EMPLOYMENT BARRIERS OF ASIAN AMERICANS AND PACIFIC ISLANDERS WITH DISABILITIES

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CHAPTER 1

INTRODUCTION AND RESEARCHER'S PERSPECTIVES

Asian Americans and Pacific Islanders (AAPI) are not born they become one. This is because AAPI are admitted to the United States as immigrants or refugees and through a judicial process transition to becoming a United States (U. S.) citizen. Aggregated data on AAPI homogenize their experiences and depict them in a monolithic racial category. However, there is no unitary, essential AAPI experience due to the diversity, heterogeneity, and multiplicity of experiences. Moreover, the AAPI experience intersects with other identification markers such as gender, age, and disability (Teranishi, 2002).

The Japanese have a term "*kimin*", which means an abandoned people, not anymore from the old country, yet not embraced by the new" (Chang, 1999, p.6). Some White immigrants may be able to pass into becoming White Americans, but other foreigners, including Asians, find that they carry the border within them and even give it to their descendants as perpetual aliens. This border is not something found on the map. Chang (1999) argued that the border is a social construct that represents a bridge or a barrier to flows of information, capital, and other resources. In spite of the fact that this researcher has a graduate degree and fifteen years of work experience in counseling in the

Philippines, it took her a year to find acceptable employment here in the U.S. This researcher's job was different from the field that she was trained in, and the pay was not commensurate to her work experience and education. The primary reasons for taking the job were to meet people in the workplace and to develop a professional network. There are many AAPI who are not working but would like to work. Most of them have no education and also have disabilities. This researcher was diagnosed with multiple disabilities ten years ago but fortunately was already working prior to the onset of such disabilities. As an Asian American, she has confronted the same borders and barriers as other AAPI with disabilities in terms of promotional opportunities and disparate treatment in the workplace.

In this researcher's observation as a programs manager of a public vocational rehabilitation agency, there is much room for improvement in terms of cultural sensitivity and knowledge regarding culturally and linguistically diverse persons with disabilities. Most vocational rehabilitation counselors were educated in the western models of rehabilitation education. The current U.S. vocational rehabilitation demographics indicate that about 93% of rehabilitation counselors and 92% of the rehabilitation administrators classify themselves as European Americans (Wilson, 2002). In the rehabilitation research community, there are numerous studies conducted about African-Americans with disabilities but very little about AAPI with disabilities. One of the reasons given is due to the small sample data available that do not result to significant results. Most of the studies were quantitative in nature. By contrast, this research study employed a mixed method approach to achieve: 1) confirmation, where the findings of one method can be checked against the findings of another (Goering & Streiner, 1996, Shih, 1998); and 2) completeness, where a more accurate picture of the social experience of research participants is obtained (Begley, 1996).

Problem Statement

AAPI populations are growing rapidly and estimated to reach ten percent of the total U.S. population by the year 2050 (Bureau of Census and Statistics, 2002). Adequate data on health status are not available and no data system has been developed to systematically monitor the same (White House Initiative, AAPI 2005). It is imperative that disability service providers, policy makers, and advocates focus on refining policies and services to better respond to the unique needs of AAPI with disabilities. However, there is little information on the prevalence of various disabilities among AAPI receiving state and federal vocational rehabilitation. They are often viewed inaccurately as a homogeneous model minority with few health or social issues, when in fact they are confronted by issues and barriers in accessing health and social services like other racial and ethnic minorities. White House Initiative, AAPI (2005) cited examples, which include: 1) More than two million AAPI are uninsured; 2) Chinese-Americans have the highest rate of nasopharyngeal cancer of all groups. Liver cancer among Vietnamese Americans is 11.3 times higher than among White Americans; and 3) The incidence of tuberculosis is highest among AAPI, at 41.6 per 100, 000, compared to 2.8% for White non –Hispanics, 22.4 for Black, non-Hispanics, 16.0 % for Hispanics, and 14.5 % for American Indians/Alaska Natives.

The state-federal vocational rehabilitation (VR) system provides a major service delivery program for people with disabilities. VR is the component of the rehabilitation process that assists individuals with disabilities in attaining employment and independent living. AAPI with disabilities have been underserved in the rehabilitation services system for decades, yet there has been little research published with specific data addressing their employment needs and underutilization of VR services (Rupnow & Park, 2005). The Rehabilitation Services Administration (RSA), the federal agency that monitors public vocational rehabilitation agencies compiles yearly percentages of minority population served in each state. In Oklahoma, there were 63,846 AAPI in 2000 out of a total population of 3,450,654. Of the total population of 9,673 who applied for services at the Oklahoma Department of Rehabilitation Services (OKDRS) only 44 or 0.5 % are AAPI (RSA-911 Data 1999-2000). In August 2004, OKDRS obtained an AAPI Outreach Grant from RSA through the University of Hawaii in Manoa. Through this grant, OKDRS increased its AAPI clients from 44 to 204. These AAPI clients were used as the population for this research study with permission from OKDRS administration and in accordance with the agency's policy regarding the use of archived data for research purposes that are relevant to its mission.

Purpose Statement and Research Questions

The purpose of this research study was to describe the experiences of AAPI with disabilities as they seek employment in order to bridge or link them to culture-brokering services. The AAPI population is extremely heterogeneous such that their subpopulations are as different from each other as they are from other racial and ethnic groups. Culture-brokering is critical for this population because there are emerging data that shows disparities in their health status as well as unresolved problems in accessing social services and more importantly, quality of life through employment (Jesewski, 1990). This mixed method study using correlation study and narrative method as strategies of inquiry provided an in-depth investigation of both AAPI with disabilities and their service providers in accessing/providing services, resolving conflicts and producing change.

The term disability means 1) a physical or mental impairment that substantially limits one or more of the major life activities (mobility, work skills, interpersonal relationships, self-direction, and communication), or 2) a record of such impairment, or 3) being regarded as having such impairment. Purposive sampling of research participants was drawn from OKDRS AAPI clients. Employment needs as defined in this study encompass the skills, knowledge, and competencies that enhance an individual's ability to secure and retain a job, progress at work, cope with change, secure another job when laid off, and enter more easily into the labor market at different periods in life. Culture-brokering is the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990). Cultural assessment of consumers with disabilities is an important skill for those who wish to provide culturally competent rehabilitation services. Although culture-brokering appears to be a new set of skills for rehabilitation providers, it as an extension of skills they already practice.

Some research claims that a combination of methods may bear the potential to produce a study that is superior to that which can be produced by any single-method approach (Waysman & Riki, 1997). Use of any single methodology would limit this study in such a way that findings would be narrow, simplistic, or unrepresentative to adequately capture the intersections of race and disability. Mixed methods are more amenable in eliciting more detailed and in-depth AAPI consumers' understanding of the etiology, symptoms, treatment, and the interaction of their disability on their social and cultural environment that have impact in their employment outcome.

For purposes of this study, the quantitative method was utilized in the first phase in order to select research participants as well as contextualize and focus interview questions in the second phase that utilized the qualitative approach. The following research questions were asked:

1. What are the demographic and occupational goal profiles of the research participants? For purposes of this research study, sixteen career clusters developed by the Oklahoma Career Technology system were used as the basis for occupational grouping (Oklahoma Department of Career and Technology Education). The career clusters include: (a) agriculture, food, and natural resources; (b) architecture and construction; (c) arts, A/V technology and communications; (d) business, management, and administration, (e) education and training; (f) finance, (g) government and public administration; (h) health

science; (i) hospitality and tourism; (j) human services; (k) information technology; (l) law, public safety, and security; (m) manufacturing; (n) marketing, sales, and service; (o) science, technology, engineering, and mathematics; and (p) transportation, distribution, and logistics.

2. What is the relationship between participants' nativity (foreign born or born in the United States) and the severity of their disabilities (defined as the participant's priority group classification according to the order of selection established by the Oklahoma Department of Rehabilitation Services?

In order to explore and gain insight into the unique employment needs of AAPI with disabilities and broker these needs to appropriate service providers, the following research questions were used for the qualitative phase of this research study:

1. How does the intersection of race and disability impact the employment needs of AAPI?
2. What are the patterns of employment-seeking behavior among AAPI with disabilities?
3. What cultural factors affect the utilization of employment services by AAPI with disabilities?

Significance of the Study

Overall, programs and policies of profit and not-for-profit private service providers, vocational and postsecondary institutions, and state/federal rehabilitation agencies have been designed for the majority disability population and have not adequately benefited culturally and linguistically diverse individuals (Lowrey, 1987; National Institute on Disability and Rehabilitation Research [NIDDR] (2002); Stodden, Stodden, Rupnow, Thai, & Galloway, 2003). This study will help these service providers acquire understanding of the specific cultural values of AAPI with disabilities and how these values influence their utilization of services to achieve successful employment outcomes.

In order to conduct meaningful rehabilitation research for a particular racial and ethnic group, understanding of the cultural relevance of disability is needed. For example, if the ultimate goal of rehabilitation within a specific culture is to achieve meaning and pleasure in life, employment may not be a valid outcome measure of successful rehabilitation in that culture.

Research methodology such as survey data collection has often been inappropriate for studies conducted in ethnic communities and has further compounded measurement issues. AAPI cultures share information through long standing oral traditions and are suspicious of written documentation. The proposed use of Critical Race Theory (CRT) as a theoretical lens to problematize the traditional notions of race is particularly significant to researchers interested in the intersectionality of race, culture, and disability. The qualitative phase of the study guided by CRT gave voice to AAPI with disabilities that may otherwise go unheard due to marginalization or discrimination. Finding one’s voice and communicating the same to others through their narratives are aspects of the process of participating in the community in which they seek to belong.

Limitations of the Study

All research studies regardless of their methodology and purported significance have limitations. This study is not generalizable due to the fact that the population used was limited to AAPI customers of one rehabilitation agency within a bounded time frame. Due to time and funding limitations, this study did not include AAPI with disabilities that were in the community but had not applied for vocational rehabilitation services. This study substituted the concepts of transferability and fittingness for generalization with its qualitative findings. The degree of transferability is a direct function of the similarity between the two contexts (Patton, 2002). Fittingness is defined as degree of congruence between sending and receiving contexts (Patton, 2002). Readers will have to decide whether the nature and meaning of the phenomenon in this study may fit their own sensibility, shape their thinking, and transfer the same to their own realities.

This researcher belongs to the population under study and faces similar border experience and marginalization. Researchers usually explore their own experiences, in part to examine dimensions of their own experience and in part to become aware of their own biases, viewpoints, and assumptions (Merriam, 2002). Ashworth (1999) suggested bracketing the same where the researcher suspends presuppositions in order to provide the opportunity for participants' narratives to emerge in clarity and meaning.

The mixed method used in this study provided a number of benefits, but this approach also bore limitations and disadvantages. Rossman and Wilson (1994), recommended that more than one researcher be engaged in the gathering and interpretation of data in order to bring particular methodological expertise to the endeavor. However, due to funding limitations, this study only involved this researcher.

Definition of Terms

1. Asian refers to those having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including Bangladesh, Cambodia, China, India, Korea, Malaysia, Pakistan, Philippines, Singapore, Thailand, and Vietnam (U.S. Census Bureau). Pacific Islander refers to those having origins in any of the original peoples of Hawaii, Guam, Samoa, and other Pacific Islands.
2. Culture is broadly defined as a system of learned and shared standards for perceiving, interpreting, and behaving in interactions with others and with the environment (Jezewski, 1990).
3. Cultural competence is a set of behaviors, attitudes, and policies that enable a system, agency, or individual to function effectively with culturally diverse consumers and communities (Randall-David, 1989).
4. Disability means (a) a physical or mental impairment that substantially limit one or more of the major life activities of such individual, (b) a record of such impairment, and (c) being regarded as having such impairment. A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the act (Equal Employment Opportunity Commission and the U.S. Department of Justice, 1991).
5. Discrimination (whether based on race, gender, social class, or other differences) denotes negative or destructive behavior that can result in denying some groups

life’s necessities as well as privileges, rights, and opportunities enjoyed by other groups. (Nieto, 2004).

6. Immigrants are considered to be people who cross borders for personal, economic, political, and religious reasons. Approximately one million immigrants resettle in the United States each year (Office of Immigration, 2003).
7. Priority groups are based upon the documentation of the severity of the disability of individuals found eligible for services by the Oklahoma Department of Rehabilitation Services. The priority groups are: (a) Group 1- eligible individuals with the most severe disabilities resulting in serious limitations in three or more functional capacities and requiring multiple services over an extended period of time; (b) Group 2- eligible individuals with severe disabilities resulting in serious limitations in at least one, but not more than, two functional capacities and requiring multiple services over an extended period of time; and (c) eligible individuals with disabilities not meeting the definition of individual with severe disability (OKDRS Policy Manual, 2005).
8. Refugees are people who leave their country because of a well-founded fear of persecution based on ethnic, political, or family reasons. The United States has provided a safe haven for more refugees than any other country, approximately 70,000 each year (United Nations High Commissioner for Refugees, 2002).

Theoretical Framework

Critical Race Theory (CRT) emerged in the 1970s as activists, lawyers, and legal scholars sought to explain and address the ways in which race, racism, and power continued to operate after the Civil Rights Era (Delgado & Stefancic, 2001). The movement drew heavily on the critical legal studies movement, radical feminism, and conventional civil rights ideas to develop a framework that challenged the racialized ways in which laws affect people of color (Parker, 2003). CRT centers dialogue on how the dominant discourse on race and racism has been used to subordinate certain racial and ethnic groups. Robert Chang, a promising young scholar introduced AsianCrit that is a natural outgrowth of CRT jurisprudence (Wing, 2001). AsianCrit brings out that AAPI are comprised of many ethnicities and that race is socially constructed. It is relational and contingent, rather than fixed biologically (Wing, 2001). Given the close relation between CRT and AsianCrit, both frameworks were used to guide the research design and methodology of this research study and the interpretation of the results. There are several prominent tenets of CRT and AsianCrit relevant to the present study. First, a CRT/AsianCrit framework centers race and racism and seeks to understand ways in which race operates in society to influence individual experiences and outcomes (Chang, 1999). Pillow (2003) explained the salience of race to CRT scholars:

> Race in this way cannot be situated as on the side, as an add-on category, or as a package of diverse research methods. Rather, race in this work is central to the theorizing and asking of critical questions about a range of epistemological, social, cultural, and political practices, discourses,

> structures, and institutions. Race-based methodologies make visible what is often invisible, taken for granted, or assumed in our knowledge and practice and do this work out of necessity (p.189).

The second key element of CRT/AsianCrit used by theorist to expose and critique dominant color-blind ideologies is the use of counter-storytelling. Chang (1999) defends the narrative methodology of CRT/AsianCrit. According to Chang, narrative provides one solution for the relative underrepresentation of the Asian voice in CRT. Through narratives, AAPI can be seen as holders and creators of knowledge who have the potential to transform systems and institutions into places where the experiences of all individuals are acknowledged, taught, and cherished.

The third and emerging tenet advocated by CRT/AsianCrit theorists is the development of a critical race praxis that offers the potential for transforming racial inequality (Dow, 2005). The tenet emphasis is on moving toward pragmatic applications and going beyond scholarly ruminations.

CHAPTER 2

REVIEW OF LITERATURE

Past and current literature emphasized the need for disability research, educational programs and rehabilitation services to acknowledge and account for the employment needs of minorities with disabilities in the context of their cultural value systems. Just as disability has been defined in numerous ways, so too can cultural values.

This chapter explored the knowledge base associated with the intersection of race and disability and their influence on employment services provided by vocational and educational service providers. The first part of the review of literature described the history of AAPI immigration into the United States. Along with this historical overview, it was important to include AAPI views on disability: religious, spiritual, and philosophical perspectives. The second part of the review of literature dealt with models associated with understanding the social meaning and experience about disability. The third component of this literature review expounded on the underutilization of vocational rehabilitation (VR) services by minority population with disabilities. The public vocational rehabilitation system funded by both state and federal government is the primary agency responsible for helping people with disabilities towards employment and independent living. The fourth part of this literature review provided specific research information regarding the barriers that AAPI with disabilities have in terms of obtaining meaningful competitive employment. It also included research studies that pertained to the status of underemployment and unemployment of minorities and immigrants in the United States. The fifth component of this literature review included background knowledge and information about Critical Race Theory used as the theoretical framework for this study.

Part 1: Historical Overview of AAPI Immigration and Their General Views on Disability

History of Asian Immigration

The influx of Asian American immigrants in the U.S. resulted from several events. In the mid 1800s, collies from China's impoverished southeastern coastal provinces became the first members of an Asian ethnic group to appear in the western frontier. They were a source of cheap labor to work on farms, excavate mines, and construct railroads (Chen, Jo, & Donnell, 2004). The influx of Chinese workers in the U.S. continued until the passage of the Chinese Exclusion Act of 1882, which banned the immigration of Chinese laborers for 10 years. When the law expired, the law was renewed and made permanent (Wong, 1998). The law was passed in response to the European American workers' fear of massive job losses. However, European-American employers contracted thousands of Japanese men in the late 1890s to fill the labor void left by expulsion of Chinese immigrants (Wong, 1998). About the same time, the first wave of Japanese and Filipino farm hands arrived in Hawaii to toil in the sugar cane and pineapple plantations (Wong, 1998). The flow of Japanese workers was voluntarily curtailed by the Japanese government after the Gentleman’s Agreement of 1908 between Japan and the United States (Hsia, 1988). Laborers from other Asian countries then came to take on work done earlier by Chinese and Japanese. Each group turned to be unwelcomed guests. The 1924 National Origins Act barred immigrants from Asia altogether, with the exception of Filipinos (Daniels, 1976). Until the Philippine Independence Act of 1934, Filipinos could enter the country freely as nationals. Thereafter, Filipino immigration was limited to 50 each year (Daniels, 1976).

During periods of racial tension, many Asian immigrants returned to their homelands. Those who chose to stay were shut out of the primary labor market, some continued to work as farm hands while others started their own businesses. Most of them depended on family or ethnic associations for mutual support. These businesses provided jobs for others within their ethnic enclaves (Bonacich, 1972). Prior to the Civil Rights Act of 1964, most Asian Americans were denied fundamental rights by federal or state laws and local statutes (Nee & Nee, 1972). They could not join unions, obtain occupational or professional licenses, testify in court, own land, and form families by marrying local women or importing wives from home. Chinese, Japanese, Filipinos, and other Asians were ineligible to become United States citizens through naturalization (Daniels, 1976). The McCarran Act of 1952 ended all racial bars to naturalization and gave token immigrant quotas of about 100 each year to most Asian nations (Hsia, 1988). The Immigration Act of 1952 ended all racial bars to naturalization legally and ended all racial and ethnic quotas (Low 1982).

Pursuit of economic prosperity, however, was not the only reason Asian Americans came to immigrate in the U.S. For example hundreds of Koreans fled the war-torn Korean Peninsula for the U.S. after Congress passed the Refuge Act of 1953 to expedite refugee settlement. (Inouye, 1999). The evacuation and displacement of Vietnamese, Cambodians, Hmongs, and Laotians from their homelands in the aftermath of the 1975 Indochina Peninsula War also impacted the surge of the Asian-American population.

Asians' General Views on Disability

As in the case of many civilizations throughout the history, disability is a sensitive subject. Many Asian cultures have problems talking about it openly based on their family structure and dynamics, geographic location, hierarchical structure of power, religious traditions, and collectivistic culture (Bryan, 1999; Hampton, 2000); Kim & Markus, 1999).

As far as religion and Eastern philosophy are concerned, there are three most influential determinants (Hampton, 2000). They are Buddhism, Confucianism, and Taoism.

Buddhism

This religion's doctrine can be summarized as the permanent seeking of path to supreme enlightenment. The pursuit of emancipation from anguish and suffering is more important than materialistic and hedonistic pleasures. Therefore, performing good deeds such as taking care of the poor earns a person merits, whereas lying, stealing, and committing immoral acts entail demerits. The number of merits and demerits accumulated during a person's lifetime has an ultimate bearing on the outcome of reincarnation to the next life.

Buddhists consider having a disability of transgression in previous life and therefore a divine intervention. People with disabilities are stigmatized in a Buddhist-dominant environment (Kim & Markus, 1999).

Confucianism

Confucianism is the most revered and perhaps the most influential Eastern philosophy to people of Asian ancestry. Filial piety and obedience are the basis of social connections between people who believe in Confucianism (Lin & Liu, 1999). Collectivistic accord is more important than individual rights and self-interest. Additionally, absolute subordination to a person of superior status is expected. The wife obeys the husband, the son respects the father, or the tenant respects the landlord. The power structure and hierarchy have to be maintained in order to have continuing peace and order. The Confucian interpretation of disability holds that deformity or impairment is a dissonance to the ideal state of harmony. Parents with a disabled child are thought of as having brought shame to the family lineage of past, present, and future generations (Glenn & Yap, 2000). It is usual for Asian-American families to hide a family member with disability from outside contacts.

Taoism

Taoism came from the term "tao", the way universe, which stresses maintaining a balance of natural energies, which is heaven "yang" and earth "yin" (Chang, 1996, p.10).

Legend has it that man was created by heaven and earth and a state of peace and tranquility can only be attained through mirroring nature in all aspects of his personal and social life (Hampton, 2000). In a Taoist world, disability results from sickness or impairment that is viewed as a disharmonious fusion of nature and man. Thus, the crucial goal of the healing process is to restore the harmony to the individual. Taoism appears to attach fewer stigmas to persons with disabilities

Family Dynamics and Collectivistic Orientation in Asian Communities

Leung and Sakata (1988) were the first in the field of rehabilitation counseling to call to attention the issues facing AAPI with disabilities. This study along with subsequent literature included information on the influence of family support in the adjustment and attitude of a person who has the disability. Counselors were trained to develop rehabilitation plans that should comprehensively address not only the person's disability but also existing support network in family structure and extended kinship network. Maintaining a strong family bond is an expression of dignity and pride. Asian cultures also obligate individuals to contribute to their families. Asians with disabilities may express concern about this obligation, but paradoxically, they would rather receive assistance from their families than from professionals. Asking for public assistance is always the last option, only after having exhausted all of the available personal means and resources (Wong, 1998).

