Retired	95127	Phan Thiet	1996	Yes

* = Members in Household

** = Year of Immigration into US

*** = Health Insurance/ Benefits

Use practices of traditional and western medicine

I found that Vietnamese American immigrants adopted primarily a western medicine use practice to treat sicknesses upon immigrating to the United States. Respondents commonly used traditional medicines for supplementation (67%), pains/sores (20%), and stomach aches (13%) (Table 2.1). 40% of all respondents did not use traditional medicine at all and 33% did once a year (Table 2.2). 73% of respondents said they used traditional medicine in Vietnam, while only 40% continued their use of traditional medicine in the United States (Table 2.3 and 2.4). On the contrary, I determined that 53% of respondents said they used western medicine in Vietnam, while all respondents said they used western medicine in the United States (Table 2.3 and 2.4).

Table 2.1-2.4. Use Practices of Vietnamese American Immigrants, in San Jose.

2.1 What do you currently use traditional medicine for?	(%)
Supplementation	67
Pains/sores	20
Message	13
Stomach aches	13
Herbal sauna	07
2.2 In America, how often do you use traditional medicine within a year?	(%)
0	40
1	33
2	07
3	13
4+	07
2.3 What form of medicine did you use back in Vietnam?	(%)
Traditional	73
Western	53
2.4 What form of medicine do you use in America?	(%)
Traditional	40
Western	100

Rationale for use of traditional and western medicine

I found that 100% of respondents stated that they chose to rely on western medicine because of its effectiveness, 80% because of rapid effects, and 73% for convenience (Table 3.1). I found that they used traditional medicine because of its qualities as supplements (67%), reduced side effect nature (47%), familiarity (47%), and ability to counter humoral imbalance (40%) (Table 3.2). Although all respondents currently use some form of western medicine, they reported humoral imbalance (47%), unfamiliarity (27%), and non-curative (20%) were drawbacks associated with western medicine (Table 3.3). Respondents also confessed that the inconvenience (73%), long preparatory times (47%), slow acting (60%), and expensiveness (53%) of traditional medicine was prohibitive of use among Vietnamese immigrants (Table 3.4).

Table 3.1-3.4. Rationale for Medicament Use Practices

3.1 Why do you use western medicine?	(%)	3.2 Why do you use traditional medicine?	(%)
Effective	100	Supplementation	67
Rapid effect	80	Less side effects because its natural	47
Convenient/accessible	73	Familiarity	47
Free because of healthcare/benefits	40	Counters the imbalance/"cold"	40
Familiarity	40	Effective	27
Cheaper than traditional	27	Milder	20
Trust it/actual doctors	27	Believes in it	13
Multiple applications	20	Last resort after western medicine	13
3.3 Why don't you use western medicine?	(%)	3.4 Why don't you use traditional medicine?	(%)
Humoral imbalance	47	Inconvenient	73
Unfamiliar	27	Takes too long to prepare	60
Non-curative	27	Slow acting	60
Expensive	20	Expensive	53
Bad experience in Vietnam	20	Still healthy	53
Inaccessible in rural Vietnam	20	Uncertain of efficacy	47
Synthetic products	13	Unpleasant smell/taste	40
Language barriers	07	Don't believe in it (anymore)	33

Perception of health risks associated with traditional and western medicine

All interviewees expressed little knowledge of and perceived health risk associated with traditional medicine use. Among the 15 interviews, I found that 60% respondent perceived that traditional medicine had no side effects at all (Table 4.1). However, 53% expressed a reservation to trust the contents of traditional medicines, while only two of respondents stated that traditional medicine use was associated with serious sicknesses, including making one's bones brittle (7%) and creating gastrointestinal tract issues (7%). A larger proportion (47%) of respondents did express concerns of humoral imbalance associated with western medicine use (Table 4.2). However, some interviewees stated that they discontinued their use of traditional medicine because of perceived degradation of traditional medicine quality. The majority of respondents (73%) agreed that western medicine and traditional medicine cannot be used together (Table 4.1).

Table 4.1-4.2. Perceptions of Health Risk among Vietnamese Immigrants.