In contrast with the individualistic orientation of European American cultures, Asian cultures are more collectivistic (Hampton, 2000; Lam 2003). Decisions are usually made in the interest of the group rather than that of the individual. Group solidarity and cohesiveness cannot be attained unless its members are willing to give in when a conflict arises between an individual and group interest. Sue and Sue (1999) noted that due to the strong emphasis on harmony and group interest among Asians with disabilities, they are not only concerned with their physical and emotional struggles. They also become concerned about how their disabilities will affect t\heir capacity to fulfill familial roles and duties.

Historical Background of Pacific Islanders

Pacific Islands is the name given to a group of many thousand of islands scattered across the Pacific Ocean. The Pacific Islands can be divided into three main islands: 1) Melanesia (New Guinea and New Britain), 2) Micronesia (Guam, Carolines, Gilberts, Marianas and Marshall Islands, Palau, Ponape, Truk, and Yap) 3) Polynesia (Marquesas, Tahiti, Tonga) (Oliver, 1989). For thousands of years, the people throughout the Pacific Islands lived much alike, except for slight differences in language, dress, law, and religion (Colletta, 1981). In the 1500's through the 1800's, several European countries and the United States took control of most of the Pacific Islands (Thomas & Postlethwaite, 1984).

The world began to change towards the end of the 19th century as political fortunes and Pacific possessions of European governments. At the turn of the century, the U.S. added Hawaii, Guam, the Phillippines, and Samoa to its Pacific sphere (Hempenstall, 1994). Britain took political and financial responsibilities for Fiji in 1874 and defensive responsibilities for the Kingdom of Tonga in the 1900's (Hempenstall, 1994). In the early 20th century, Australia and New Zealand became colonizers as they assumed the administrative roles in Papua, New Guinea, Western Samoa (Hempenstall, 1984). Japan became a Pacific colonial power, having been awarded administrative authority by the League of Nations in the territory of Micronesia (Colletta, 1981). Guam and Samoa continued as territories under the U.S. administration.

Education in the Pacific colonies, regardless of administrative power, continued its role of socializing islanders to western ideologies, languages, and economies. All the populated islands have elementary schools, and many also have high schools. Christian missionaries started the first schools and continue to operate many of them today. Many islanders do not continue education beyond elementary school (Oliver 1989).

Most Pacific Islanders live in the small farming or fishing villages. However, many had left their villages to work in the towns and cities. All the families of a village feel strong ties to one another even though they may not be related. Chiefs play an important role in the affairs of the villages. A village chief is expected to advise and lead his people, show hospitality to visitors, and uphold the good name of the community (Oliver 1989). Many islanders are skilled artists and craftsmen. They can use the leaves and fibers of native plants, such as palm and pandanus trees, to weave baskets and mats, which they decorate with colorful designs. Some of them use native woods to carve masks, cooking utensils, and other objects.

World War II brought enormous change to the Pacific Islands. The momentum for political independence among the colonies led to the formulation of self-government plans. Western Samoa was the first to achieve political independence in 1962 and Palau, the last, in 1994 (Oliver, 1989). Christianity and the English language were the strongest remnants of western cultural ways that remained in the colonies that became independent.

Part 2: Paradigms of Disability

Perceptions of disability in society had undergone dramatic changes. Historically, the medical model considered individuals with disabilities as incapable of being rehabilitated and gainfully employed. Throughout the twentieth century, theories of biology and culture presented images of race, class, and disability in terms of deficiency and dependence (Block, Balcazar, & Keys, 2002). These images of biological and cultural pathology have been rejected by many modern theorists who have adopted a minority group model for the analysis of groups disenfranchised on the basis of race, class, gender, and disability. Some research articulate on the functional limitations model as contributing to the society's marginal treatment of disability issues and discrimination towards people with disabilities (Imrie, 1997). Current research, however, has suggested that social, attitudinal, and environmental barriers in society contribute to the physical and mental impairments that disable people (Stodden, Stodden, Rupnow, Thai, Galloway, 2003). Social theorists suggest that disability is a socially imposed limitation which physically and mentally disabled individuals have to endure. In this paradigm, Gleason (1996) defines disability as a social oppression of the impaired individual. On the other hand, the inclusion of the disabled in the welfare system; increasing the accessibility of the disabled through the enactment of the Architectural Barriers Act of 1968; and the provision of equal opportunities through the Rehabilitation Act of 1973 and amended as Title IV of the Workforce Investment Act and the Americans with Disabilities Act of 1990 provide illustrations of the legal paradigm of disability (Stodden, et. al., 2003). The economic framework in understanding disability and work is also important. The economic paradigm is concerned with analyzing the relationship between disability and the labor market (Wolfe & Haveman, 1990). In this paradigm, disability is defined through an interaction between functional limitations and the type of work, access to work, and the accommodation in the workplace. In contrast, an integrated and holistic paradigm of disability has recognized the contextual aspect of disability – the dynamic interaction between individual and environment over the life span (National Institute on Disability and Rehabilitation Research [NIDDR], 2002). This paradigm has recognized that rehabilitation services, architectural design, educational systems, and a variety of social services programs have all played a role in either isolating or creating opportunities for people with disabilities (NIDDR, 2002).

Part 3: AAPI Underutilization of Vocational Rehabilitation Services

The context of the past and the present in the field of rehabilitation is important in order to understand the reasons for the underutilization of vocational rehabilitation services by AAPI with disabilities. In the past three decades, there have been landmark legislations influencing rehabilitation. The historic Rehabilitation Act of 1973 and its subsequent amendments signaled the beginning of consumerism and empowerment in the field (Rubin & Roessler, 2001). Section 504 of the Act, patterned after the Civil Rights Act affirmed that Americans with disabilities are a minority group who has rights that must be protected by law. It stated:

No otherwise qualified individual with a disability in the United States shall,

> solely by reason of his or her disability, be excluded from participation in, and be denied of the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. (Batavia, 2001, p.27)

Described as being the Bill of Rights of Americans with disabilities, the regulations implementing Section 504 took four years to be written (Rubin & Roessler 2001). Other legislative initiatives have focused on the severity of disability as well as technology, physical accessibility in new and remodeled construction, health care reforms, workers compensation for injured workers, and disability programs operated by the Social Security Administration. These legislations include the Americans with Disabilities Act of 1990 and the Workforce Investment Act of 1998, which raised the visibility of disability and focused on increasing access to the community, addressing the issues of inclusion and discrimination in employment (McFarlane, Dew, Enriquez, & Schroeder, 2003).

Employment had changed. Many of the jobs that exist today had not been thought of five years ago. Individuals who work for the same employer for their entire career are diminishing (Ratke, 2001). Similarly, the cultural context in which we live and work had changed significantly. The workforce is diversified on many dimensions and will continue to do so (Hoppe, 2004). The rehabilitation field however had been slow in addressing the increasing number of culturally diverse customer base (McFarlane, et. al., 2003).

Racial minority population will outnumber White (non-Hispanic Americans) and will likely need VR services (Wilson, Harley, McCormick, Jolivette, Jackson II, 2001). Two decades of research in differences in VR service provision and outcomes for clients from different racial and ethnic groups had indicated some consistency in findings. Among these findings showed that clients from racial minority groups: (a) receive different pattern of service delivery (Wilson et. al., 2001), (b) have different success rates following the provision of services (Moore, 2001), and 3) differ in the cost of services provided (Atkins & Wright, 1980; Daneck & Lawrence, 1982; Feist-Price, 1995; Wheaton, Wilson, & Brown, 1996; Wilson et.al., 2001).

The increased focus on understanding the socio-cultural minority status of individuals with disabilities has been provoked in part by concern that the majority of rehabilitation counselors serving these individuals represent dominant White, non-disabled cultural values (Flowers, Edwards, Pusch, 1996; Kundu, Dutta, & Walker, 1997). Furthermore, although racial minorities constitute the largest proportion of people with disabilities (Rehabilitation Services Administration (RSA) 9-11 Report, 2002), they underutilize rehabilitation services and patterns of inequitable treatment of minorities have been documented in all major junctures of the vocational process. The utilization of VR services by minority population is often influenced by their attitudes toward disability, attitudes toward self, perceptions, and expectations of the rehabilitation process, and attitudes toward service providers (Belgrave & Walker, 1991). Several research studies identified multiple reasons of potential determinants of minority customers' ineligibility and exclusion from VR services. These include: (a) differential worldviews between minority customers and counselors (Mahalik, Worthington, & Crump, 1999; Wilson, Jackson, Doughty, 1999), (b) bias and discrimination against racial and ethnic minority customers, cultural insensitivity of rehabilitation counselors (Rubin, Pusch, Fogarty, & Meginn, 1995; Sue, 1994; Wilson, 1999), (c) cultural mistrust of minority customers toward White counselors (Alston & Bell, 1996; Sue 1992), and (d) the immaturity of cultural diversity initiatives in rehabilitation programs (Bernal & Castro, 1994; Heppner & O'Brien, 1994; Pack-Brown, 1999; Sue, 1994).

Part 4: AAPI with Disabilities: Education and Employment Issues

The AAPI term was included in the language of the Rehabilitation Act of 1973 as amended in 1998 although specific rationale of their inclusion was not provided (RSA, 1998). In part, this is because very little data has been available regarding disability within the AAPI population. Current estimates do not accurately reflect the reality of disability incidence or prevalence among the AAPI population. Like other individuals with disabilities, many AAPI with disabilities want to work and are able to work, but find it difficult to obtain and retain meaningful, competitive employment. In addition to challenges related to disability, AAPI often face language and cultural obstacles that impede their ability to work. For example, AAPI tends to look first to family members and relatives, rather than professionals for assistance and are reluctant to seek support from public assistance, such as state vocational rehabilitation agencies (Park & Starbuck, undated; Reeves & Bennett, 2003; Waldrof & Stern, 2003).

Research literature about AAPI with disabilities is characterized by an abundance of diverse documents but a scarcity of systemic and scholarly investigations (Stodden, et.al. 2003). One of the principal reasons for the limited information has been the perpetuation of the model minority myth that AAPI have no problems because they have literally made it in American society and therefore have no need for services (Brewer &

Suchan, 2002; Chan & Sucheng, 1991; Fong, 1998; Frey, Abresch & Yeastin, 2001; Hong, 1996; Lee, 1996; Tuan, 1999). Time and again, media coverage has often called attention to characteristics such as income levels and educational achievement without full explanation of what those characteristics represent. The historical reliance on support systems internal to their ethnic community forced upon them as a result of anti-Asian sentiments has also given rise to the feeling that there is no need for services by external providers (Zia, 2000).

Disability has not been a priority concern with many AAPI families adhering to cultural and religious values that view the occurrence of disability to be a reflection of their own failure and shame (Leung, 1996). Thus, some AAPI families with members who have disabilities may attempt to keep them in the background and not call attention to their different needs. AAPI may avoid public assistance and employment programs because they do not feel comfortable in them, are not aware of them, or because these programs have not been culturally appropriate (Dziekan & Okocha, 1993; Leung, 1996; Ross & Biggi, 1986). There are differences among AAPI with regard to employment patterns, per capita income, and poverty rates (Teranishi, 2002). In 1990, while AAPI as a whole had a poverty rate of 14%, half the rate of Blacks and Hispanics, there were ethnic groups and certain pockets of AAPI communities that faced economic hardship that exceeded that of other communities of color. Recent research continues to confirm these findings that controlling for other variables, AAPI still earns less money than Whites with virtually equal qualifications (Esther, 2001; Le, 2005; Frey, et.al., 2001).

Numerous media documents argue that AAPI are doing well and no longer experience any discrimination and no longer need public services such as bilingual education, government documents in multiple languages, and welfare. AAPI are still targets of racial inequality and institutional discrimination and that the model minority image is a myth (Chang, 1999). Additionally, Chang tackles this model minority myth in relation to affirmative action. In 1990, Asians were 2.9% of the national population but were 20% of freshman at Harvard, 15% at Yale, and 24 % at Stanford. Some universities, such as Berkeley, Stanford, and Brown have long since eliminated affirmative action for Asians (Tsuang, 1989). Furthermore, because of the perceived educational success of AAPI, they have been excluded altogether from racial discourse on educational issues because it is believed that there is no need to address their educational needs or issues (Nakanishi, 1988; Ong, 1994). There has been significant growth in participation by AAPI in science and engineering occupations (Kannankuty, 2003). However, there is no statistics provided as to how many of these individuals have disabilities. Even though some AAPI groups like the Chinese, Japanese, and Koreans are doing relatively well in academic environments, other AAPI have not done well and need affirmative action.

Minority/ Immigrant Status and Underemployment/Unemployment

In the U.S., the comparative economic performance of major/racial ethnic groups has been the topic of many inquiries. Minority and immigrant groups are often disadvantaged in gaining access to jobs for which they are educationally qualified (Jong & Madamba, 2001). From an assimilation perspective, differential employment opportunities and economic performance of certain minority groups result, at least in part, from immigrant characteristics (Carliner, 1996; Gordon 1964; Stolzenberg and Tienda, 1997). An initial disadvantage among immigrants when they first enter the labor market is the absence of capital (Da Vanso, 1981); immigrants have fewer social networks, and in many instances fewer market-specific skills needed for a job in the United States. Evidence shows that different immigrant groups take an average of 12 to 21 years to earn as much as natives (Carliner, 1996). Asians and Mexicans needing at least 10 years to overcome the socioeconomic disadvantages associated with their immigrant status (Lalonde and Topel, 1990, Lee and Edmonston, 1994). As a result most recent immigrants, who make up a sizable portion of Asian and Hispanic minority groups, have difficulty gaining employment and are more likely underemployed than native born and non- Hispanic white workers.

Part 5: Critical Race Theory

Historical Perspectives on Critical Race Theory (CRT)

DuBois (1903, 1989) predicted that racism would continue to emerge as one of the U.S. key social problems. Racism overtly shaped U.S. social institutions at the beginning of the twentieth century and continued to impact U.S. institutions of socialization in the beginning of the twenty-first century ((Yosso, 2005). Anzaldua (1990) called on People of Color to transform the process of theorizing about the sources of knowledge. Scholars such as Ladson-Billlings (2000) and Delgado Bernal (2002) asked whose knowledge counts and whose knowledge is discounted? Throughout U.S. history, race and racism have shaped this epistemological debate (Scheurich & Young, 1997; Lopez & Parker, 2003). CRT was developed as a response to DuBois' racial insight and offered a response to Anzaldua's challenge and other scholars' questions regarding the sources of knowledge related to discourses on racial issues.

Delgado and Stefancic (2000) define CRT as a paradigm used to generate insights into the contemporary racial predicament, exposing how racial stratification is more powerful or enduring than is initially apparent. CRT draws from and extends to a broad literature base of critical theory in law, sociology, history, ethnic studies, and women's studies (Yosso, 2005). In its post-1987 form, CRT emerged from criticism of the Critical Legal Studies (CLS) movement. Scholars such as Derrick Bell and Alan Freeman asserted that one reason why the CLS critique of the law could not offer strategies for social transformation was because it failed to incorporate race and racism into the analysis and failed to listen to the lived experiences and histories of those oppressed by institutionalized racism (Delgado, 1995; Ladson-Billings, 1998). Initially, CRT scholarship focused its critique on the slow pace of and unrealized promise of Civil Rights legislation (Crenshaw, 2002). They stressed that oppression in the law and society could not be fully understood in terms of only Black and White discourse, which limits understandings of the multiple ways which African Americans, Native Americans, Asian/Pacific Islanders, Chicanos, and Latinos continue to experience, respond to, and resist racism and other forms do oppression (Yosso, 2005). Over the years, the CRT family tree has expanded to incorporate the racialized experiences of women, Latinos, Native Americans, and Asian Americans. For example, LatCrit, TribalCrit, and AsianCrit are branches of CRT, evidencing these communities' search for a framework that addresses racism and its accompanying oppression (Ikemoto, 1992; Chang, 1993; Delgado, 1997; Brayboy, 2002). Women of Color have also challenged CRT to address feminist critiques of racism and classism through FemCrit theory (Caldwell, 1995). In addition, White scholars have expanded CRT with WhiteCrit, by exposing White privilege and challenge racism (Delgado & Stefancic, 1997).

CRT Tenets Relevant to Education

Solorzano (1998) identified five tenets of CRT that can and should inform theory, research, pedagogy, curriculum, and policy. First tenet is the intercentricity of race and racism with other forms of subordination. CRT starts from the premise that race and racism are central, endemic, permanent, and a fundamental part of defining and explaining how U.S. society functions (Bell, 1992). In this tenet, CRT acknowledges the layers of racialized subordination based on gender, class, immigration status, surname, phenotype, accent, and sexuality (Crenshaw, 1989). Second tenet is the challenge to dominant ideology, which challenges White privilege and refutes the claims that educational institutions make toward objectivity, meritocracy, color-blindness, race neutrality, and equal opportunity. CRT challenges notions of neutral research or objective researchers and exposes deficit-informed research that silences, ignores, ad distorts epistemologies of People of Color (Delgado, 1998; Ladson-Billings, 2000). Third tenet is the commitment to social justice, which offers a liberatory or transformative response to racial, gender, and class oppression (Matsuda, 1991). This tenet offers a social justice research agenda that works toward the elimination of racism, sexism, and poverty, as well as the empowerment of People of Color and other subordinated groups (Freire, 1970; Solorzano & Delgado Bernal, 2001). Fourth tenet is the centrality of experiential knowledge of People of Color as legitimate, appropriate, and critical to understanding, analyzing, and teaching about racial subordination (Delgado Bernal, 2002). This experiential knowledge includes such methods as storytelling, family histories, biographies, scenarios, parables, chronicles, and narratives (Bell, 1987; Delgado, 1989; Solorzano & Yosso, 2000). Fifth tenet is the transdisciplinary perspective, which advocates going beyond the disciplinary boundaries to analyze race and racism within both historical and contemporary contexts, drawing on scholarship from ethnic studies, women's studies, sociology, history, law, psychology, film, theatre, and other fields.

CRT and the Use of Narrative

CRT scholars often choose the narrative form not merely because it can literally give voice to the oppressed, but also because they disagree with the notion that laws are or can be written from a neutral perspective (Delgado, 1989). Perspectives are inevitably positioned, but not all positions are equally valued, equally heard, or equally included (Bell, 1996).

While the narratives of all CRT scholars bear the same purpose of bringing to the surface the perceptions of those outside of the societal mainstream, these narratives present themselves in a number of different formats. The most well-known narratives of critical race theorists fall into the two primary types (Delgado, 1989). First, is the agony tales often described as first person account, usually of some outrage the author suffered. An example of this agony type of narrative was the story told by Robert Chang (1999) a Korean American, a law graduate from Princeton University and currently an assistant professor at the Golden Gate University School of Law:

> I think about the American border guard who stopped me when I tried to return to the United States after a brief visit to Canada. My valid Ohio driver's license was not good enough to let me return to my country. He asked me where my passport was. I told him that I did not have one and that it was my understanding that I did not need one, that a driver's license was sufficient. He told me that a driver's license is not a proof of citizenship. We were at an impasse. I asked him what was going to happen. He said that he might have to detain me. I looked away. I imagined the phone call that I would have to make, the embarrassment, I would feel as I told my law firm in Seattle that I would not be at work the next day, or maybe even the day after that – until I could prove that I belonged. (p.65)

Second, are the counterstories that embody the type of narratives that mocks, jars, displaces, or attacks some majoritarian tale such as without intent, no discrimination exists, or the free market will drive out all discriminations (Delgado, 1989). Counterstories directly confront the status quo by asserting that some discriminatory behavior is far deeper and subtler than more overt and thus more familiar forms of discrimination (Bell, 1992). Counterstories also operate on a less literal level, discuss ideas more than actual occurrences, and take the form of allegory, parable, or chronicle.

Among the best known counterstories are the allegories related by Derrick Bell (1992) and perhaps the best among these is the Space Traders story:

> Aliens from outer space visit this country. They promise wealth in the form of gold, environmental-cleansing material, and a substitute for fossil fuels. If accepted, their gold and space-age technology will guarantee another century of prosperity for the nation. In return for these wares, the space traders want to take back to their home star all Black people. The Americans are given two weeks to decide. Finally, in a referendum vote, they opt for the trade by a seventy to thirty percentage. The story ends: ……There was no escape, no alternative. Heads bowed, arms now linked by slender chains, Black people left the New World as their forbears had arrived. (p. 1216)

Acceptance of the general use of narratives is frequently conditioned on accompaniment by a more traditional scholarly component, without which narratives may be thought to lack a sufficiently rigid methodological backbone (Delgado, 1989).

CRT and Disability Studies

CRT and Disability Studies draw on similar foundational concepts while offering unique theoretical lenses by means of which to analyze social relations (Watts & Erevelles, 2004). Both begin with the critical assumption that race and disability are in fact social constructs and relational concepts (Haney Lopez, 2000; Thomson, 1997). Race according to Haney are product of human rather than abstract forces produced through a process called “racial fabrication” (p.168). Similarly, Thomson describes disability not so much a property of bodies but a product of cultural rules about what bodies should be or do. CRT argues that races are constructed relationally against one another, rather than in isolation, such that the privileges that Whites enjoy are linked to the subordination of People of Color (Harris, 1995). Similarly, in the context of Disability Studies, it was pointed out that our construction of the normal world is based on a radical repression of disability because “without the monstrous body to demarcate the borders of the generic…. and without the pathological to give form to the normal, the taxonomies of bodily value that underlie political, social, and economic arrangements would collapse” (Thomson, p.20). Furthermore, both perspectives use stories and first person accounts to foreground the perspectives of those who have experienced victimization by racism and ableism first hand (Crenshaw, Gotanda, Peller & Thomas, 1995; Delgado & Stefancic, 2000).

Scholars such as Ladson-Billings and Tate (1995), Parker, Deyhle, and Villenas (1999), and Solarzono and Bernai (2001), have shifted CRT’s focus on legal scholarship to explore its implications for U.S. public education. These authors noted that minority students particularly African Americans and Latinos continue to experience segregation through sorting practices such as tracking or through disability labels such as mental retardation and emotional disturbance. For example, even though the percentage of African American and Latino students in U.S. public schools are 17 % and 11 % respectively, their percentages in classrooms with mental retardation are 34 % and 12 % respectively; emotional disturbances are 28% and 9 % respectively (Office of Special Education Programs, 2002). Similar patterns emerge when the composition of special and compensatory education programs is compared with the composition of gifted, talented, and advanced placement courses. African American and Latino students overwhelmingly populate enrollment in the former, while affluent White students populate the latter (Noguera, 2003).

Since disability had historically been associated with deviance and lack of intelligence, critical race theorists have actively sought to distance race from these attributes (Harris, 1995; Ladson-Billings & Tate, 1995). Scholars in disability studies maintain that disability is a socially constructed category that has historical, cultural, political, economic implications for social life. In this context, definitions of disability offered by both CRT and Disability Studies foreground the rejection of biological criteria as the sole determinant of differences and at the same time theorize difference as a historical, social, and economic construct that is constituted in complex ways by contesting ideological configurations (Ladson-Billings & Tate, 1995).

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

A research method provides the framework for decision-making and action for any type of inquiry. In the past, qualitative and quantitative methods were thought to represent two mutually exclusive conceptual paradigms that embodied incompatible assumptions (Rossman & Wilson, 1994). The degree of complexity and diversity in the participants and the variables that were involved in this research study required the development of a creative approach. By combining both quantitative and qualitative methods, the study was able to obtain a broad, rich, and representative picture of the research participants' thoughts, concerns, and experiences.

The research questions posed for this study called for the use of narrative inquiry with the following foundational frames of reference: (a) what does this story reveal about the person and the world from where the individual came? and (b) how can this narrative be interpreted so that it provides an understanding of and illumination of the life and culture that created it? Bochner (2001) stated that the narrative strategy in qualitative inquiry honors people's stories as data that can stand on their own as pure description of their human experience and connect with the psychological, sociological, cultural, and political dimensions of their lives. CRT and AsianCrit theory were proposed as the theoretical lens for this study. These theories supported the use of narratives to challenge the settled notions of equality, to expose oppression that may otherwise be invisible without the stories of those who experience such. Proponents of AsianCrit theory argued that narratives cannot be used effectively without first clearing space for its use (Chang, 1999). Narrative inquiry is a collaborative methodology where both the researcher and the participants seek to understand and reveal some phenomenon together. Prerequisites to this collaboration are the development of a caring relationship and the establishment of trust, thereby creating spaces that allow for deeper levels of understanding. Abrams (1991) in response to challenges to truth and typicality of narratives had these to say:

> That there are multiple ways that a narrative can achieve credibility through Revealed pain, through the cohering, particularized knowledge of the expert witness, through the ignition in the reader of a flash of recognition and that many narratives already do satisfy the criterion on which challengers had argued or felt short. (p.67)

Connelly and Clandinin (1990) called the phenomenon story and the inquiry narrative. That is "people by nature lead storied lives and tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them and write narratives of experience; life narratives are the context for meaning making" (Connelly & Clandinin, 1990, pp. 2-3).

A sequential two-phase design was devised for the study. The phases progressed from general to specific, both in sources of information and types of information that were elicited. The first phase of the study used a quantitative method utilizing preexisting archived data from the VR database. These data included demographic information such as age, gender, disability, education history, marital status, work experience, income history, nativity, public assistance history, and employment goal. Participants were assigned pseudonyms to protect their identities.

The qualitative approach was used in the second phase in order to represent the perspectives and voices of research participants. This approach required this researcher to go into the field – into the real world of programs, organizations, neighborhoods, and close enough to the people and circumstances to capture what is happening (Patton, 2002). It also included case narratives from vocational rehabilitation counselors who are working with the participants. The case narratives included: (a) initial interviews of the participants during their application for rehabilitation services; (b) comprehensive assessments that discussed participants' medical, social, psychological, and vocational information, their chosen vocational goal, and justification for the employment services that they require in order to address their impediments to employment; and (c) the Individual Employment Plan (IPE) that listed the services that had been jointly developed by the participants and their vocational rehabilitation counselors.

Data Collection and Procedures

Phase I - Quantitative Data Collection and Procedures

In order to answer the questions in the quantitative phase of the study, archived data from the DRS Oklahoma Management Information System regarding the demographic and occupational profiles, priority groups, and occupations prior to and after immigration were coded to create a data matrix using the Statistical Package for Social Sciences (SPSS).

Phase II – Qualitative Data Collection and Procedures

The qualitative phase of this study included different methods of data collection. The first method included in-depth open-ended interviews. An interview protocol was developed using insights from CRT and AsianCrit theory. The open-ended questions included those that invoke discussion regarding access to vocational, college, and employment services, racial experience and identity, perceptions of opportunities through family members, community organizations, and other information sources. Interview questions likewise included help-seeking patterns of behavior that are influenced by participants' culture. A pre-informal interview was conducted with the participants in order to formulate the interview protocols using language familiar to them and appropriate to their social and cultural contexts. Participants were selected from the groupings reflected in the descriptive statistics gathered in the quantitative phase of the study. Interpreters were used as needed.

The second method was the use of photovoice (Wang, 1999), a method of inquiry where participants are given the opportunity to take photographs of their own choosing and as a culturally relevant lens to record aspects of their daily lives from their own perspectives. With the photographs, the participants can increase their knowledge about the issues that most affect them, enrich their understandings of their lives within their community, and have an opportunity to express themselves in new and imaginative ways.

The participants were each provided with a camera. They were instructed individually on how to use the camera. They were asked to take photographs using the following guide questions: (a) What duties do you like the best and what duties do you like least if you are working, (b) What kind of work would you like to have if you are not working, (c) Who are the significant people in your life, (d) Where do you usually go to have fun? (e) What are your favorite places in the community, and (f) What are your hobbies?

After discussing the guide questions, the participants were instructed that they can add, modify, or reconfigure the questions in ways that can be more meaningful to them. The participants will be given a month to take their pictures. They were asked to call the researcher for assistance in developing the pictures. Once the pictures were developed, the participants were instructed to choose at least five pictures that they want to be included in the research study. Once the participants have chosen their photographs they were asked to write a description of their individual prints. The pictures and texts that participants chose were identified through assigned pseudonyms.

Research Participants

Participants in the quantitative phase of the study were 204 AAPI customers of OKDRS from August 2004 to August 2005. These participants were considered as the population for this research. The demographic information as well as the case narratives of these customers was in the archived data of OKDRS. Participants were selected through purposeful sampling. This type of sampling is intended to provide information-rich cases, which are those from which the researcher learn in-depth insights that are of central importance to the purpose of the research inquiry (Patton, 2002). Letters requesting voluntary participation in the research study were sent and follow-up phone calls were made to 100 clients from the 204 participants included in the quantitative phase. Selection of the100 clients were based on the top five ethnic representations in the population's demographic profile. Out of the 100 clients contacted, 15 responded. However, five of the clients who responded did not want to take pictures, which was part of the research methodology. The final number of participants in the qualitative phase of the study included 10 AAPI with disabilities selected from the 204 clients in phase 1 of the study. The decision to exclude the five clients was made in order to meet the research methodology planned and approved for this study.

Data Management and Analysis

In this mixed method study, the sequential transformative strategy (Creswell, 2003), was used. The purpose of this model is to employ the methods that will give voice to the diverse perspectives of participants and will best serve the theoretical perspective of the research. This model also recognizes the importance of using methods that do not assume that individuals from different cultural backgrounds share linguistic meanings and understandings. Using this model, this research study included: (a) an initial quantitative phase conducted to obtain descriptive statistical profiles, and (b) the second phase, where qualitative data were gathered to help explain the quantitative data. The first phase was intended to contribute to the second phase and enhance the entire study. The final phase of the study was the integration phase which referred to the point in the process of the research procedures where the quantitative and qualitative data were reported.

The quantitative phase used descriptive statistics including measures of central tendencies, measures of variability, frequency distributions, and measures of relationships between categorical variables of interests reported in the form of cross break tables. Several mixed method research studies have used the qualitative phase to develop a survey instrument for the quantitative phase of the study. The researcher's decision to use demographic information and simple correlation in this study was guided by the general cultural values of the participants in which interpersonal relationships are emphasized. AAPI are generally not familiar with the formality and structured nature of the research process. Some of them may experience forced-choice surveys as silencing (Zea, Reisen, & Diaz, 2003).

The qualitative method on the other hand, enabled the participants to express themselves in a more natural way, which allowed for exploration of their experiences and meanings. It also provided more opportunities for their voices and perspectives to emerge. The challenge of qualitative research is in making sense of the enormous amount of data gathered in the research process. Guidelines for analyzing qualitative data can be found in books, journals, and unpublished theses and dissertations. However, these guidelines are not rules. There are no magic recipes or formulae so data analysis will be unique for each inquirer's skills, training, insights, and capabilities. The outcome of narrative analysis is a narrative. The narrative analysis is a retrospective synthesis of data from a bound study. A bound study has a specific context of time frame and includes a beginning, middle and end (Oliver, 1998). Connelly and Clandinin (1990) and Polkinghorne (1995) provided the criteria to guide a narrative analysis: (a) Setting is where the narrative, the action takes place and comprises the elements of physical environment, socio-cultural features, and temporal location; (b) Characters represent the people who create or live the events of the narrative, which include the main and supporting characters; and (c) Plot is the integration of various events , happenings, and actions of human life woven into a thematic whole, which consists of a temporal structure that requires a beginning, a middle, and an end.

CHAPTER 4

FINDINGS

This chapter includes the data analysis and interpretation of the findings in both the quantitative and qualitative phases of this study. The findings are divided into three parts. The first part provides the data and the analysis that addressed the research questions posed for the quantitative component of the study. The second part provides the data and the analysis that addressed the questions posed in the qualitative component of the study. The third part provides the combined analyses of both the quantitative and qualitative data.

Part I - Quantitative Data and Analysis

The factors that were particularly relevant to this study were the influence of demographic factors on participants' employment (like age, gender, ethnicity, English speaking ability, marital status, nativity, and referral source), socio-economic factors (such as family size, education, receipt of public assistance, residence, and employment goal), and disability factors such as types of disability and severity of disability and the interaction between these sets of variables. There were 300 AAPI with disabilities who were initially targeted for this study. However, during the tallying process to set up the data sets, only 204 participants were included in the study due to errors made in the coding of the participants' ethnicity. Ninety-six consumers were coded as AAPI on the OKDRS Management Information System but on close examination by this researcher utilizing counselors' case documentation, the consumers' ethnicity were those other than AAPI. Researcher reported this to OKDRS management, who in turn referred it to the agency's Policy and Service Improvement Workgroup for analysis on the source of error.

The first question posed in the quantitative phase of the study related to the demographic and occupational profiles of the research participants. Archived demographic data were analyzed using descriptive statistics. The data were entered into the statistical software, SPSS 13.0 version. The demographic factors of the participants are shown in Table 1. The largest group was those with the age range of 16-25 with 38.6%, 45-54 age range was 19.6 %, 35-44 is 16.7%, 26-34 was 14.2%, and 55-64 was 10.8%. Gender differences showed 125 or 61.3% were male while 78 or 38.2% were female. In terms of marital status, 100 or 52.9 % never married and 52 or 25.5 % were married; frequencies of divorced and separated participants were negligible. Nativity of the participants was categorized according to whether they were born in the U.S. or outside the U.S. 73 or 35.8 % of the participants were foreign born while 129 or 63.2% were born in the U.S. English speaking ability of the participants were assessed by their counselors as poor, average and excellent during their initial interviews following application for rehabilitation services. In terms of English speaking ability, 91 or 44.6 % had poor abilities, 106 or 52.1 % had average abilities, and 7 or 3.4 % had excellent abilities. Referral sources of the participants were categorized, which showed that 74 or

36.3 % were self-referred, 94 or 46.1% were referred by public organizations (like schools, colleges and universities, and other government or local agencies), 32 or 15.7 % were referred by private organizations (like community rehabilitation providers, churches, and other charitable organizations), and 4 or 1.5 % were referred by their families. Participants with severe disabilities were 83 or 71.6 % of the total group while the rest of the participants that had the most severe disabilities were at 63 or 30.9%, less severe were at 48 or 23.5%, and not severe were at 10 or 4.9%. 186 or 91.2 of the participants had their first case with VR, while only 15 or 7.4 % had second cases and 3 or 7.4 % had third cases.

Table 1

Frequencies of Demographic Variables (N=204)

Variables

Age	Frequency	Percent
16 - 25	75	36.8 %
26 - 34	29	14.2 %
35 - 44	34	16.7 %
45 - 54	40	19.6 %
55 – 64	22	10.8 %

Table 1 (continued)

Age	Frequency	Percent
65 – 74	2	1.0 %
75 – 84	2	1.0 %
Gender		
Male	125	61.3 %
Female	79	38.7 %
Marital Status		
Never Married	108	52.9 %
Married	52	25.5 %
Divorced	22	10.8 %
Separated	19	9.3 %
Missing data	3	1.5 %
Nativity		
Foreign born	73	35.8 %

Table 1 (continued)

Nativity		
U.S. born	130	63.7 %
Missing data	1	.5 %
English Skills		
Poor	91	44.6 %
Average	106	52.0 %
Excellent	7	3.4 %
Referral Source	Frequency	Percent
Self	74	36.3 %
Public Organization	94	46.1 %
Private Organization	33	16.2 %
Family	3	1.5 %
Severity of Disability		
Most severe	63	30.9 %
Severe	83	71.6 %
Less severe	48	23.5 %

Table 1 (continued)

Severity of Disability		
Not severe	10	4.9 %
Number of VR Case		
VR 1	186	91.2 %
VR 2	15	7.4 %
VR 3	3	1.4 %

Table 2 shows the 16 ethnicities of the participants in terms of their frequencies from highest to lowest, which were as follows: Philippines had 47, Hawaii had 35 or 17.5 %, Vietnam had 30 or 14.7 %, India had 23 or 11.3 %, Other Pacific Islands had 19 or 9.3 %, Guam had 17 or 8.3%, China had 10 or 4.9 %, Korea, Malaysia, and Pakistan had 4 or 2 % respectively, Japan had 2 or 1.0, and Thailand, Indonesia, Taiwan, and Afghanistan had 1 or .5 % respectively.

Table 2

Ethnicity of Participants (N = 204)

Ethnicity	Frequency	Percent
Filipinos	47	23 %
Native Hawaiians	35	17.2 %
Vietnamese	30	14.7 %
Indians	23	11.3 %
Other Pacific Islanders	19	9.3 %
Guamenian	17	8.3 %
Chinese	10	4.9 %
Samoans	5	2.5 %
Malaysians	4	2.0 %
Pakistan	4	2.0 %
Koreans	4	2.0 %

Table 3 shows the percentage of the participants in terms of their preferences in the sixteen occupational clusters identified by the Oklahoma Career Technology System. The first group of occupational clusters with highest participants' preferences were agriculture, food, and natural resources at 32 or 15.7 %, human services at 29 or 14.2 %, architecture and construction at 22 or 10.8 %. arts, health science at 19 or 9.3 %, and information technology at 18 or 8.8 %. The second group with mid-level participants' preferences were business, management, and administration as well as education and training at13 or 6.4%, hospitality and tourism was 12 or 5.9 %, marketing, sales, and service was 9 or 4.4 %. The third group with the lowest participants' preferences were engineering, mathematics was 8 or 3.9 %, manufacturing was 6 or 2.9 %, transportation, distribution, logistics was 5 or 2.5 %, A/V technology was 5 or 2.5 %, government and public administration was 4 or 2.0 %, law, public safety and security was 4 or 2.0 %, finance was 3 or 1.5 %, science, technology, and two participants who were undecided on their occupational choice were 2 or 1.0 %.

Table 3

Occupational Clusters (N = 204)

Occupational Cluster	Frequency	Percent
Agriculture, food, and natural resources	32	15.7%
Human services	29	14.2 %
Architecture and construction	22	10.8 %
Health science	19	9.3 %
Information technology	18	8.8 %

Table 3 (continued)

Occupational Cluster	Frequency	Percent
Education and training	13	6.4 %
Business Management and administration	13	6.4 %
Hospitality and tourism	12	5.9 %
Marketing, sales, and service	9	4.4 %
Science, technology, engineering, math	8	3.9 %
Manufacturing	6	2.9 %
Arts, A/V technology	5	2.5 %
Transportation, distribution, logistics	5	2.5 %
Government and public administration	4	2.0 %
Law, public safety, and security	4	2.0 %
Finance	3	1.5 %
Independent living	2	1.0 %

Table 4 reflected the participants' type of disabilities. The top five disabilities found prevalent among the participants were specific learning disabilities at 38 or 18.6 %, orthopedic at 31 or 15.2 %, mental illness and visual impairment at 24 or 11.8 % respectively, mental retardation at 20 or 9.8 %. The disabilities that had low prevalence among the participants were endocrinology at 13 or 6.4 %, hearing impairment and traumatic brain injury at 11 or 5.4 %, multiple disabilities at 10 or 4.9 %, circulatory at 6 or 2.9 %, other disabilities at 5 or 2.5 %, speech impairment at 4 or 2.0 %, arthritis/muscuskeletal at 3 or 1.5 %, diabetes, respiratory at 2 or 1.0 %, alcohol, and drug abuse at 2 or 1.0 %.

Table 4

Types of Disability (N=204)

Disability	Frequency	Percent
Specific learning disability	38	16.6 %
Orthopedic	31	15.2 %
Mental illness	24	11.8 %
Visual impairment	24	11.8 %
Mental retardation	20	9.8 %
Diabetes/endocrinology	13	6.4 %
Traumatic brain injury	11	5.4 %
Hearing impairment	11	5.4 %
Multiple disabilities	10	4.9 %
Circulatory	6	2.9 %
Other	5	2.5 %
Speech impairment	4	2.0%
Arthritis/muscuskeletal	3	1.5%
Respiratory	2	1.0%
Alcohol and drug abuse	2	1.0%

The second question in the quantitative phase of the study relates to the relationship between participants' nativity (foreign born or born in the U.S.) and the severity of their disabilities. The severity of disability is categorized based on the number of the individual's limitations in major life capacities, which include: (a) work tolerance, (b) interpersonal relationships, (c) self-direction, (c) work skills, and (d) mobility. Those who are considered in the most severe category have three or more limitations, severe category has at least two limitations, less severe category has at least one disability, and not severe as having mental or physical impairments that do not limit major life activities. Table 5 shows that among those who were foreign born, there were 37%, 45%, 15%, and 3% whose disabilities were considered most severe, severe, less severe, and not severe respectively. The same table shows that among those who were U.S. born, there were 27%, 39%, 28%, and 6% whose disabilities were considered most severe, severe, less severe, and not severe respectively.

Table 5 (Cross Tabulation of Nativity and Severity of Disability)

	Severity			
Nativity	Most Severe	Severe	Less Severe	Not Severe
Foreign Born (n = 73)	27 (37%)	33 (45%)	11 (15%)	2 (3%)
U.S. Born (n = 131)	36 (27%)	50 (39%)	37 (28%)	8 (6%)

Summary of Findings (Quantitative Phase)

The descriptive statistics in the quantitative phase of this study showed the following demographic data: 1) The most frequent age range of the participants was at the 16-25 range and the lowest age range was at 55-64; 2) There were more males (61.3%) than females (38.2%) among the participants; 3) 52 % or half of the participants had average English speaking skills as assessed by their vocational rehabilitation counselors during their initial interview following application for services; 4) In terms of participants' nativity, foreign born were at (35.8%) while U.S. born were (63.2%); 5) In terms of the participants' ethnicity, the highest ethnic group was Filipinos (23%), second was Native Hawaiians (17.2%), third was Vietnamese(14.7%); fourth was Indians (11.3%), and fifth was Guamenians (8.3%); 6) The occupational cluster preferences of the participants showed the top highest categories were agriculture, food, and natural resources (15.7%), human services (14.2%), architecture and construction (10.8%); information technology (8.8%), health science (9.3%); and 7) The types of disability reported by the participants with the highest incidence were specific learning disability (16.6%), orthopedic impairment (15.2%), mental illness and visual impairment (11.8%); and mental retardation (9.8%).

Although the quantitative phase of this study included the total population of AAPI who are utilizing OKDRS services, this demographic profile may not represent the AAPI demographic profile of all people with disabilities who are of working age in Oklahoma. It appeared that AAPI who applied for OKDRS services are from the younger generation. This goes with the higher number of U.S. born participants in this research study. In the researcher's review of literature, no study was found that provided an age profile of AAPI with disabilities that applied for services with the eighty public vocational rehabilitation agencies nationwide. This researcher can only point to at least two findings in the literature review that may explain the higher application rate of younger AAPI with disabilities in this study. One is the cultural mistrust of minority consumers toward White counselors (vocational rehabilitation counselors are predominantly White) and the immaturity of cultural diversity in rehabilitation programs. Many Asian cultures still have problems talking about disabilities openly and the less acculturation and assimilation of the Western Culture as in the case of the older generation; the higher is the distrust to the host culture.

The review of literature in this study also indicated that there is very little data available regarding incidence of disability with the AAPI population. Hence, there is no data to compare the reported incidence of disability in this study. On the other hand, there were studies included in the review of literature, which discussed the language and cultural obstacles that impeded the ability to work among AAPI with disabilities. These studies supported the findings in this research that showed that almost half of the participants (44.6%) speak relatively poor English.

The ethnicities represented in this study did not necessarily reflect the history of Asian immigration reflected in the review of literature. While Japanese, Chinese, Filipinos, and Koreans were among the first Asian immigrant to come to the United States, this study reflected Filipinos, Vietnamese, and Indians as having higher representation among the participants.

The findings of this study in terms of the occupational cluster reported as the participants' vocational goals did not reflect the occupation being pursued by AAPI (non-disabled and disabled) in the review of literature. The highest was in agriculture, food and natural resources and not in math and engineering.