4.1 Are you aware of any health risks associated with traditional medicine?	(%)	4.2 Are you aware of any health risks associated with western medicine?	(%)
Dangerous to mix with western	73	Imbalance	47
No/None	60	More harmful than traditional medicines	27
Don't trust contents	53	Gastrointestinal tract complications	20
Minimal side effects	33	Compromises Organ Systems	07
Lack of trust	33	Itch	07
Risky/dangerous	33	Nausea	07
Diminish expertise of current herbalists	27	Thirst	07
They can't harm you	20	Dry Throat	07
Plant based therefore safer	13		07
Makes your bones brittle	07		
Trust only self-prepared medicines	07		
Everything has side effects	07		
No side effects because you cook it	07		
Gastrointestinal tract complications	07		
Don't research traditional medicine	07		

DISCUSSION

Most respondents adopted a primarily western medicine regimen for the treatment of illness soon after immigrating to the United States, suggesting the saliency of financial, physical, and efficacy constraints surrounding traditional medicine use in America. Soon after immigrating, some of the respondents continued to use, but eventually developed a diminished perception of quality and trust in traditional medicine. Yet, many respondents continued to use traditional medicines as dietary supplements and to prevent illness. These findings suggest that, as Vietnamese immigrants acculturate into American societies, they assume a western health regime regarding treatments, while maintaining a cultural belief system that traditional, natural medicine is better for long-term health. These findings reflect a tension between acculturation and tradition in the values underpinning the use of medication. In the end, my results underscore the necessity of expanding awareness of health risk associated with traditional medicine use in Vietnamese communities.

Practices and rationales for the use of western over traditional medicine

Residing in America has allowed Vietnamese immigrants access to reliable western medicine. As the majority of my respondents had health insurance, which they typically acquired

through programs for low income individuals or employees, they were more likely to use western medicine with minimal financial barriers. This observation is consistent with other works and, therefore, reinforces the importance of having health insurance for immigrants to encourage access to western doctors (Lee et al., 2009; Keith et al., 2008; Jenkins et al., 1996). Additionally, many immigrants switched to a primarily western approach to health because western doctors and medicines are perceived to be more dependable in America; some respondents reported that they have had unfortunate experiences with western medicine in Vietnam. These experiences can be attributed to issues of counterfeit and low competency by Vietnamese medical system where there are less stringent regulations. Since living in America has increased trust and motives for using western medicine within Vietnamese communities, subsequent analysis should address the reasoning behind the switch in medicament preference.

A perceived degradation in the quality of preparation of herbs and training of healers deters Vietnamese immigrants from using traditional medicine. As a little more than half of respondents stated that they no longer trust the contents of traditional medicine, acculturation may also have altered the perception of safety and receptivity to traditional medicines use among Vietnamese immigrants. Several respondents mentioned that they no longer trust in or have always been skeptical of the training of traditional medicine healers. As most of the respondents were low income, this may be explained by the fact that health insurance may have removed financial barriers, pushing Vietnamese immigrants to be more conscious, have more control, and become more selective of what form of medicines to use (Lee et al., 2008). However other studies have reported that users of traditional medicine felt that it allowed them a greater sense of control of their own health than western medicine (Keith et al., 2008; Lee et al., 2008). Further exploration of the rationales underpinning the conjunctive use of western and traditional medicine may highlight the motivation behind each medicament use.

The characteristic attributes provided by western medicine shape patterns of use for treating sicknesses among Vietnamese immigrants, however they gravitate toward traditional medicine for preventative care and optimal health. As all of my respondents expressed that they utilize western medicine for its effectiveness and fast acting nature, it is clear that Vietnamese immigrants are cognizant of and value the convenience provided through western medicine. Furthermore, the highly commercial and inexpensive nature of countertop medicines, including Tylenol and Advil, make it highly advantageous and efficient to use western medicine to treat

illness. However, many Vietnamese immigrants used both western medicine and traditional medicine for supplementation, which is consistent with other literature (Nguyen et al., 2010). This complimentary use of western and traditional medicine may reflect the efficacy and substantive qualities of each respective medicine in guiding Vietnamese immigrants' medicament choice (Lee et al., 2008). A further evaluation of traditional medicine may elucidate rationales behind medication choice patterns among Vietnamese immigrants.

Acculturation into American lifestyles and society discourages Vietnamese immigrants from using traditional medicine for sicknesses. Most respondents expressed concern that traditional medicine is not readily available and accessible, and therefore, is too time consuming and expensive to use in America. Nearly all respondents stated that traditional medicine took very long to prepare, which greatly diminished their use of it to treat immediate sicknesses such as headaches, stomachaches, and pains/sores. Furthermore, about half of all respondents stated that the smell and or taste of traditional medicines were highly undesirable. These claims suggest that living in America has shifted Vietnamese immigrants' preferences toward western medicine, at least in part due to acculturation to western norms of what is considered acceptable and desirable in medicine regimes (Nguyen et al., 2010). These findings reflect other studies that have on the adoption American work ethics and lifestyles among acculturating immigrants (Swaidan et al., 2006; Manrai & Manrai, 1995). As nearly all respondents adopted a western mindset towards medicines, it is indicative that assimilation plays a role in shaping Vietnamese immigrants' choice of medicine.