Finally, the relationship between the nativity of the participants and the severity of their disabilities showed that there were more participants with severe disabilities (at least two limitations in their major life activities) among those who were U.S. born than those who were foreign born. There is very limited information in the literature about the relationship of AAPI's nativity and their health status, which has a significant impact on the incidence of disability. However, the findings of this study regarding such relationship contradicted the findings of the very few studies that exist. There were more foreign-born participants who have more severe disabilities than those who are U.S. born. Generally, foreign-born persons are thought to be healthier than their U.S. born counterparts because of the self-selectivity of immigration (Marmot, Adelstein, & Bulusu, 1984). Immigration applicants have to meet health requirement standards to be approved for immigrant visa. However, the health advantages associated with immigration seem to deteriorate as the length of their stay in the U.S. increases (Guendelman & English, 1995). Other factors that were not considered in this study that may have significant impact on the relationship between nativity and severity of disability are the purpose of migration (job-related or family unification) immigrant or refugee status, age, and levels of acculturation.

Part II - Qualitative Data and Analysis

The qualitative phase of this study consisted of the narratives of participants reflected in their interviews. Participants' ethnicities with the highest frequencies in the quantitative phase of the study were used to identify a purposive sampling of participants for the qualitative phase. One hundred letters were sent to participants in the quantitative phase followed with phone calls as well as follow-up contacts by e-mails or phone calls to their respective counselors. Ten participants agreed to participate in the qualitative phase of the research study: four are Filipinos, one was a Native Hawaiian, one was Vietnamese, one was Indian, and three were Koreans. Through the use of open-ended interview questions, the participants provided storied accounts of their lived experiences. Initial interviews, comprehensive assessments, and individual plans for employment completed by vocational rehabilitation counselors working with the participants were also used to supplement information derived from the qualitative interviews. The qualitative data included information about the participants from the supplementary documentation from the vocational rehabilitation counselors followed by direct quotes from their in-depth interviews conducted by this researcher. Photovoice was also used as a strategic alternative for participants to define how they see themselves, what they perceive as significant and different, and how they see their social, cultural, and economic conditions affecting their disabilities and employment outcome.

The Participants

Jerry

Jerry is a 63-year old Filipino male. He was referred to OKDRS by Triad, an ophthalmology clinic after being diagnosed with cataracts resulting from Type 2 diabetes as well as age-related macular degeneration. He had no health insurance to pay for surgery. He works as an airport shuttle driver. He is married and supports his wife and youngest son with his $ 1,200 gross monthly salary. He applied for vocational rehabilitation services on February 2, 2005. His general physical exam also diagnosed him with rheumatoid arthritis. He was determined eligible for services on February 24, 2005. During his initial interview, he told his counselor:

> My vision is worse in glare conditions and at night. I do not have financial resources for surgery. I need to see clearly to do my job. My doctor said that without surgery my vision will progressively get worse and I will loose my job.

In his interview for this study, he indicated that he had diabetes for 20 years and tried to control it with diet and oral medication. He had not had any visual check-up in the last five years. He knows that it is important for individuals with diabetes to have annual visual examination. He talked about how frustrated he is with the company he is working with:

> Our company offers us insurance but we have to pay $200.00 monthly premium. If I get insurance for me and my family, I will have nothing to eat anymore and pay my home mortgage. I also need money to buy my test strips and diabetes

> pills. My counselor said that she can help me find another job. However, I have been with the company for 6 years and if I have to move to another company, I will have to start all over again.

Jerry talked about his family's history of diabetes:

> My brother died at the age of 39 and my mother died at the age of 50. Both had diabetes and never learned how to manage it. I came to the United States in 1980 and settled in California. I was required to have a physical prior to being employed. The doctor told me that I have diabetes.

Jerry graduated from high school and attended college to pursue a bachelor's degree in management. He finished his junior year but got married to his current wife and was not able go back to school after they started a family. He talked about his employment when he was in the Philippines:

> I was a boxing manager and earned good money. I used to bring some boxers to Thailand, Japan, Korea, Australia, and Africa. My boss told me that I am doing a good job and if I wanted to go to college he will pay for it. As I indicated before, I only went up to the third year because I got married.

Jerry's son petitioned him to come to the United States in 1995. His wife decided to stay behind until their youngest son finish high school. He stayed with his son in Los Angeles. He thought that he could find a good job with his work experience and education:

> The only job I was able to find is that of unarmed security at the Ambassador Hotel. I had to work in another job as a food and beverage cashier in order to support my family in the Philippines. I was a union member so I only paid $20.00

> a month to have dental and health insurance. However, the standard of living in California is so high; I was living from pay check to paycheck.

Jerry visited some family in Oklahoma and liked Tulsa. He moved to Tulsa in 2000. His wife and youngest son joined him in 2002. He found a job as an airport shuttle driver. Due to his diabetes and rheumatoid arthritis, he is no longer able to hold two jobs. Jerry hopes to retire in two years. He told researcher that he would like to go home to the Philippines. He said that with his social security and retirement, he will probably have a better lifestyle in his hometown. He is hoping that he will be able to do some farming and hire some workers to work on the land that his father left him. He likes to plant rice and coconut, sell some for additional income and keep the rest for consumption. He also would like to buy a horse and ride it for recreation. He indicated that life in the United States is alright but he is tired working from paycheck to paycheck. He said that he can hire a relative to take care of him and his wife when they are sick and older.

Jerry's Photovoice

Figure 1. Jerry's Photovoice

I like to go out in the rural areas and look at horses grazing in the field. When I go back home to The Philippines, I want to spend some time riding horses in between times when I am attending the farm that I plan to have.

Figure 2. Jerry's Photovoice

I like to work in my vegetable garden. I do a lot of problem solving while I am digging the ground or planting. This is a good exercise for my diabetes. Filipinos are known for being hard workers. We can always make both ends meet by doing some things to save money.

Figure 3. Jerry's Photovoice

My co-worker took this picture where I was standing beside the shuttle bus that I drive at work. The job is not the best job in the world but it pays our bills. It is hard for me to find another job because I will have to start all over again. I just want to retire from this job and go home to the Philippines where my social security retirement in dollars will go a long way when converted to pesos.

Figure 4. Jerry's Photovoice

These are my pet fish. They are called clown fish. I can not afford to have a dog because They can be expensive. I make sure that they are fed regularly. I like to look at them before and after work. They help me relax and not think of work and our financial problems.

Bethine

Bethine is a 54 year old female who is a native Hawaiian. She said that she was named after her grandmother who originally came from Tonga and married her husband, a Native Hawaiian. Her disability includes paraplegia resulting from a neck tumor when she was five years old. She was able to walk until seven and since 1961 she had to use a wheelchair for mobility. She was also diagnosed with neurogenic bladder. She has to do intermittent self-catheterization to void completely. She said that she gets urinary tract infection very frequently. Her husband is from Oklahoma. They moved to Oklahoma in 1985 in order to take care of her mother-in-law who was diagnosed with terminal cancer. When asked to describe herself, she talked about her family, her responsibilities as a wife and a Christian:

> I am married, was able to get a good education because my parents did not put me in special education. I am an animal lover. I strongly believe in God and consider our church as a very good support system. You noticed I did not say I am disabled. That's just to me a description other people might give to me. As if you might say someone has a red hair. It really did not effect who they are but they have it.

Bethine expressed her feelings and thoughts how society generally views people with disabilities:

> I think nowadays, society view them a little bit better than they did maybe back when I was a child. At first, the school I attended, placed me in a special class along with those who have mental retardation because I am in a wheelchair. At

> that time, I think the school thought that we will never be able to support ourselves or go on further with their education. My special education teacher told my mother that I should not be in that class. I think employers are not as accepting of people with disabilities as I would like to see them be. I'd like to think that they would think of the person first and what they can accomplish for the job but I am not sure that is really happening yet.

Bethine specifically wanted the researcher to know that without her parents and her high school counselor, and vocational rehabilitation counselor, she would not have been able to go to college:

> I was on SSI and when I graduated in high school, my high school counselor said that GATB test result showed that I will be successful in college. My parents can not afford to send me to school so my counselor referred me to voc rehab and they paid for my tuition and fees, my dorm, and a personal care attendant to push my wheelchair when I am navigating hilly areas in the campus.

She is very proud of her native Hawaiian culture and likes to use her language whenever she is trying to make a point:

> My *mo'olelo* (story) is very personal, but I am willing to share it with you because I trust that you will use the information to help policymakers understand the employment barriers of people with disabilities and in particular minorities with

> disabilities. Not many people are interested in us. Stories about Hawaiians are often just told in the form of *oli* (chants) and not much in written form.

As she mentioned, Bethine finished her bachelor's degree in sociology from a university in southeast Oklahoma in 1990 utilizing OKDRS services. However, she had a difficult time finding work that is commensurate with her education:

> Through the program county employment and training program (CETA), I got a job as a receptionist with the Department of Human Services in spite of my bachelor's degree. Most of the positions are filled by those who have political connections. I am pretty sure my disability puts me at a disadvantage when I apply for employment. I think when employers see an applicant in a wheelchair, they already think about the accommodations that he or she will be needing instead of thinking about the person first and qualifications for the job.

Her husband found a job with the Department of Human Services as an intake worker. She applied as a social worker but was not hired. Since her husband started working, there was nobody else to take her to find employment. She applied with OKDRS to get some help in finding employment and learning how to drive.

> My vocational rehabilitation counselor encouraged me to pursue a master degree in social work or vocational rehabilitation so I would have better opportunity to find employment. She said that OKDRS can pay for tuition and fees but not my books. I started at the University Center of Tulsa but I quit because I can not rely on the Lift Program for transportation. I asked my counselor if there is any

> master's degree distance learning program available. She said that she will have to do some research on it and get back with me.

In the meantime, Bethine's counselor enrolled her in the Jim Thorpe driving program that specialized in teaching people with disabilities how to drive. She got her learners permit and started her driving lessons. Her husband's car was retrofitted with hand controls so she can drive.

> We had an old Monte Carlo. I loved that car. I wish I still had it but it wore out. My father was both a farmer and a fisherman. We never had a car while I was growing up. Learning how to drive was a big step because I can now be the person that says, I am leaving this time and if you want to go with me, we are going this time.

Bethine and her husband worked out a schedule where she can use the car to do her job search. She had several interviews but still did not have a job. She was glad that they did not have kids otherwise she worried that with bills to pay including her co-payment for medical supplies, her husband's salary will not be enough. In December of 2000, her counselor called to tell her that there is a distance learning program offering a masters degree in rehabilitation through a university in a southern state. There are also scholarships available for minorities with disabilities. Bethine's counselor helped her with the application. She also needed to study for the Graduate Record Examination. She enrolled in the distance learning program in the spring of 2001 starting with six credit hours. Courses were done in six weeks. Her counselor purchased a desk top computer and paid for internet access so she can access the distance learning program. Her tuition and fees as well as books are being paid through the scholarship. She really liked the distance learning program because she does not have to navigate university buildings including the restrooms that are not accessible. It will take her at least two and a half years to finish her master's degree in rehabilitation counseling. Public vocational rehabilitation agencies are mandated by the Rehabilitation Act under the Comprehensive Standards of Personnel Development to have qualified vocational rehabilitation counselors, which require a master's degree in vocational rehabilitation. Regarding her career goals, Bethine indicated that she really likes to work with people with disabilities because she identifies with their challenges to employment and barriers in achieving quality of life:

> *Kulia i ka nu'u* which means strive to reach the highest is the motto that I stood by in order to reach my goals in life. When I became disabled, I was told that I need to be in a special school. However, I had parents and teachers who believe in me. After I finish school, my classmates said that I am good with hair and make-up so I can just take cosmetology. However, my vocational rehabilitation counselor said that my vocational evaluation indicated that I have high potentials to finish a bachelor's degree. I am sure that when I finish my master degree that a VR agency will hire me.

Following our interview, Bethine called to inform me that she has a part-time job as a volunteer coordinator for a self-advocacy organization. She said that she works at least twenty hours a week at home and meets with the volunteers once a month. She handles most communications by phone or e-mail. This is what she said about the job:

> This is very ideal for me right now. I need time to study. I get exhausted easily particularly when I have a urinary tract infection, which happens quite frequently. I get frustrated sometimes but I need to keep going so I can reach my career goals. My husband is very supportive but worries a lot about me. *He la ko'a he la he' e,* which means that in life there is triumph and defeat. Decision-making process between Westerners and Hawaiians are different. After identifying the problem, unlike Westerners who goes directly to listing options, we step back and gain perspective. After stepping back and reflecting my situation, I felt that my work and school complement my career goal, and I am happy which is very important to me and my husband.

Bethine finished her master's degree in rehabilitation counseling in December of 2003. She applied with a non-profit organization which assist people with disabilities obtain employment. She was hired as a vocational evaluator and her responsibilities include evaluating consumers with disabilities in terms of abilities and aptitudes. This is what she thinks about her job:

> I like my job, but I would rather be a vocational rehabilitation counselor. As a vocational evaluator, I only see the clients at the time of the evaluation. I have no way of knowing if he or she got a job. Every time I apply for a job as vocational rehabilitation counselor, I get an interview but no job offer to date. I think employers are afraid that I may need expensive accommodations.

The last time I talked to Bethine, she is still working as vocational evaluator. She only works part-time because of her health. She no longer drives because her legs and feet swell. Her current employer plans to merge with another company due to funding problems. She is looking into another employment that would allow her to work at home but worried that she may not be able to use her master's degree.

Bethine’s Photovoice

Figure 5. Bethine’s Photovoice

I could not go home to Hawaii to take a picture of a fishing village. I saw this picture and paid $1.00 to download so I am including this in my pictures. This reminds me of the fishing village where I was born and raised. I miss the ocean so much. In my culture, the sea is a source of life. Life was so simple back then. Most village people do not have to go to school. They can go fishing and feed their family by selling their catch in the village market.

Figure 6. Bethine's Photovoice

A friend of mine took this when I attended the Asian Festival. It is always good to keep abreast of what is happening in the Asian community. This is a good place to network with different cultures. That is me in my motorized wheelchair. The library where they hold the festival is accessible. I wish they would include Pacific Islanders as part of the festival.

Figure 7. Bethine's Photovoice

The parking lot in front of the building where I work has handicapped parking. However, there are times that some people who are not disabled park in these parking place. If I come to work late, it would be difficult for me to find a parking space. I would be waiting in my car until I can find a handicapped parking space. I can not use the other entry doors in the building because there is no ramp. It is difficult to go to buildings that are not accessible. The parking lot is one thing to navigate and the bathroom is another thing. Oftentimes the sign says it is accessible but it is not. When I apply for a job, I have to check whether the building is accessible especially the bathrooms. The job maybe something I really like but if I can't get in the building then I can't work there.

Figure 8. Bethine’s Photovoice

These are just some pictures that I took around the areas that I pass by going to work and running errands like buying groceries and going to my doctor’s appointments. These symbols reflect accessibility of facilities like buildings and restrooms. However, when you get there the place is not really accessible.

Shirin

Shirin is a 52 year old Korean American. She applied for rehabilitation services based on her multiple disabilities, which includes carpal tunnel syndrome, exotropia, rheumatic arthritis, adjustment disorder with depressed mood, and borderline intellectual ability. Her attending physician recommended night splint for her carpal tunnel. The psychologist who diagnosed her psychological state did not recommend therapy but did recommend medication. Shirin has a 10th grade education in Korea. She has immigrated to the U.S. 28 years ago after marrying an American soldier. Her ex-husband whom she divorced after 7 months was her sixth husband. She has three children; the youngest is 19 years old. She has difficulty communicating and writing in English. For this interview, researcher arranged for a Korean interpreter. She is frustrated with her very poor English:

> Since I have limited learning, I lack English skills. Even though I don't speak well English, I understand English. I try to learn although it hurts my head when I try to read English. But I don't give up. I ask my friends the meaning of the English words and I do this a lot. They get irritated when I ask.

Shirin expressed that she did not like to talk about her kids and her ex-husband anymore. However, she said that she misses her mom who died a long time ago.

> We had *Bo Sin Tang Jib* (restaurant specializing in dog stew). Although it was doing great, my mother owed lots of money and lost the business. My twin sister left home. I and my mother became street vendors selling *popob-gi* (melted sugar shaped into candies), dumpling and roasted potatoes. I moved to Seoul to work in a restaurant and I tried to send money to my mother. I lost my job in the

> restaurant and then worked in a night club where I met my American husband. I always worked hard like my mother.

When asked about her work history in the U.S. she talked about her previous jobs and her current job:

> I worked at Zebco company for three years as an assembly worker. I lost my job when company closed to go to China. My hand started hurting there but I continued to work. I just took medication. The bottom of my feet and my back hurt especially when I get up in the morning. I tried to take a cold bath, a hot bath, and massage my feet before going to work. When I lost my job and tried to find another one, I never told anybody that I am hurting. I worked in a restaurant for two months and lost that job because I was too slow.
>
> Now, I got a job as a janitor with the help of a job coach. I mind my own business and do not get involve with other peoples business even though some of them give me a hard time because of my poor English.

Even though Shirin is employed, her job is not very stable. She is a contractual worker with gross earnings of $1,800 a month. She has no medical insurance. DRS is helping her with some medical expenses like doctor's visits and medications. She is also facing numerous challenges due to her disabilities. She has constant hand and arm pains, her fingers and hands looked swollen and deformed. The ophthalmologist recommended surgical evaluation for exotropia (eyes turn outward resulting to decreased vision, sensitivity to light, and misaligned eyes). She is also facing surgery on her carpal tunnel syndrome. She constantly worries about loosing her job:

> I have to do what I need to do to survive. I am afraid of loosing my job when I have to have surgery. My employer will not hold the job for me. I just have to suffer in silence. Losing a job is very difficult. I don't have education to find a better job.

Shirin's Photovoice

Figure 9. Shirin's Photovoice

This is me in the parking lot of the place where I work. My co-worker took my picture. I always squint my eyes like this because the bright lights hurt my eyes. I have to walk a little ways to catch the bus. When my feet are hurting I miss my bus and have to wait 30 to 45 minutes to catch the next one. Transportation is always a problem for me. I don't know how to drive so I have to rely on public transportation. I have to get up early to catch the bus to go to work. I have been late several times now because I missed the bus.

Figure 10. Shirin's Photovoice

This picture was taken in my apartment. I don't have very many furniture but at least I have a roof over my head. I bought the table from a garage sale. I use as my dining table, my writing table, and all around table. I just sit on the floor when I eat. I am saving money to buy second hand furniture. I don't have good credit so I can't even rent anything. If I loose my job I will also loose my apartment. I don't qualify for housing because I am working. Even if I just earn a little bit, I don't qualify for any kind of help.

Figure 11. Shirin’s Photovoice

This is in my bedroom. That is my cat –Bobo. She sleeps with me on my futon. I don’t have a bed yet. My cat provides me company. She is also up and about when I get up in the morning. At night, my back hurts because the futon does not provide much support. I have to go to bed early around 9:00 so I can get up at 5:00 and catch the bus at 6:00. I have to be at work at 7:30.

Mary

Mary is a 60-year old female who was born and raised in the Philippines. She applied for vocational rehabilitation services after learning about the agency's outreach to Asian and Pacific Islanders. She was diagnosed with rheumatoid arthritis at the time of her application OKDRS. She has functional limitations in the areas of mobility and work tolerance. Three months following her application for services, she had a third degree burn on her left forearm resulting from a fire at home while she was cooking. She was taken to the emergency room. They grafted a skin taken from her thigh on her burned forearm. At the time of this interview, she had a handkerchief wrapped on her forearm. The interview was done in her house. When asked to describe herself, Mary had these things to say:

> I am a loving mother, a loving parent, and someone told me that I am a good friend. I am also a loving wife. I am also a religious woman. My principle in life is the golden rule: do unto others what you would like others do unto you. Did I say that right? I was diagnosed with rheumatoid arthritis after I had my first child. I had to do all the a household chore since this is what is expected of the wife in the Philippines. I started with having stiffness in my neck, arms, and fingers, which is worst in the morning. I had a second, third, fourth, and fifth child and it seemed that my rheumatoid arthritis got worse as I become older. I had difficulty raising my arms, walking, reaching for something on the floor.

Mary finished her bachelor's degree in sociology from a university in the Philippines. She said she likes to talk to people and decided on customer service as her vocational goal. Regarding her work history after she arrived in the U.S. she explained:

> When I came here in the U.S. my first job was that of a cook at a restaurant at Tulsa International Airport. I worked 5 days a week from five in the morning to one in the afternoon. This job was convenient to me because my husband also works at the airport. I don't drive so I just ride with him because we have the same work schedule. I was earning $7.25 and hour without benefits. My arthritis got worse because I have to go back and forth to a walk-in freezer to get ingredients and then get in front of the stove to cook.

Mary quit her job as a cook after two years. Her supervisor wanted her to come to work one Saturday even if it was her day off. However she was not able to do so because she was out of town. She explained what happened:

> I worked Saturdays and Sundays during my first year of employment and then on my second year, they gave me Saturdays as my day off. One Saturday, my supervisor called me and said that I need to work. I told her that I thought Saturday is my day off, however, she said that the schedule had changed because one of the employees quit. Even if I wanted to, I told her that I can not because I am in Oklahoma City. When I came back to work, my supervisor told me that I need to talk to the manager before she can let me back to work. She told me to come back the following day. The next day, the manager was there but the supervisor was not there. I got frustrated so I did not show up anymore. I said to myself, my back is hurting anyway.

Mary has a bachelor's degree in sociology. I asked her if she applied for jobs that are commensurate to her education. She said that she applied with several companies but they always tell her that she needs to have some experience:

> In my case, I was educated in the Philippines, but I do not have work experience in the U.S. American companies need to give us a chance. Filipinos are very resourceful and can be trained easily. This is the problem of most immigrants. We have to settle with jobs that are below our education level and pays lower. If only companies can give us a chance and see what we can do.

Mary learned about the Department of Rehabilitation Services from a public service announcement in Channel 8 that featured the agency's outreach program to AAPI with disabilities. She related her experience with her vocational rehabilitation counselor and the agency in general:

> I am very, very thankful to God because there are people like you and my VR Counselor who are willing to help a needy person like me. My counselor helped me to regain my hopes for a better job. He is from Asia himself, from Bangladesh. Everybody in the office was good to me. Me and my counselor discussed several vocational goals, and we decided on customer service because I had some experience in this type of occupation. In the Philippines, I worked as a customer service person in a lawyer's office as well as in an optometrist's clinic here in the U.S. I also did some volunteer work as a receptionist at Neighbor for Neighbor in Tulsa.

Mary's experience with OKDRS was very positive. Her vocational rehabilitation counselor is also of Asian descent. During the planning of Maria's Individualized Plan for Employment (IPE) they decided to pursue customer service as her vocational goal. Her IPE included assistance in job placement provided by one of the community service provider that OKDRS has a contract with. However, before her IPE was initiated, Mary had an accident in her house where she had a third degree burn from a fire in her kitchen:

> I had to have a skin graft on right left forearm. I called my VR counselor to let him know that I had an accident and I can not participate in job search at this time. I owed the hospital a lot of money, about $10,000 which I can not pay. My VR counselor helped me with some follow-up care with a doctor as well as in buying prescriptions.

At the time of this interview, Mary is still limited in the use of her right hand. However, she had prepared some food for this researcher (noodles and rice cakes). She said that her son helped her slice the vegetables. She goes to Neighbor to Neighbor to do some volunteer work since she is not working. She helps in their reception area and directs people where to go or where to get the forms.

Mary's Photovoice

Figure 12. Mary's Photovoice

This is me. The picture was taken in our house. I just came from outside. Early spring still feels very cold to me. My arthritis is really bothering me especially when it gets cold and then it gets hot. Since we don't have health insurance, I just put a hot towel on my shoulders and knees or wherever it is hurting. I just take Aleve when the pain is too much. I am worried that when I get a job, winter time will be very difficult for me because my arthritis pain is worse during winter.

Figure 13. Mary's Photovoice

These are my grandchildren who live in Tulsa. My husband is the one on the right. Whenever, we have time, we pick them up and they stay with us sometimes overnight. They are the love of my life. My family is very important to me. I like having a job so I can buy something for them aside from helping pay for our daily expenses.

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Figure 14. Mary's Photovoice

I like to go to garage sales. Since I don't have a job yet, I have to be very careful in spending any money we have. I get some really good bargains. Here in the U.S. if we earn just a little bit, we can not get any assistance like food stamps or medication. My husband's employer provides insurance but the premium is too high. We have to choose between paying for health insurance and having food on the table.

Figure 15. Mary's Photovoice

I am working in my small vegetable garden. It gives me some form of exercise that is good for my arthritis. I do it only when it's not too hot or too cold outside. It also saves us some money because I can grow some vegetables instead of buying them from the grocery store. It's hard to be poor but I believe God will take care of us. "*Bahala na ang Diyos*" (means it up to God), He always does.

Figure 16. Mary's Photovoice

This is one of my best friends. She is also a Filipina. She is a person I can always go to for moral support. She is like a mother to me. She helped me make different type of poultices made of herbs that I put on my arms, elbows, and knees when I have a painful swelling due to my arthritis. It worked and saves me money for those costly prescriptions. I think it is important to have somebody you can confide your problems to without fear of being judged. We share a passion for cooking and gardening. She does not work because she has back and digestive problems. Her husband works and has good insurance.

Figure 17. Mary's Photovoice

I used to work as a receptionist in an optometrist's clinic like this. I would like to have a similar job. I am a people person. I like helping people so I think I will be good in this kind of job. I am getting better with my English. I hope that employers in this field can give me a chance to show that I can do the job well.

<u>Corey</u>

Corey was born and raised in India. He and his family immigrated here in the United States seven years ago. He is fifty-one years old. They were petitioned by his older brother who owns a company in Tulsa. He was referred to OKDRS by his doctor. He applied for services based on his diagnosis of orthopedic impairment involving his legs and type 2 diabetes. He got hurt playing volleyball for my company in a tournament of companies in India. He walks with a limp and has difficulty walking long distance. He has three kids, one in 11th grade, one in the 9th grade, and one is in 6th grade. His wife does not work. Corey said that she is a good housewife and she does not have to go to work because he is working. He related that he had a good job in India prior to his accident:

> I worked as a transportation inspector with the India Transportation Department. I check buses for safety. I worked there for 21 years. I had to quit working when I got injured. My company gave me a disability check, and I also applied for one with the state. The company even provided me and my family an apartment while I was recuperating.

Following recovery, Corey decided to obtain his Masters Degree in Computer Science. He said that his brother in the U.S. suggested that this would be good for him to have before he comes to the U.S. They came to the U.S. in 2006. He tried to apply for several jobs but had difficulty finding anything. His doctor referred him to DRS. Corey related his experience with DRS:

> My counselor was a good person. She sent me to TCC to attend an English class. I

> know that my English is very poor. I am sure that this is one of the reasons why I am not able to find a job. I also attended computer classes so I can update my knowledge and skills. My brother paid for the classes.

Corey's DRS counselor included on-the-job training (OJT) in his employment plan. OJT is one of the services that DRS provide. It requires a contract or a memorandum of agreement between DRS and an employer. DRS reimburses the employer for the wages paid to the client for the duration of an agreed on-the-job training period. The training period varies depending on the need of the client but usually does not last more than six months. The wages have to be at least minimum wage and clients have to be paid the same time when regular employees are being paid. The employer has no obligation to hire the client after the on-the-job training period. However, counselors are advised to make sure that the agency is subsidizing the employer without benefit to the client in terms of training and subsequent employment outcome.

Corey's counselor helped him get an on-the-job training opportunity with an insurance company. His job was to load customer data in a database. The memorandum of agreement required employer to pay him $6.50 an hour, 40 hours per week for three months. The first month went well but during the second month, the employer was having problems paying Corey timely. The company appeared to be having financial problems and in spite of the agreement between them and OKDRS, Corey was not getting paid timely. Corey's counselor intervened in his behalf but found that the situation is not going to get better. Corey quit the on-the-job training arrangement with the company and found himself looking for employment again. His counselor referred him for job placement with a community-based provider. At this time, he had been out of job for two months. His brother was providing some financial help for rent and daily subsistence. Three months after referral to the community-based provider, Corey still did not have a job. They were not eligible to apply for public assistance like food stamps, temporary assistance to needy families, and Medicaid because based on state and federal guidelines. OKDRS was assisting Corey with prescriptions on pain medication, physical therapy, and transportation money for job search. He was so frustrated with his situation and felt that he is not getting any help from the community-based provider:

> I told my counselor that I need to find another provider who will be more aggressive in finding me a job. My counselor gave me a list of other providers and instructed me to talk to them. I talked to at least two of the providers but was not satisfied with their game plan to find me a job. One of the providers told me to look at newspaper ads on a daily basis. I went back to my counselor and told her that these providers are not going to help me find a job. I don’t think that they even believe that I can do any job because of my English skills.

Corey's counselor said that he needed to just stay with his current provider. She said that they are not getting paid anyway until they find him a job. He was instructed to check with the job coach on a daily basis. Counselor also said that she will inform him of job fairs that are usually being held in Tulsa. They also talked about the possibility of relocation if a good job offer comes up. He told his counselor that it is hard to find a job when employers do not know what people with disabilities are capable of. He is frustrated that some races are being discriminated because of their poor English ability and the color of their skin. He suggested that OKDRS needs to do away with providers that do not believe in the abilities of their clients and do not know how to deal with those who have a different culture than theirs.

In the meantime, his brother said that he can use some part-time help with his company doing some typing and filing. He worked with him for four hours a day and got paid $6.50 an hour. He used the other half of the day to check with his job coach and follow-up on job leads that were given to him. He also went to the one-stop office in Tulsa to register as a job seeker.

Finally, on the eight month of his job search, he went to a job fair and applied for a warehouse job at the Bank of Oklahoma. Two weeks after the job fair, Human Resources at the Bank of Oklahoma called and asked him for a job interview. He called his counselor who helped him with doing a mock interview and provided him some money to buy interview clothes. He went to the interview and had these to say about the interview:

> There were three interviewers, two ladies and a gentleman who said the he is also from India. He is the administrator for shipping and warehousing at the Bank of

> Oklahoma. Unlike me, he spoke very good English. The two ladies were very nice. They both told me to relax. I think I did well in the interview. The mock interview with my counselor helped me a lot. At the end of the interview, they gave me the opportunity to ask questions. I just told them that if they would just give me a chance, I can prove that I am a very dependable employee.

After a week of the interview, personnel from Bank of Oklahoma called and offered the warehouse position to Corey. He is going to start at $8.00 an hour, 40 hours per week, with full benefits.

Corey’s Photovoice

Figure 18. Corey’s Photovoice

Peacock is India’s national bird. I brought this silk screen from India. It has been with our family for generations. I want to include this picture to remind me that I am from India and that nothing can change that even if I am here in the U.S.

Figure 19. Corey's Photovoice

This is a Hindu Temple that I have in my house. My family prays in front of it everyday. We use Vedas, the sacred scripture to learn about the teachings of Hinduism. The Vedanta seal, which is above the picture, includes water which represents unselfish work, lotus symbolizes love of God, sun represents knowledge, serpent represents awakening of spiritual power, and the swan symbolizes the Supreme Being or Godhead. As a Hindu, we believe that human nature is divine, pure, perfect, and eternally free. I have prayed to get a job soon because my family is really having a difficult time financially. My prayer was answered.

Figure 20. Corey's Photovoice

This is a picture of me taken in my house. My son took the picture. This was taken after I got my job. I did not look very happy but deep inside I was so excited about my new job. I know that I will do a good job. My brother, my family, and my counselor are very proud of me. Without their help, I would not have this job. The community-based provider did not think that I can find a job on my own. I don't think they have confidence in my abilities. I don't think that they have the training to provide services to somebody like me that has poor English ability and no work experience here in the U.S.

Figure 21. Corey's Photovoice

This is me again in our bedroom. My wife tells me that I am a messy person. I told her that I will clean up my mess if she quits nagging me. I have difficulty getting up in the morning because my legs oftentimes get numb and stiff. My physical therapist provided me a home exercise plan that I have to do in the morning before I do anything else. I have to wake up at 5:00 in the morning so I can do my exercise. I have to catch the bus at 6:30 so I can be at work at 8:00.

Figure 22. Corey's Photovoice

This is me and my wife. We have been married for 25 years. She stuck with me both in good times and bad times. She was there when I had my accident, when I did not have a job, and now that I have a job. She is a good mother to my kids. She told me to accept the warehouse job even if it is not equal to the job I had in India and to my education. She believes in my abilities and skills.

Figure 23. Corey’s Photovoice

This is my second job. I work in the garden of some friends and neighbors. I help them prune their plants and cut their grass. This second job helps me with paying my bills and some extra money for family recreation. This started when my neighbor who is an elderly widower asked me to help her with her yard when her children can not do it. I told her I will help her and she does not have to pay me. She will not hear of it. She pays me $5.50 an hour and it takes me three hours to finish her yard. After this, she told her friends that she knows somebody who can do a good job in their yards. I have at least five regular customers who I work with during spring and summer.

Figure 24. Corey’s Photovoice

Here I am working in the yard of one of my customers. They know that I have problems with my legs but they don’t care if it takes me longer to do their yards. They just want somebody who they can trust. In a way, it also gives me good exercise for my legs.

Figure 25. Corey's Photovoice

I like reading the newspaper during my free time so I will know what's going on in the community, in the country, and in the world. Tulsa is our home now and I am glad I don't have to relocate somewhere else to find a job. My children love their schools. My wife does not care as long as she is with me.

Figure 26. Corey's Photovoice

This is my own little garden. I do this as part of my leisure time. I am able to think clearly when I am working in my garden. My wife does not like the outdoors. Maybe when I retire I would have my own business, a small nursery. I think I have what they call a "green thumb." I can grow some really nice flowers. I am patient with them.

Figure 27. Corey's Photovoice

This is me at work. They provide me with a computer. At work, I am responsible for tracking UPS packing slips for all Bank of Oklahoma branches. I do all of this online so I can still use my computer skills. My boss told me that I am doing a good job.

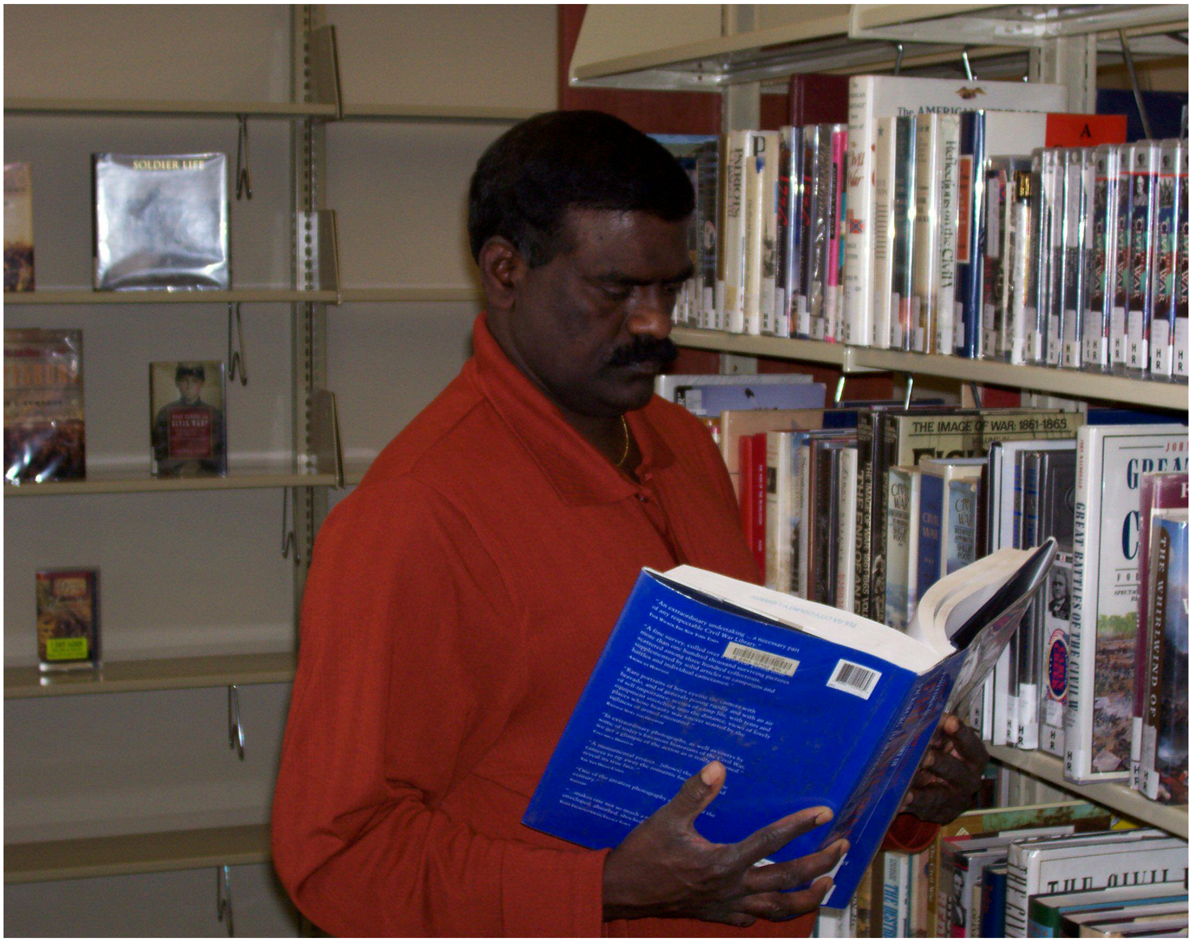

Figure 28. Corey's Photovoice

This is me in the Tulsa Community College Library. I am doing my research for my mid-terms. Bank of Oklahoma pays for classes for its employees. I enrolled in Principles of Banking so I can work towards promotion within the company. If I get into banking, I hope I can apply for a better position with higher pay. Pretty soon, my kids will be in college. I need money to pay for their tuition and fees.

Figure 29. Corey's Photovoice

I still have family in India, one brother and one sister. I have my nieces and nephews. When I have extra money to spare, I send some stuff to them. My kids send clothes that don't fit them anymore to their cousins. I miss my family back home. I can not afford to visit India so I do whatever I can to help them even with what little I have. They are proud of me back home. My family here and in India keeps me going and working hard.

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Figure 30. Corey's Photovoice

This is my whole family – my wife and my three kids. Chetena, my daughter is 14, Jay is 15, and Jeswantha is 11. They are the most important persons in my life. I work hard to support them. My kids are all doing well in school. I have to make sure that I keep my job because I want them all to go to college. Bank of Oklahoma is a very good employer. They don't think of me as a disabled person. Not many employers are willing to hire people with disabilities. I want to be part of this research because Mrs. Burkhalter can show the employers and the community that Asians are good workers if only they are given the opportunity.

Jean

Jean is a 38 year old Korean female who was referred to OKDRS by the Catholic Church in Tulsa. Her family came to the U.S. when she was 16 years old. His father came on a work visa which allowed him to take his family with him. Her presenting disabilities include psoriatic arthritis and severe depression. At the time of her application she is working in a clerical job at a Workers Compensation office although she has a B. A. Degree in Psychology. She has bee working there for two years. She applied for several other jobs but had difficult finding one. She felt that when the employer sees her psoriasis, she will not be considered for the job. At the time of this interview, she said that she is under a lot of stress that triggered red and inflamed patches of skin on her arms, elbows, legs and back. This is her first VR case. She went to the doctor because she thought that she has some kind of dermatitis on her arms and legs. She talked about her diagnosis in 1989:

> According to my doctor, psoriatic arthritis does not show positive in the blood test. It is diagnosed through symptoms like joint swellings and then the weepy, red, swollen patches on your skin. I went on remission for three months and then the symptoms came back. I did a lot of research on my own so I can ask the right questions to my doctor. Before my diagnosis, I was very active and did rock climbing, horseback riding, hiking and backpacking. Now I am in constant pain and very conscious of these red patches on my skin.

According to her counselor, Jean was very hesitant to seek help. However, when she was also diagnosed with major depression, she thought that it was time to seek help from a professional. Her parents live in Oklahoma City as well as her two brothers and a sister who are all married. She goes home on weekends and special occasions. Her primary source of emotional and spiritual support is her church. She teaches Sunday school class. She talks about her disability and how it affects her:

> Although I am always in chronic pain, I just kind of accept it and tries to get over it and move on. It was hard at first because even though I am not a vain person, I am aware of physical beauty and people judging me in relation to their standards. My psoriasis is very visible because I can not wear long sleeves all the time. I also gained weight because of inactivity. Korean culture is less forgiving with regards to physical beauty. They ask me why don't you exercise, why don't you do this and that? I don't want to tell them that I have a disability because then they will treat you like and invalid.

Jean's major depression is being treated both by medication and psychotherapy. She tried to keep her depression by engaging in meditation, reading, knitting, shopping, and walking but these activities did not help. She was at the point of being terminated from her job because she has too many absences. She told her counselor that she has no energy and just wants to stay in bed all the time and related what her parents told her:

> They told me that I should not talk about my emotional problems to outsiders. They maybe attentive and understanding but then your story will be the topic of conversation in the Korean community. The Korean culture believes that if you have a child that has a disability that they may have done something wrong in their past life. It is God's punishment. My mother had consulted some Chinese

> herbalist and she made me drink some awful tasting potions, which really did not help. They also said that they will ask for special prayers at church.

Jean said that she is constantly aware of her disability and how people perceive her disability. Prior to her diagnosis, she was dating this guy but after her diagnosis, he broke up with her. She was sure that it was because of her psoriasis rather than something else:

> My break-up with my boyfriend really put a damper on my self-esteem. I cannot help but think that my psoriasis distorted my physical appearance. My psoriasis is not really who I am but people are looking at me as if I have done something wrong. It's like victimizing the victim over and over again.

Jean's counselor referred her to a mental health agency for psychotherapy. She also helped her with asking for accommodation at her job like being able to make-up for missed work when she goes for her therapy and doctor's appointments. Her supervisor is not happy about it but because of the Americans with Disabilities Act, their Human Resources person said that Jean is entitled to an accommodation because of her disabilities. Jean talks about her work situation following her request for accommodation:

> It is getting more and more difficult to stay in my job because my supervisor is always finding fault on what I do at work. I think that no matter what I do she is determined to make me think twice in staying employed there. She has a strong influence with other supervisors so my chances of requesting a lateral transfer or applying for another position is not going to work. This situation is creating more

> stress for me which requires more medication and doctors' appointments.

Jean's vocational rehabilitation counselor has referred Jean to the Oklahoma Disability Law Office that can provide free legal advice to people with disabilities. However, Jean is hesitant to do anything further with advocating for her rights as a person with a disability after a bad experience following her request for accommodation.

Jean's Photovoice

Figure 31. Jean's Photovoice

I took this picture from a picture that my Dad took when they went back to Seoul, Korea last year. The skyscrapers served as the background for part of the Quandong Palace, which is two hundred thousand years old. It reflects how the Korean culture still affects me even if I am here in the United States and is now a citizen. I have to deal with both the Korean culture's attitude towards disability and the discrimination here in the U.S. because of my disability.

Figure 32. Jean's Photovoice

This is by the door outside my parent's house during their wedding anniversary this year. Guests leave their shoes before entering the house. This is part of our culture, which is a sign of respect to the homeowner. It is ironic though that we show respect in one thing but the culture's attitude towards disability does not show respect for the individual.

Figure 33. Jean’s Photovoice

To me employment is like fishing. You have to have the right tools to catch fish. However, if there is a storm or a hurricane, these will be beyond our control. For example, I have a bachelor’s degree but I am working as a clerk. I thought when I finish college; I would have the right tools to find good employment. However, the attitude of people and employers like prejudice and discrimination is something that is beyond our control.

Figure 34. Jean’s Photovoice

This is a picture of psoriasis during the height of inflammation. You can imagine how an employer looks at this when you are applying for a job. I sometimes have this kind of flare up when I am under a lot of stress. I have to file sick leave when I have this. Although psoriasis is not communicable, its appearance on somebody’s skin just makes other people think that it is. My mother bought several types of herbs and oil from a Chinese store to use as a salve to the broken skin. However, it really did not work. I am now taking injections that only treat the symptoms.