Perceptions of health risks associated with traditional medicine

Vietnamese immigrants' common perception that traditional medicines are incapable of harming users may put them at risk of health complications associated with preventative treatment use. More than half of the respondents expressed no knowledge of traditional medicine posing any immediate health risks, while few reported that traditional medicine was incapable of harming users, and at worst, would only be ineffective at healing. Furthermore, only a few expressed knowledge of or had heard of anecdotal stories concerning direct side effects associated with traditional medicines. Almost all respondents stated that traditional medicine was most effective when used daily as preventative and supplemental medication. This is alarmingly

dangerous, as many of the possible contaminants found in traditional medicines, such as lead, mercury, and pesticide, can bioaccumulate in tissue and cause severe health complications (Baye & Hymete, 2009; Kosalec et al., 2009; Woolf et al., 2008; Ernest & Coon, 2002;). As more than half of the respondents expressed no knowledge of health risk associated with traditional medicine, this underscores not only Vietnamese immigrants' lack of awareness of health risk, but their general lack of uneducation about health and healthcare. These findings point to the necessity of expanding awareness within Vietnamese communities about the risk involved with traditional medicine use, especially regarding preventative treatment use.

Limitations

Although my research offers valuable insight into a relatively young and vulnerable population in America, the inference of my findings is limited in elucidating the behavioral and medicinal use practices of immigrant populations. As I have interviewed only 15 Vietnamese American immigrants within the vicinity of San Jose, using a convenience and snowball method, I have inadequate inference power to extrapolate my findings to a larger Vietnamese American community. However, as the majority of respondents have been in the United States for well over 10 years, my research offers insight in characterizing use practices and how acculturation may affect the choices an underrepresented and underserved ethnic community makes concerning health.

My methods introduced biases and translational error into data collection and analysis, as I conducted interviews of Vietnamese immigrants in person and over the telephone. As in any other study in which respondents were interviewed, there is a risk that respondents were not entirely honest, receptive, and cognizant of questions asked of them. Additionally, the act of transcribing and coding the interviews was inevitably subjected to my own translation, interpretation, and coding biases. Finally, some interviewees were more responsive and receptive, and therefore, were interviewed longer, which may have produced results that were disproportionately representative of their responses within my study.

Future directions

Because of convenience and snowball sampled Vietnamese immigrants within the vicinity of San Jose, California, a more comprehensive study design would entail a larger study population and random sampling of Vietnamese immigrants within San Jose to allow inference. Orange County would offer another ideal study site since Orange County harbors the largest Vietnamese community within the United States. Future research can include more in-depth interview questions that investigate to examine the influence of place of origin and time of migration upon use of traditional medicines and awareness of health risks.

As Vietnamese American immigrants retain strong cultural and natural roots, future studies may consider how their use of medicine relates to their historical perceptions of their homeland and cultural identity. Future studies may focus on the cultural meanings associated with traditional medicine and the role of culture as a medium facilitating Vietnamese immigrant reconnection with their homeland. An examination of Vietnamese immigrants who prefer western medicine before and after immigration may also offer insight into the meaning of Vietnamese identity and acculturation in personal and public health contexts. Another possible area of study involves consideration of why Vietnamese immigrants trust in western medicine. Ultimately, future investigation of second generation Vietnamese Americans and their choice of medicine may bring new light to the underlying values of their cultural identity and how being raised in America may alter and conflict with ethnic norms.

Broader implications

Despite the course of acculturation, many Vietnamese immigrants still uphold the common perception that traditional medicines are “harmless.” My research points to the importance of increasing awareness and education of the risks associated with preventative use of traditional medicines within Vietnamese communities. My research also reinforces the importance of cultural sensitivity by doctors working in ethnic minorities communities, as the basis for providing a higher quality of care (Ferro et al., 2007; Ahn et al., 2006, Ngo-Metzger et al., 2003). My findings will ideally be helpful in guiding physicians to be more sensitive and

culturally attuned to the needs of immigrants, which may facilitate more meaningful patient and doctor interactions.

With my research I hope to help healthcare workers realize that the process of acculturation is very intricate and requires special attention by all branches of the healthcare system especially when it comes to policy writing for immigrant communities. My work will hope to elaborate on the complex rationales and tensions between acculturation and traditional values underpinning the use of medication. This will hopefully led healthcare and policy professionals to develop medical models and policies that specifically address the tensions produced via acculturation. In light of my research, I hoped to have illuminated the continual need to cultivate new and dynamic research and policies that are more appropriately represent and address the growing ethnic minority population within the United States.

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