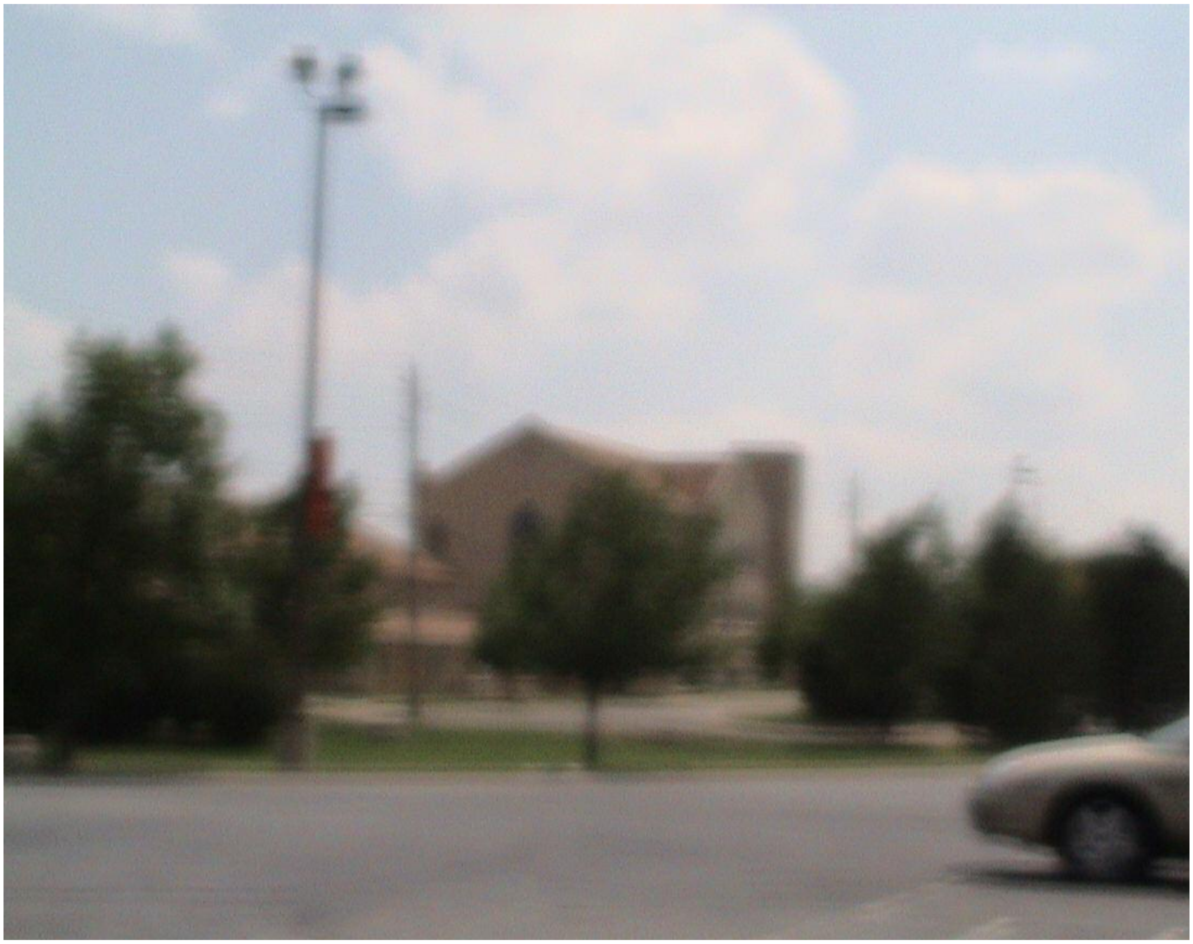

Figure 35. Jean’s Photovoice

This is the church I attend here in Tulsa. I do not attend regularly especially when my psoriasis is acting really badly. People stare and children are very curious when they see my arms and hands. Summer is particularly worse because I can not wear long sleeves.

Christie

Christie is a 23 year old Korean female. She applied for services after learning from her counselor about OKDRS and its outreach project to AAPI with disabilities. She was born in Korea and her family moved here when she was five. She attended primary, intermediate, and secondary schools in Oklahoma. She used to work as a waitress at a Korean restaurant owned by her stepfather. She was paid minimum wage and she keeps the tips. She worked there until she finished high school. She was living with her parents and a brother at the time of her application. Her disabilities during her application are facial deformity caused by third degree burn that happened when she was five years old and major depression. She had undergone seven surgeries since she was five. She talked about her surgeries and how it affected her life as well as her employment:

> I was in a fire when I was five years old and since then I had several surgeries. I had been in and out of the hospital throughout grade school. In high school, I would have procedures done during the summer. Right now, I am looking at more reconstructive surgeries. I am limited in the kind of employment that I can get and how flexible employers are. If they are looking for somebody that has the time to be committed and does not have to be absent for surgeries and if it is based on appearance, I will not have a chance.

Christie said that she is very conscious of her physical appearance and there seemed to be no way to change it. Major depression is her secondary disability. She was reluctant to talk about it but finally decided to say something briefly about it:

> It has been a long time since I felt very depressed mostly because of my physical

> appearance. My parents did not arrange for any help for me. They said that it will just go away as I get older. I had suicidal thoughts and they said that I am just faking it. My church and my pastor helped me cope with my depression. I am just lucky I am still alive right now.

Christie just recently moved out of her parents' house and quit working at the restaurant. She obtained a clerical job at a doctor's office working full-time and earning $9.00 an hour. She also found an apartment close to where she works. She got accepted at Tulsa Community College and plans to pursue a bachelor's degree in accounting. Her vocational rehabilitation counselor referred her to a therapist while she is waiting to be served by a mental health agency. OKDRS can pay for at least six months of psychotherapy. She was very reluctant to be in treatment:

> I just learned to cope with my depression, like I cry myself to sleep and then I work really hard during the day so I really do not have much time to think about how I feel. However, my therapist told me that I am a walking time bomb. I just keep all my problems to myself. I have grown up and got used to being different. Some people though are very rude and cruel by the things they say and how they look at you.

Christie talked about her family and how they influence her attitude towards her disabilities and life in general. She talked lovingly about his brother. She never knew her father. She was raised by her mother and stepfather. When asked about her family, Christie had these to say:

> My family and I have always been very independent. They seemed like they are always busy with their lives. I just have to take care of myself emotionally. They probably wished that they have a beautiful daughter. When I think about my family, I think I am a burden to them. I feel like I need to be successful so they will not be disappointed on me. They don't care what kind of work I would have after I left home. I turned to my church but there seemed to be something always missing. Our priest is somebody I can talk to. He is also from Korea.

Christie cannot wait until she finishes college. Her current job pays her bills, but it is not the kind of job she would like to have forever.

Christie’s Photovoice

Figure 36. Christie’s Photovoice

Me and my best friend Jennifer. She has been my friend since freshman year of high school and we have gone through some hard times together. She is my one true best friend.

Figure 37. Christie’s Photovoice

My school campus TCC. It’s a big part of my life and I get to finish up my last semester this summer! I am getting use to other students looking at me. However, some of them can really stare which makes me very self-conscious.

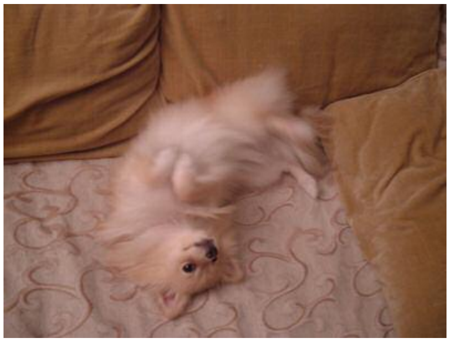

Figure 38. Christie's Photovoice

My dog Jadu. She is my favorite dog and I've had her ever since she was born out of her mama's tummy. She loves me for who I am.

Figure 39. Christie's Photovoice

I caught a rainbow after the rain. It's always so nice to catch one. I think the rainbow is a Good sign from God that things will get better.

Figure 40. Christie’s Photovoice

My school books for the semester….@#*$&$&@*

Figure 41. Christie’s Photovoice

Me and my friend Jade. We are always getting into trouble together. She is the one friend I turn to when I am having problems with my parents and life in general.

Figure 42. Christie's Photovoice

My mom and dad. They are always fighting…!!!

Figure 43. Christie's Photovoice

My typical lunch at school. Sandwich and chips…I never have time to eat healthy.

Figure 44. Christie's Photovoice

A pro LPGA golfer gave me this hat as a present. It's my favorite hat.

Figure 45. Christie's Photovoice

This is my fake forced smile…=)

Figure 46. Christie's Photovoice

I bought a new mp3 player for exercising. I have been trying to run a lot at LaFortune Park and music helps so much to not only keep energized. It helps to make the time fly by.

Figure 47. Christie's Photovoice

Me and my brother Eric. He's my only sibling and I love him dearly, although I am very tough with him

Figure 48. Christie's Photovoice

My cousin's little girl. She is like my little niece. So So cute! She touches my scars and gives me kiss. She does not get scared, which makes me think that discrimination and prejudice is learned.

Figure 49. Christie's Photovoice

My brother with Jadu. She is so afraid of him because he yells at her all the time but they get along ok.

Tom

Vietnamese immigration to the United States did not start until 1975 with the fall of Saigon to the Vietnamese Communists. Starting in 1978, members of the general Vietnamese population started fleeing the country. Some of them were provided refuge in other Asian countries. Tom and his parents were brought to a refugee camp in the Philippines in 1978. Tom's two youngest sisters died in a crossfire between U.S. soldiers and North Vietnamese soldiers. His mother learned to become a tailor in the Philippines. His father never learned a trade.

Tom came to the United States when he was 15 years old with his parents after five years in the Philippines. His mother worked as a tailor for one of the department stores and his father worked as a janitor with a company downtown. Both of his parents are now deceased. They were both heavy smokers. Tom never smoked and drank liquor. He likes to play cards with his friends for fun. He mentioned that since the age of 15 he had been having nightmares about the war and he would wake up in cold sweat. He said that his parents thought that that was normal for people who came from a country who was at war. His mother told him to keep a glass of water by his bed every night before he goes to sleep. When he had those nightmares the water is suppose to soothe him so he can go back to sleep. Tom said that he has panic attacks when he is in a crowd of people. His counselor described him as shy and always wants to keep to himself.

After he finished high school, he asked his guidance counselor if she can help him find a job. His counselor referred him to a teacher who has a brother working as a manager at Tulsa City Hall. Tom was able to get an interview as a utility worker, whose responsibility is retrieving and delivering mails in-house and doing other errands. He worked as a utility worker for the City of Tulsa for 10 years. He had a co-worker there who is also a Vietnamese and had worked there for 25 years. He said that this co-worker helped him to adjust at work and provide him a ride to work when his car is in the shop. This co-worker retired after Tom was there for eight years.

Tom had a lived-in girlfriend who is also a Vietnamese. They lived together for three years. In 1992, while at work, he experienced dizzy spells and blurred vision. He went to his primary physician who referred him to an ophthalmologist. He related this situation with some reservations because he said that he really did not want to remember it anymore:

> The doctor found a malignant tumor behind my left eye. My only alternative was surgery. While I was having all these medical problems, my girlfriend left me and I was laid off from my job. Fortunately, I had enough working years to qualify for SSDI. I had my surgery, but I had to undergo chemotherapy since not all the tumor can be removed without destroying my other eye. The doctor had totally removed my left eye and replaced it with an artificial eye. My hearing in my left ear was also affected. I had six rounds of chemotherapy following my surgery.

His doctor finally told him that he is in remission. He started applying for jobs but had no luck. He had a high school diploma and his experience as a utility worker was not much help in finding a job. His SSDI paid for food and shelter. Medicare is paying for some of his medical expenses. He still has out of pocket expenses for co-payments for doctors' visits and prescriptions. He has a very old car that oftentimes need repair. He told researcher that he does not know what he wants to do:

> I really did not have enough money left to do much of anything. My parents worked all their lives. They died without having to really enjoy themselves. I want to have a decent job that has good benefits. I want to go back to school and learn a skill. I would like to be able to retire and enjoy myself in my old age.

During one of his doctor's visit, they talked about his plans to go back to school. His doctor told him to go to OKDRS to apply for services. Tom was reluctant to ask for help but he desperately wanted to go back to school. He is already 32 years old and is still dependent on SSDI. During one of his social security medical review, his claim representative referred him to OKDRS. A counselor called him and Tom applied for services. He related his experience while at the OKDRS's office:

> The receptionist gave me an application form and told me to give it back to her when I am done. I did not like answering all the questions asked in the application. However, I thought that maybe this is an opportunity for me to go back to school. I gave back my application to the receptionist. She told me that the counselor assigned to work with me is not in the office. She gave me the name of the counselor and his number. The following day, I called to schedule an appointment. The counselor scheduled me for an interview the following week.

Tom was found eligible for services based on his visual and hearing impairments as well as post-traumatic stress disorder (PTSD). His counselor referred him to a psychiatrist who prescribed medication for his PTSD. He was also referred to the Dean Magee Eye Institute for consult with an opthalmologist. He complained that his right eye is always dry and he had to use artificial tears eye drops. The ophthalmologist found that part of his tear ducts were covered by scar tissues. He recommended laser surgery otherwise, his tear ducts would be totally non-functional and may result to further damage in his right eye. His counselor arranged for surgery. OKDRS has a vocational rehabilitation specialist housed at Dean Magee Eye Institute. He arrange for services for clients referred by counselors to the institute. Tom was not happy about another surgery but knows that he needs to do what the doctor recommended. He expressed his feelings about the surgery and his hopes for the future:

> I am glad that my counselor referred me to the eye institute. I probably would have lost vision in my good eye. With one eye left and my hearing difficulties, I really need to go back to school to learn some skills that would make me employable. I do not want to go college. I just want to attend a short course that would give me a skill so I can find a job. As an SSDI recipient, I am at the mercy of a claims representative who schedules me for medical reviews. I do not understand why I have to still have those medical reviews. I guess Social Security thinks that I would get better.

Tom had his laser surgery, which was an outpatient procedure. His counselor arranged for follow-up care at home since Tom lives alone. He was home for one week.

The following month, his counselor visited him at home to further develop his rehabilitation plan. When asked about how he felt about utilizing services from government agencies, Tom had these to say:

> I am in a new culture and have no desire to go back to Vietnam except to visit. I must be open to the American way of life and take advantage of the services available to refugees, immigrants, and citizens. In the Vietnamese culture, we have no programs like vocational rehabilitation. I would probably have died if I was in Vietnam.

His counselor said that Tom's vocational evaluation showed that he has good potentials to finish college. However, Tom did not want to attend college. His interests were in electric, heating and air conditioning, and small engine repair. They decided on heating and air conditioning because it can provide more earning capacity for Tom. He decided to attend a private technical college that has a contract with OKDRS. He applied for a Pell grant and OKDRS paid for any unmet costs of his training. His car finally broke down and to repair it would cost more than the value of the car. He used part of his Pell grant to buy a used car He still has his Social Security to pay for his rent and other basic living expenses. Tom said that he seems to be on the right track as far as what he wanted to do:

> I am attending Vatterott College because they seem to have a more comprehensive curriculum. Also, their graduates have good success in finding jobs. My instructors said that I have very a very good aptitude in heating and air conditioning. He owns a small company and he said that he is planning to expand

and wanted me to apply when I finish training.

During this interview, Tom is presently in his last semester of heating and air conditioning training. He continues to take medication for his PTSD and attends a support group through a local mental health agency.

Tom’s Photovoice

Figure 50. Tom’s Photovoice

I eat in this Vietnamese restaurant a lot. The food reminds me of my mother’s cooking. People who work there know me by name. Some of them are my age and had experienced war like I did. Such experience helped in establishing my connection with them. Since I did not have any family anymore after my parents died, the restaurant owner treats me like one of his sons. I stayed with them while I was in Oklahoma City for my eye surgery. I talk to them about my life and they encourage me to finish my training. This kind of support is very important to me because it is difficult to be isolated.

Figure 51. Tom's Photovoice

I shop in this grocery store for things I need when I cook my own food. This is also a place where I meet other Vietnamese people. By patronizing this store, I also help in providing employment for our own people who have difficulties finding work somewhere else because of their poor English.

Figure 52. Tom's Photovoice

These are some of my friends in the restaurant. They said they enjoy talking to me because my English is better than theirs. Most of them had no opportunity to go to school. They have to work in the Vietnamese restaurant because it is difficult for them to find work somewhere else because of their English skills. I consider myself lucky but I feel for their situation.

John

Participant is a 56 year old Filipino male. He came to the United States in with his wife in 1998 as permanent residents. His sister had petitioned him in 1988 but since he was above 21 and married, it took ten years for him to get a visa. John's sister is married with three kids. She works as a nurse in one of the hospitals. John applied for services with OKDRS in 1996 and was found eligible based on his diagnosis of traumatic brain injury. He had a close head injury due to a car accident when he was 25 years old. He was in a coma for three months. In the Philippines, they really did not have rehabilitation programs that do follow-up care for patients who suffered traumatic brain injury. John's mother took John to folk healers called *manghihilot or albularyo.* These healers use herbs, massages, oils or prayers. However, his condition did not improve.

John's sister accompanied him at the time of his application with OKDRS. He does not drive so he is dependent on his family and public transportation. He is not eligible to apply for public assistance like food stamps and Medicaid because of the Personal Responsibility and Work Opportunity Reconciliation Act (PROWA) passed in 1996 that removed all legal immigrants in state and federal funded programs. He was therefore financially dependent on his sister until he can get a job.

John's neuropsychological exam revealed that his short-term memory was highly affected by his head injury. He has to have a routine in his activities because if there is any change he gets confused and will not remember the next step. His counselor had referred him to a supported employment provider because he needs a job coach to help him obtain and maintain employment. The job coach trains the client on the job and gradually fades when the latter can perform the job independently.

John has two years of college. He did not finish college but he was able to learn carpentry and welding work through apprenticeships program in the Philippines. He worked in construction for six years. After his car accident, he lost his job and had several other jobs like restaurant worker, janitor, and hotel worker that did not last longer than three months. He had difficulties remembering instructions and get confused when job routine changes. However, according to his sister, John is a hard worker but needs support in the workplace in order to maintain his job. John talked about his work history in the Philippines following his accident:

> I used to do any task at work really well. However, after my accident, I forget what I have to do next without somebody reminding me. So sometimes I just stand around not knowing what to do. Sometimes my co-workers will help me but if nobody is around I don't know what to do. My supervisor got upset with me because they don't understand my disability. I always end up getting fired.

It took John's job coach six months to find him a job. He worked part-time as a janitor at the YWCA, earning $6.50 an hour. His job coach trained him to perform his job. As an accommodation, John had a notebook that he keeps in his pocket to check the things he needs to do. The supervisor understood his limitations and was very understanding. He learned to do his job routine and the job coach started fading from the job site gradually. Two months after being in his job, John's wife left him to go back to the Philippines. John was so upset; he went to work but was not concentrating on his tasks. The next day, he called in sick but his supervisor did not like it because they were shorthanded that week. When he came back, he was assigned to a new supervisor, which further upset him. The supervisor added additional areas for him to clean and required him to do additional tasks like checking towels and reporting how many times he replenished the same. The supervisor did not inform the job coach about the additional tasks and John did not tell the job coach either. The following week, John was asked to resign or be terminated because he was not doing any report on the stacking and replenishment of the towels. John said that he did not remember the supervisor telling him about these additional duties:

> I thought I was doing my job well. Reporting on how often to replenish the towels was not in my list. The supervisor said that he told me about the additional task during a meeting with me. However, I did not remember. He showed me the additional areas to clean but I don't remember about the towels. I resigned from the job because I don't want to be terminated. I don't feel comfortable arguing with my supervisor. My counselor also said that it is better to resign. I know that my counselor knows what's best for me.

John had several jobs after this including busing tables at a restaurant, housekeeping at a nursing home, and laundry worker at a hospital. Another job coach helped him find these jobs but according to the counselor, the job coach faded too fast. Also, the supervisors are not willing to make any accommodations for John like having a set job routine. John related his problems at these jobs:

> My laundry supervisor always interrupted me while I am sorting the laundry because she wants me to do something else like getting supplies from the supply room. When I got back somebody had moved my sorted laundry items and then I

> got confused which stack of laundry I was doing. If she is not asking me to get supplies, she will be asking me to clean a spill or move something. My job coach already talked to her about this but she interrupts me over and over again when the job coach is not around. I heard her saying one time to a co-worker that she needs somebody who can do several things and not just one task. I did not have the heart to confront her about this. I work hard but I really can’t help it when I forget what I am supposed to be doing next.

John had never had a job that provided any benefit. His sister still helps him financially. At the time of this interview, John had not been working for four months. He had moved in with his sister. He still has an OKDRS case and he had expressed interest in doing something else other than working with restaurants and laundry. He was referred to a supported employment provider who worked with him before.

John's Photovoice

Figure 53. John's Photovoice

This is me helping a Filipino friend of mine cook barbecue in their backyard. There is a small group of families in the area where I live who get together on special occasions like birthdays, July 4, and baptisms. These families are like my own family. My friend let me cook on the grill but he would supervise me because I sometimes forget to turn the skewers.

Figure 54. John's Photovoice

Religion plays a major part in our culture. Here, we have the Lady of Fatima that is in my friend's house. The statue is brought in different families' house every two weeks. The host family and their friends pray the rosary when the statue is brought to the home and before it leaves for another home. My sister and the other families always pray for me so I know that I will be ok.

Figure 55. John's Photovoice

These are some of my friends. We like to relax in the backyard – eating, talking, and drinking beer. Most of them are working that is why I also want to continue working so I feel like I am one of the guys.

Shirley

Shirley is a 23 year old female who was born in the Philippines and came to the United States with her parents when she was two years old. Her mother is a Filipina and her father is an American. Her father retired from the military and decided to raise his family in Oklahoma. Shirley is the oldest of four siblings. Immediately after high school graduation, she got married to a high school classmate. They lived with his parents. She was pregnant with her first child when she got married. After she delivered her baby, her husband left to live with his father out of state. Shirley was left to take care of her four year old daughter. Fortunately, her parents are very supportive. She moved in with them and encouraged her to learn a trade at the local vocational school. She also went to the Department of Human Services to apply for services. She was determined eligible for Temporary Assistance to Needy Families (TANF), food stamps, and Medicaid for herself and her daughter. Her mother who does not work offered to take care of her granddaughter while she goes to school. She attended Tulsa Technology and took beginning advertising design, which is a nine month course.

Half-way through the semester, Shirley dropped out of the class. She was having some difficulty keeping up with the course assignments. She was diagnosed with learning disability while in high school but did not request for accommodation at Tulsa Technology. She was also experiencing bouts of anxiety and panic attacks. According to her counselor's notes during her initial interview, Shirley said that her mother came home from the store and found her granddaughter knocking at her mother's bedroom door. She locked herself in the bedroom. Shirley said that she can still vividly remember the incident:

> My daughter was asking me to read a book to her. I was trying to study for my class and told her that I will do it later. She started crying and pulling my skirt. I found myself screaming at her to stop crying. Her crying and my screaming felt like nails are being hammered on my brain. I ran to my bedroom and locked myself in because I was afraid that I will hurt my daughter. I called my mother from my cell phone to come home. She found my daughter pounding on my bedroom door asking me to come out.

Shirley's mother took her to the doctor who referred her to a mental health agency. On their way home, her mother told her that she may just be experiencing a lot of stress with school and taking care of her daughter. However, Shirley said that she really needs to find out why she is feeling very nervous and anxious in class as well as dealing with situations such as her daughter's crying, which used to not bother her at all. Her mother argued that they have no "crazies" in their family and what would her Filipino friends think if she sees a psychiatrist. "Nakakahiya" (meaning shameful) was what her mother said about the possibility of her being diagnosed with mental problems. Shirley talked to her father who said that she has to do what the doctor recommended. He drove her to the local mental health agency and after several assessments; she was diagnosed with general anxiety disorder. Her Medicaid paid for her services, which include psychotherapy, case management, and prescription. The case manager also referred her to OKDRS office in her local community. She was determined eligible for services based on diagnoses of general anxiety disorder and learning disability. She was not sure whether she can cope with going back to school. Both her counselor and case manager recommended that she waits until her therapist recommends that she is well enough to do so.

After having been in therapy for at least six months, Shirley's therapist indicated that she had made significant improvement and can start working or going to school part-time. Shirley decided that she would like to go to work rather than go back to school. She was interested in working in stores like Home Depot or Lowe's as a sales associate and help customers in do-it-yourself projects like painting rooms, replacing wallpapers, floor and tiles replacement. She paints as a hobby and had helped her father in some home projects. Her counselor was concerned that being in sales can be very stressful for Shirley and recommended that she pursue her training in advertising design because she only lacks three months to finish the beginning course. Shirley was reluctant to go back to school but decided to follow her counselor's recommendation. She talked about her school and other supports that she receives:

> I finished the beginning advertising and design course. It had been difficult sometimes especially during exam time. However, I have to follow the recommendations of my counselor. She is the professional so she knows best. My instructor is very understanding. She said that I have a natural aptitude for combining color and space in a design. I think I am ready to take the Intermediate course. My counselor helped me to complete the career tech form to request for accommodation for my learning disability. I was provided with a tape recorder to record the lectures if the instructor and additional time to take my tests. I continue to take medication for my anxiety disorder and I attend group therapy sessions at the local mental health agency once a week.

> DHS pays for daycare for my daughter during the day and OKDRS pays for additional daycare at night when I have to attend the group therapy session.

Her mother has been very sick lately and cannot take care of her daughter on a regular basis. Her DHS social worker helped her apply for housing assistance. She got a two bedroom apartment through the Tulsa Housing authority. She receives Pell grant that helps with her utilities and gas for her car. Her father gave her their old car so she can use it for school and to go to her other daily activities where she needs to commute. She appears to be getting the supports she needs while attending school. She expressed concern as to whether she will get the accommodation she needs for her disability when she applies for a job. She is looking forward to finding a job where she would be doing layouts for advertising and marketing. She told this researcher that she is grateful that her counselor encouraged her to continue her schooling:

> I was reluctant to go back to school because I am afraid that I can not handle being a student and a mother. I am glad that I followed my counselor's recommendations. I am doing my best to finish school so I can find a good job. I know that I would have the skills to apply for a job involving advertisements and marketing design. I wish I could pursue a bachelor's degree, however, since I am receiving TANF, I have to be in a short-term course in order to continue receiving benefits. My daughter and I need health insurance. Without it, I don't think I can continue with school and being sane enough to be a mother. Medicaid pays for my medication and therapy.

Shirley is enrolled in intermediate advertising and design. She had a setback when Her mother had a heart attack, which she fortunately survived. She still struggles with her classes in spite of some accommodations.

Shirley's Photovoice

Figure 56. Shirley's Photovoice

This is the Catholic Church I attend along with my parents. There are many Filipinos who attend this church. Our religion and faith in God are very important to me. Prayers in addition to my medication and therapy help me stay on track with my career goals. It is my source of comfort when I am feeling down. Our priest encourages me to finish my training and always makes time to say hello to me and my daughter after mass.

Figure 57. Shirley's Photovoice

This is a picture of my Mom cooking dried fish in the patio of their house. My Dad does not like the smell of the food inside the house. My parents are very supportive of me and my daughter. However, they are disappointed that I have a daughter but no husband around even though they enjoy their granddaughter very much. Mom does not want me to talk about my past and my mental problems during family gatherings. I think she is still in denial about my mental condition. There is such a stigma in our culture about having mental illness.

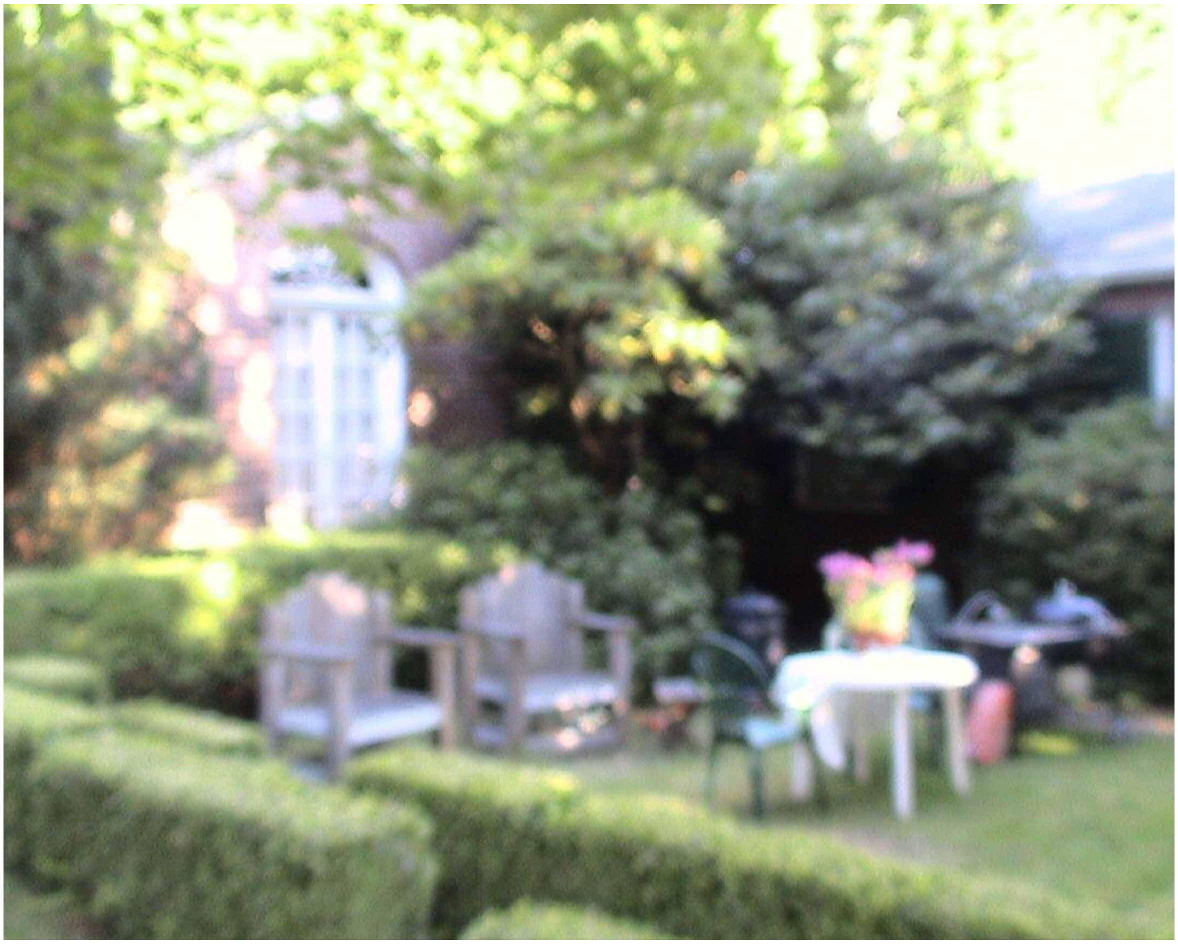

Figure 58. Shirley’s Photovoice

This is in my parents’ garden. I enjoy sitting here to read my books. I feel secured in this place. I can hear birds singing and feel the breeze. I think well when I am here. The world outside this garden is getting more dangerous and many people discriminate against those with disabilities especially like me with mental illness.

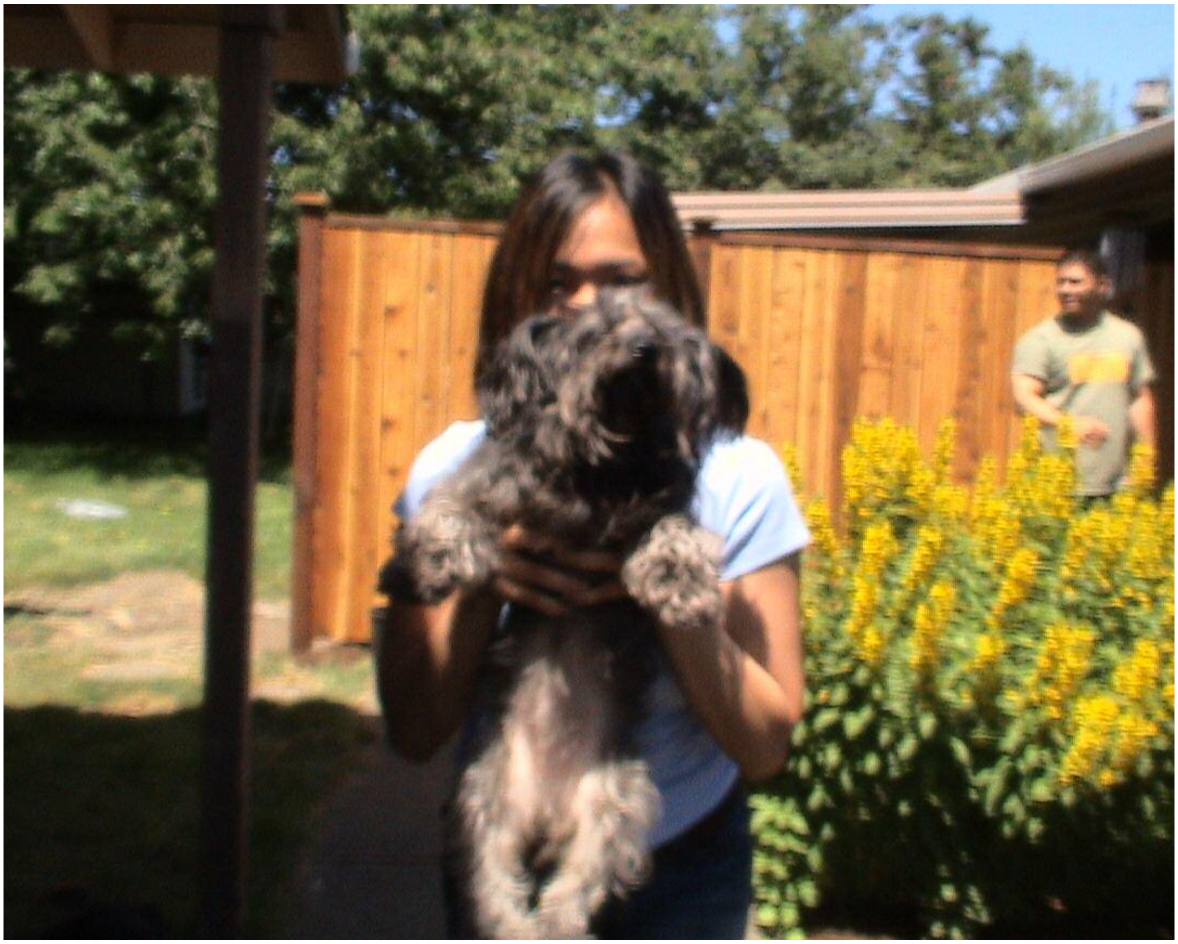

Figure 59. Shirley's Photovoice

This is me and my dog Curley. She is a mixed breed but very smart. She loves me for who I am and does not care about my mental disabilities. She was given to me by my best friend who died three years ago so she is very special to me.

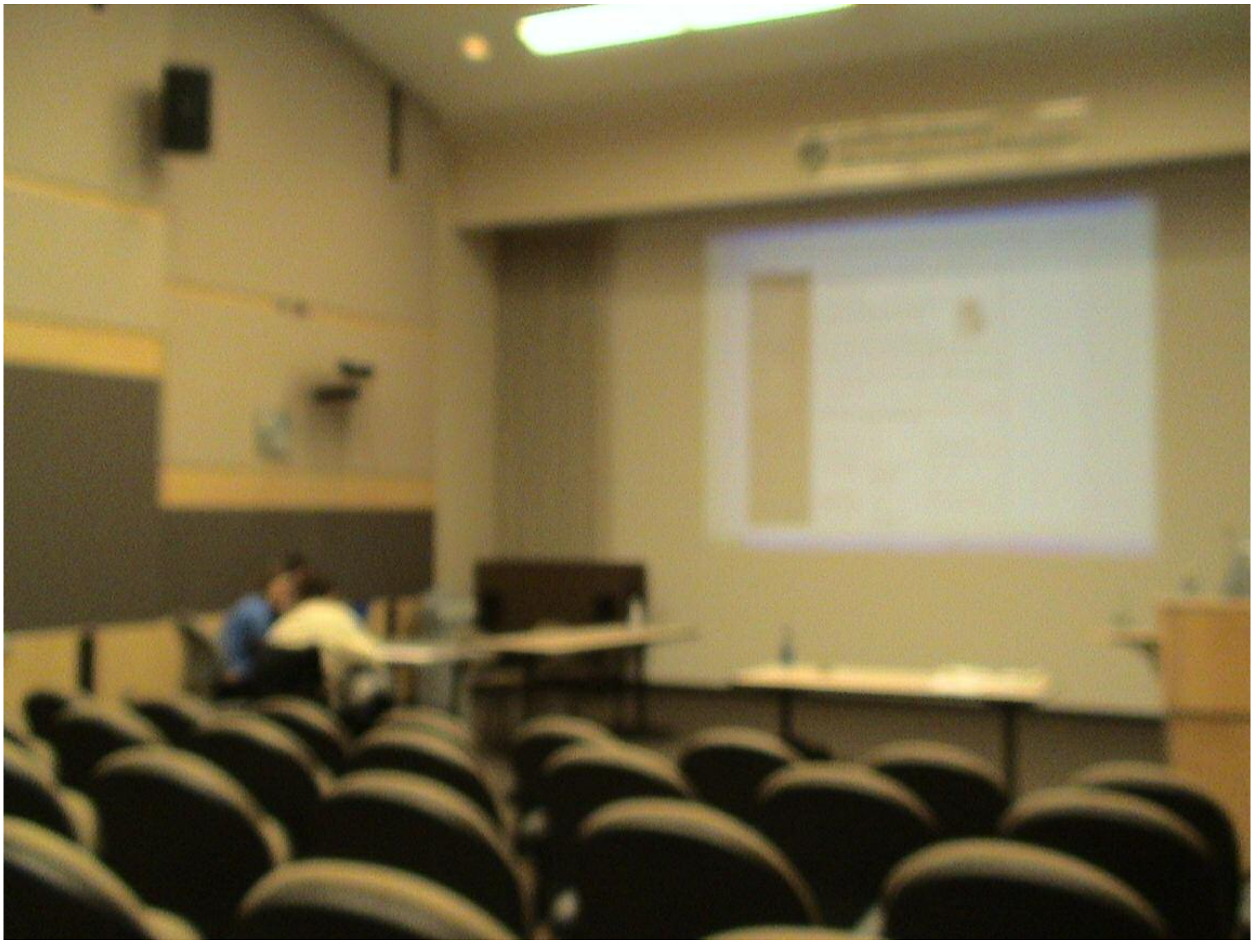

Figure 60. Shirley’s Photovoice

This is one of our lecture rooms in school. I usually stay in the back so I can go out when I am feeling “closed in” and anxious. Also, I don’t want my classmates to see that I am recording parts of the lecture that are hard for me to understand.

Part III – Combined Quantitative and Qualitative Data Analysis

The initial research design planned for this study was the sequential method design where the quantitative method was used as the first phase of the study in order to reveal patterns that will be subsequently investigated through the use of in-depth qualitative methods. As indicated earlier by this researcher in the research and design methodology for this study, there is unlikely a prescriptive practice to capture the myriad of possible combinations of analysis and interpretation of this mixed-method research design. After obtaining both quantitative and qualitative data for this study, this researcher had to make a decision on the best approach to integrate the data that were generated. Li, Marquart and Zercher (2000) identified three different approaches to analyze a mixed method study: (a) parallel tracks for component designs, (b) cross-over tracks for integrated designs, and (c) single track for integrated designs. The decision as to which approach to use was an analysis in itself. The parallel track involves analyzing and interpreting either the quantitative or qualitative data first and then integrating the analyses to generate a typology or set of substantive categories. In a cross-over track analysis, analyses are initiated in separate qualitative and quantitative tracks, and then data in one track can be transformed and then crossed over to the other track for comparison and further analysis. In a single track analysis, the data from diverse methods are merged into one stream as the analysis proceeds. For example, through a process of consolidated coding whereby a new data set is created from a joint review of both qualitative and quantitative data (Caracelli & Greene, 1993).

The research design and methodology for this study appeared to be a relatively good match for the cross-over track approach. The research design called for the coding of the quantitative data and generation of the descriptive statistics summarized in narrative form to facilitate, inform, and prepare which patterns or trends have to be investigated in the qualitative phase of the study. This quantitative data summary is now ready to be transformed to the qualitative track for comparison with the in-depth interviews, counselors' case notes, and photovoice themes. In deciding on this notion of cross-over track analysis, an intentional interplay between the separate analyses of the quantitative and qualitative data sets was used. In addition, the researcher was prepared to be open to an intuitive look at both data sets, pitting objective reality with contextual nuances.

Ten participants who were included in the quantitative phase of the study agreed to participate in the qualitative phase of the study. Four were from the Philippines, three from Korea, one from Hawaii, one from India, and one from Vietnam. Filipinos comprised the highest ethnicity (23%) represented in the quantitative phase, followed by Native Hawaiians (17.2%), Vietnamese (14.7%), Indians (11.3%). Koreans only comprised 2% of the participants in the first phase. The fact that this researcher was born and raised in the Philippines contributed to the recruitment of the four Filipino participants. This researcher spoke the same language as the Filipino participants, which helped in establishing rapport with them during the follow-up phone calls as well as during the time the interviews were conducted. The participant from India was followed up by one of our counselors from India. They belonged to the same ethnic organization and their families had contacts with each other in their common social circle. OKDRS also has a counselor who is Korean and her help was invaluable in recruiting the three Korean participants in the study. Researcher only had arranged for one interpreter to translate for Shirin who preferred to speak in Korean. The participant from Hawaii works in the rehabilitation field and had expressed in her interview that she trusted this researcher to make the results of the study known to those who formulates public policy relevant to people with disabilities.

The mean age of the participants is 46, the oldest is 63 and the youngest is 25. Four out of the 10 participants have a mental illness diagnosis along with other physical disabilities, four have orthopedic impairments, one has a learning disability, one has diabetes, and one has traumatic brain injury. In the quantitative phase, orthopedic impairments comprised 15.2 % of the disability reported, followed by mental illness, visual impairment and learning disability which were all 11.8% respectively, diabetes only comprised 6.4%; and arthritis comprised 1.5%. Seven of the participants speak poor English and two speak English with average fluency, and one speaks excellent English.

The qualitative phase of the study focused on generating information from AAPI with disabilities pertaining to the interaction of race and disability and their impact on employment, patterns of employment seeking behavior, and cultural factors affecting utilization of employment services.

Generative Themes

The first question posed in the qualitative phase of this study was how the interaction of race and disability impacts employment. The following generative themes were reflected in the participants' in-depth interviews and photovoices as well as their vocational rehabilitation counselors' case notes.

Not So Model Minority

The narratives told by the participants and also reflected in their photovoices delved in the working poor immigrants' lives (see Figures 10, 11, 14). In spite of their generally better education from their native country, the participants were nonetheless experiencing poverty. The theme of this unique culture of poverty among these AAPI with disabilities is a study in duality in the contexts of their description as working poor immigrants who, despite their seeming self-reliance and full-time employment, were nonetheless caught in the web of poverty. This culture of poverty is very much related to the myth of "model minority" mentioned in the review of literature. (Chang, 1999, p.53). AAPI tend to struggle with their problems themselves and often do not seek help from the society at large. Consequently, they are perceived as having overcome social barriers, thus do not require special attention and aid. This model minority theme has become a largely unquestioned assumption about current social reality for this immigrant group. The narratives of the participants in this study, although they can not be generalized to all AAPI, showed that for these participants, the model minority myth renders their discrimination invisible. The narratives of the participants reflected the fact that although most of them have good education in their native country, it does not mean that they have economic opportunities commensurate to their level of education.

Their kinship ties, religious beliefs, and an almost insatiable desire for work were very much apparent in the behavior and attitudes of the participants. Seven out of the ten participants are working either in low-paying jobs or a job that they really do not enjoy. For example, Corey is working as a warehouse clerk in spite of his master's degree. He also got a second job to supplement his income and to be able to send money to his brother in India. Jerry moved to Oklahoma from California to be with his family even if this meant lower salary and no health insurance. His counselor offered to help him find another job that may pay more and offer benefits but he did not like to start all over again with another company.   Mary accepted a job as a cook at a restaurant in spite of the fact that she has a bachelor's degree in the Philippines because she wanted to have a job. Jean has a bachelor's degree too, but she is working as a clerk. Tom is receiving SSDI but insisted in pursuing heating and air conditioning as a trade to have a better earning capacity. Shirin is hardly able to walk to catch the bus but continues to work and had never applied for any public assistance. Except for Jerry, all the participants want to find a better job than the one they have or one that they have before.

Among these participants, their culture of poverty is not just based on purely economic strategies of survival. It also reflects a wide range of needs, desires, and choices for social affirmation, communication, and alternative identities in the community where they want to belong.

Loss of Face

Concerns for loss of face are not solely an Asian-American or Asian concern, but also affect individuals from all societies and ethnic groups. This concept was not included in the review of literature for this study because of the scarcity of existing literature on the comprehensive explanations and descriptions of the same. Face is not a standard of behavior, a personality variable, a status, a dignity or honor, or a prestige. “Saving face,” as defined by Yamashiro and Masuoka (1997, p.8) “implies that psychological disturbances either are hidden or ignored or attributed to a source associated with a less social stigma,” which directly affects help-seeking behavior. The level of tolerance for emotional distress was found to be high among at least four of the participants and their family members. Even though some participants were suffering tremendously, they and their families still viewed their symptoms as not severe enough to warrant help from outside the family. Advanced emotional distress was tolerated as long as there were no excessive somatic symptoms or suicidal attempts. This fear of loss of face is also very much related to the religious beliefs mentioned in the review of literature that have strong influences on AAPI behavior. One is Buddhism that believes in Karma, that is performing good deeds will earn positive consequences and doing bad deeds will result in negative consequences. From this perspective, having a disability may be perceived as the destiny or a punishment for one’s wrong doing in the past. Confucian philosophy emphasizes perfection. Believers of such a concept are usually ashamed of their family members who have disabilities. The in-depth interviews of the participants reflected this theme very clearly:

Jean’s parents told her:

> They told me that I should not talk about my emotional problems to outsiders. They may be attentive and understanding but then your story will be the topic of conversation in the Korean community. The Korean culture believes that if you have a child that has a disability, that the parents may have done something

> wrong in their past life.

Christie was very reluctant to be in treatment for her major depression:

> I just learned how to cope with my depression, like I cry myself to sleep and then Work really hard during the day so I really do not have much time to think about how I feel. However, my therapist told me that I am a walking time bomb I just keep all my problems to myself. Some people are very rude and cruel by the things they say and how they look at you.

Tom's parents never acknowledged that he has emotional problems as a result of witnessing her sisters being killed by North Vietnamese soldiers. His mother told him to keep water by his bedside when he wakes up due a nightmare. He has never been referred to a professional to address this problem. He was diagnosed with PTSD when he was sent to a psychologist by his vocational rehabilitation counselor. He indicated that when he was working at City of Tulsa, his co-worker who is also Vietnamese helped him cope at work. He helped him catch up with work when he has to call in sick following a bad nightmare the previous night.

Shirley was having panic and anxiety attacks. Her mother took her to the doctor who referred her to a mental health agency. Her mother told her that she may just be experiencing a lot of stress with school and taking care of her daughter as a single mother. Her mother argued that they do not have "crazies" in their family and what would her Filipino friends thinks if she sees a psychiatrist.

Finally, although loss of face was defined earlier in terms of its psychological connotations, it is worth mentioning here that some of the participants' photovoices literally did not show their faces (see Bethine's photovoices: Figures 6, 7, and 8; Jean's photovoices: Figures 31, 32, 33, 34, and 35; Tom's photovoices: Figures 50, 51, and 52; John's photovoices: Figures 53, 54, and 55; Shirley's photovoices : Figures 56, 57, 58, 59, and 60). The photovoices showed participants with their backs facing the camera, parking lots, grocery stores, classrooms, gardens, friends, and mother other than themselves were photographed. One participant even held her dog in front of her face in one of the photovoices. This researcher would like to take the liberty of expanding the definition of loss of face as an actual physical reality in the cultural context of these participants. It seemed that its use as a psychological defense mechanism could also be translated to actual avoidance of contact, exposure, or engagement with other people and situations. Given the underutilization of vocational rehabilitation services by this group, this physical avoidance would have significant impact on their help-seeking behavior.

Disability and Race as Proxies for Minority Status

Different theories view the term minority status as referring to groups that share a history of being denied access to resources and privileges, such as economic opportunity, self-representation, and preferred lifestyle. Minorities are also defined as group of people who because of physical or cultural characteristics, are singled out from others in society in which they live for differential and unequal treatment and who therefore regard themselves as objects of collective discrimination (Mpofu & Conyers, 2004). Review of literature showed that a significant number of persons with disabilities are unemployed or underemployed compared to those without disabilities. The restrictions to economic opportunity by being in the minority status are clearly illustrated in the narratives of the participants:

Although Jerry had three years of college education, his disability prevented him finding a job that pays enough to support his family and pay for health insurance. He talked about his job with frustration:

> Due to my disability, I can no longer work two jobs. Our company offers us insurance but I have to pay $200.00 monthly premium. If I get insurance for me and my family, I will have nothing to eat and can not pay my home mortgage.

Bethine uses a wheelchair for mobility. After she finished her bachelor's degree she had a difficult time finding a job commensurate with her education. She talked about the job that she accepted:

> I got a job as a receptionist in spite of my bachelor's degree. I am pretty sure that my disability puts me at a disadvantage when I apply for employment. I think when the employers see an applicant in a wheelchair, they already think about the accommodations that he or she will be needing instead of thinking about the person and qualifications for the job.

Shirin is employed but her job is not very stable since she is a contractual worker. She has no health insurance and facing numerous challenges because of her disability. She said that she is worried about her job:

My hands are hurting but I continued to work. When I lost my job and found another job

> I did not tell anybody that I am hurting. I just have to suffer in silence. Losing a job is very difficult. I don't have education to find a better job.

Mary is currently unemployed. She lost her job because she did not come to work when her employer asked her to be at work even if she is on her scheduled day off. She said that she applied for jobs related to her education but they always tell her that she needs to have some experience:

> Filipinos are very resourceful and can be trained easily. This is the problem of most immigrants. We have to settle with jobs that are below our education level and pay lower. If only companies can give us a chance and see what we can do.

Corey has 21 years of work experience and a Masters Degree in Computer Science in India. His counselor found him an on-the-job training work site but he had to quit because the employer did not follow the commitments he made with the agency. He was referred to a community-based provider for job placement:

> One of the providers told me to look at newspaper ads on a daily basis. I don't think that they even believe that I can do any job because of my poor English skills.

In one of his photovoices (see Figure 29) he mentioned that it is hard to find a job when employers do not know what people are capable of and some are usually discriminated because of their English ability and the color of our skin.

Jean's counselor referred her to a mental health agency for psychotherapy for major depression. She asked for reasonable accommodation from her supervisor to be able to make up for missed work when she goes for therapy. Her supervisor was told by their human resources department that she is entitled to the accommodation because of the Americans with Disabilities Act. According to Jean, her supervisor is always finding fault with what she does at work.

Historically, people with disabilities have been restricted in communicating how to represent themselves by the language and labeling that are disrespectful and demeaning. During the years of the disability rights movement in the United States, there was a clear transformation in disability labels from crippled to handicapped to person with disability. Some examples of these changes in self-identity were reflected in the participants' stories and photovoice:

When asked to describe herself, Bethine said:

> I am married, was able to get a good education because my parents did not put me in special education. I am an animal lover. I strongly believe in God and consider our Church as a very good support system. You noticed I did not say I am disabled. That is just to me a description other people may give to me. As if you might say someone has a red hair. It really did not affect who they are but they

> have it.

Although many changes have been made to improve the quality of life of individuals with disabilities in the United States, many continue to have limited access to basic social amenities because of negative and social prejudice against them. This is evident in the form of facilities and policies that are restricted for persons with disabilities (e.g., buildings, equipment, administrative policies) and a tendency to ascribe negative characteristics to disability-related differences (incompetent, poor, and suffering). Some participants reflected their frustrations on restricted access to a preferred way of life:

Bethine took a picture of the handicapped parking space by the building where she worked (see Figure 7) and described her experience:

> If I come to work late, it would be difficult for me to find a handicapped parking space. I cannot use the other entry doors in the building because there are no ramps. The parking lot is one thing to navigate and the bathroom is another thing. Oftentimes the sign says it is accessible but it is not. When I apply for a job, I have to check whether the building is accessible especially the bathrooms.

Mary took a picture of herself going through a garage sale in her neighborhood (See Figure 14) and explained why:

> I get some really good bargains. Here in the U.S, if we earn just a little bit, we can not get any assistance like food stamps or medication. My husband's employer provides health insurance but the premium is too high. We have to choose between paying for health insurance and having food on the table.

Job Retention in Addition to Job Placement

In many labor force participation research of individuals with or without disabilities, little attention has been given to circumstances, characteristics, and models of adjustment which go beyond transition between unemployment and employment. Among AAPI with disabilities, the acquisition of a single job has often been seen as simply resolving this group's employment problems and has been adopted as a termination point for services (Gordon, 1989). In vocational rehabilitation, the client's case is closed as rehabilitated when he or she is employed for 90 days, which primarily indicates employment stability. Although post-employment services are available, the clients have to initiate contact with the counselor in order to receive the same.

Eight of the participants in the study are employed and two of them are unemployed. Except for one participant, the rest experienced being employed and unemployed. The quantitative data did not reflect participants' work history. The archived data that was used only reflected whether participant is working or not working. However, the initial interviews conducted by the participants' counselors reflected their work history. In addition, the interview questions also included one question on work history.

In order to fully capture this theme, a cross-over to the quantitative phase, which reflects the relevant variables that have strong impact not only on employment but also job retention, was conducted. In the literature review, all these variables were shown to have impact on labor participation of people with disabilities. The variables included were socio-economic factors (such as family status, receipt of public assistance, and social security disability benefits) and human capital factors (such as educational level, vocational training and other skills like English language proficiency) and health attributes such as type of disability. In terms of these variables, the quantitative data showed that 44.6 % of the participants had poor English ability and 91.2 % had only 1 OKDRS case since the onset of their disabilities. In the qualitative phase, 7 out of the 10 participants had relatively poor English ability and only 3 had average English language ability. On the other hand, 9 out of 10 had their first OKDRS case and only 1 had three OKDRS cases since the onset of his disability. In terms of severity of disabilities, quantitative data showed that 30.9 % and 71.6 % were most severe and severe respectively. Among those interviewed, 6 had disabilities that were considered most severe and 4 had disabilities considered severe. The types of disabilities that had the five highest frequencies were the following: orthopedic impairment 15.2 %, specific learning abilities, visual impairment, and mental illness 11.8 % respectively, and diabetes 6.4 %. Among the 10 participants, 4 had orthopedic impairment, 4 had mental illness, two had diabetes, three had visual impairment, and 1 had learning disability. The descriptive data on the socio-economic, human capital factors, and health variables in the quantitative data closely mirrored the profile of the participants in the qualitative phase.

The participants' progression within one job or between many over time provided significant insights on how the above-mentioned variables influenced job retention:

It would be a matter of time when Shirin looses her job due to her disability. She has carpal tunnel syndrome, rheumatoid arthritis, adjustment disorder, and borderline intellectual ability. All the jobs that she had in the past were jobs that further exacerbate her disabilities. Her current job as a janitor is not very stable and here is what she said:

> The bottom of my feet hurt and my back hurt especially when I get up in the morning. I tried to take a cold bath, a hot bath, and massage my feet before going to work. When I lost my job and found another one, I never told anybody that I am hurting.

> I have to do what I need to do to survive. I am afraid of loosing my job if I have to have surgery. My employer will not hold the job for me. I just have to suffer in silence. Loosing a job is very difficult. I don't have education to find a better job.

In addition to the fact that Jean is employed in the job that is not commensurate to her educational qualification, she is at the point of possibly loosing her job following her request for accommodation to be able to make up for missed work when she goes for therapy and doctors' appointments:

> It is getting more and more difficult to stay in my job because my supervisor is always finding faults on what I do at work. She is determined to make me think twice in staying employed there. She has a strong influence with other supervisors so my chances for requesting a lateral transfer or applying for another position is not going to work.

John is another participant who has significant problems in job retention. He can obtain a job but had difficulty retaining the same. In his particular case all the relevant variables mentioned in the quantitative phase played a major part. The type of disability, which in his case is traumatic brain injury, appeared to be one of the significant reasons affecting his job retention:

> I used to do any task at work really well. However, after my accident, I forget what I have to do next without somebody reminding me. So sometimes, I just stand around not knowing what to do. My supervisor got upset with me because she does not understand my disability. I always end up getting fired.

Among the other participants, who were employed and became unemployed, their level of education in their home country had a relatively insignificant effect on their placement and retention outcomes. The second question posed in the qualitative phase of the study relates to the patterns of employment- seeking behavior of AAPI with disabilities.

The literature review in this study did not include specific cultural values that affect help-seeking behavior patterns of participants. This is because prior to completing the quantitative phase of the study, this researcher had no idea which ethnicity will have the most representation among the participants. However, the literature review included research information that AAPI are not a monolithic group. They are a very heterogeneous group comprise of many different ethnicities, languages, cultures, and persons of all socio-economic classes. Review of literature likewise indicated that people with disabilities from culturally diverse backgrounds experience twice the employment discrimination experienced by non-disabled people in the minority community (U.S Department of Labor, Office of Disability Employment Policy, 2002). Given the heterogeneous nature of AAPI in addition to their varied experience with their disabilities, this researcher approached the question by looking at their help-seeking behavior according to the common threads based on their ethnicities and cultural background.

Filipino Cultural Traditions and Values

Four of the participants were Filipinos (two males and two females). Jerry is employed, Shirley is attending a vocational technical training, and Mary and John are currently unemployed.

Deference to Authority

Several traditional Filipino values are relevant to understanding their help-seeking behaviors. Traditional Filipino families and other social systems are highly authoritarian. Age, power, prestige, and wealth are the chief sources of authority (Santos, 1983). Within the family, age determines a hierarchical system of authority that flows downward from oldest to youngest. Outside the family, other factors such as social class, professional status or official government affiliation and ecclesiastical positions may supersede age as determining factors in the locus of authority:

Shirley's therapist recommended that she is well enough to go to work or attend school:

> I finished the beginning advertising class and design course. It had been difficult sometimes especially during exam time. However, I have to follow the recommendation of my counselor. She is the professional and she knows best.

Mary's photovoice (see Figure 14) showed her in a garage sale:

> I like to go to garage sales. Since I don't have a job yet, I have to be careful in spending. Any money we have. I get some really good bargains. Here in the U.S. if we earn just a little bit, we can not get any assistance like food stamps or medication.

Figure 15 showed Mary in her vegetable garden:

> I am working in my small vegetable garden. It gives me some form of exercise that is good for my arthritis. I do it only when it's not too hot or too cold outside. It also saves some money because I can grow vegetables instead of buying them from the grocery stores. It's hard to be poor but I believe in God. God will take care of us.

Alternative Forms of Medicine

Because of poverty, coupled with a strong sense of religion acquired from Spanish friars, alternative forms of medical practices have developed in the Philippines (Torres, 2002). Although some researchers found that some of these faith healers used plain trickery in their treatment practices, they found that the faith healers are warm and caring (True 1997). They discovered that one important factor that links Filipino patients with rehabilitation provider is compassion.

John's accident caused traumatic brain injury that resulted to lost of his executive functions such as short-term memory and decision-making ability. After his accident his sister told his counselor:

> My mother took John to a faith healer after he came out of his coma. The *arbularyo* prayed over him and used several herbs that were boiled for John to drink and poultices made of the same herbs to place on his head. He never showed any improvement.

Mary is unemployed and while her husband is working, the insurance offered by his employer has a high premium. Mary has severe rheumatoid arthritis and can not afford to buy prescriptions. In one of her photovoices (see Figure 16), she showed a picture of her friend:

> My friend helps me in preparing (*pantapal)* poultices made of different herbs that I used as a patch for the swelling in my joints. It is working for me and I save money since I do not have to pay for prescription medicines.

Potent Force: Family and Friendship

Filipinos are accustomed to having a supportive network of family and friends, especially during difficult situations. Many Filipinos may be poor but most have a steady supply of relatives and friends who help them cope with their problems. Unlike Westerners who value individualism, Filipinos are basically collectivists (Torres, 2002). They identify with their families, regional affiliations, and peer groups. Among these groupings, the family offers strengths to Filipinos who need support in time of need.

John was petitioned by his sister so he and his wife can immigrate to the United States. His sister accompanied him during his application for OKDRS' services. He also like to hang around with his friends and said that if he is working, he felt that he is one of the guys (see Figure 54). Mary has a friend whom she considers as a source of moral support (see Figure 15). Shirley considered her parents as her primary source of moral support.

Vietnamese Cultural Values and Help-seeking Behavior

Use of Western Medicine and Traditional Medicine

Chung and Lin (1994) studied the intergroup differences in the utilization of health care services in Asia and showed that the degree of exposure of to Westernization and the availability of medicine. They also found out that Vietnamese were more likely to utilize Western medicine than other groups. Also, English proficiency and youth were also significant predictors for utilizing Western medicine in the United States. There is growing body of literature about mental health needs of refugees and immigrants from Vietnam, as well as those from Cambodia and Laos. Ying and Hu (1994) found that Southeast Asians are overrepresented in the mental health system. Gold (1992) interpreted this situation in terms of the disruptions that these refugees have experienced, including war and loss of family and livelihood in their home country and in the United States, underemployment and poverty.

In the case of Tom, he came to the United States when he was fifteen and was able to maintain employment for ten years in spite of her PTSD. He said that he owed this to a fellow co-worker who is also a Vietnamese. Tom had no difficulty accessing vocational rehabilitation after his referral to the agency through his Social Security Claim Representative. Unlike his mother, Tom used Western medicine and services to help him with his vision and mental problems.

Korean Culture and Help-seeking Behavior

Supernatural Agents or Punishment from God

Their culture profoundly influences what Koreans believe about the cause and treatment of disability. Some Koreans believe it can be caused by supernatural agents such as punishment from God or the curse of the devil for their sins or those of their parents or even their ancestors (Rupnow, 2001). Beliefs have a direct implication for prescribed methods of treatment. The person with illness or a disability is often cared for by parents, who usually expect their child to outgrow such conditions. Many Koreans use herbal medicines, acupuncture, and other natural remedies (Rupnow, 2001).

Jean, a Korean female who has psoriasis and major depression related what her parents told her:

> They told me that I should not talk about my emotional problems to outsiders They may be attentive and understanding but then your story will be the topic of conversation in the Korean community. The Korean culture believes that if you have a child that has a disability that they may have done something wrong in their past life. It is God’s punishment. My mother had consulted some Chinese herbalist and she made me drink some awful tasting potions, which really did not

> help. They also said that they will ask for special prayers in church.

Homogeneous and Conservative Values

Koreans tend to stare or gossip about those people whose dress code and behavior deviates from the social norm (Stone, 2001). For this reason, people with disabilities are likely to be isolated. The general public tends to avoid people with disabilities because of the uneasiness associated with not knowing what to do.

Christie, a Korean female has severe scars on her face due to being in a fire when she was five years old and also suffers from severe depression:

> It has been a longtime since I felt very depressed mostly because of my physical appearance. My parents did not arrange for any help for me. I just learned to cope with my depression. I work really hard during the days so I really do not really have much time to think about how I feel. I just keep my problems to myself. Some people though are very rude and cruel by the things they say and do.

Traditional Authoritarian System

Many first generation Koreans retain the traditional authoritarian family system (Pang 2001). Direct openness of expression and assertiveness are often seen as rude and aggressive. Expression of feelings or needs is discouraged. Silence and humbleness are valued more than bragging. Shirin, a 52 year old Korean female related what she did in her job when her feet are hurting due to rheumatoid arthritis:

> My hand started hurting but I continued to work. I just took medication. When I

> lost my job and tried to find another one, I never told anybody that I am hurting. I just have to suffer in silence.

Native Hawaiian Culture and Help-seeking Behavior

Help-seeking behaviors are clearly influenced by a number of traditional Hawaiian values (Thomas & Postlethwaite, 1984). Some of these values that were reflected in Bethine's narrative and photovoice included:

Ohana (extended family and supports)

> When I became disabled, I was told that I need to be in special school. However, I had parents and teachers who believe in me. After I finish high school, my classmates said that I am good with hair and make-up so I can just take cosmetology. However, my vocational rehabilitation counselor said that my vocational evaluation indicated that I have potentials to finish a bachelor degree.

Pono (rightness or proper order)

In life there is triumph and defeat (*he la ko' a he la he' e)* Decision- making process between Westerners and Hawaiians are different. After identifying the problem, unlike Westerners who goes directly to listing options, we step back and gain perspective. After stepping back and reflecting my situation, I felt that my work and school complement my career goal and I am happy which is very important to me and my husband.

Kuleana (role, which is based on age, gender, class, and ability)

I am married, was able to get a good education because my parents did not put me in special education. I am an animal lover. I strongly believe in God and consider our church as a very good support system.

Issues Common to the AAPI Participants

1. Education

   Nine of the participants had education beyond high school but felt that their employments were not commensurate with their level of education. Likewise, they felt that their work experiences in their native country were not valued here in the U.S.

2. Transportation

Eight of the participants did not drive or own their own transportation. They depended on public transportation to go to and from work or take care of their personal needs in the community.

3. Good rapport with their counselors

All of the participants had good relationship with their counselors. They respected their counselors' authority and competence to help them in making decisions. The counselors arranged for services needed by the participants to overcome their obstacles to employment.

4. Health insurance

Three of the participants did not have health insurance because they were not working. They depended on free health services available in the community. Three of the participants had health insurance offered by their employers but they may loose this medical coverage because they either did not like their jobs or may loose their jobs due to possible discrimination. One of the participants had health insurance through public assistance. One participant had health insurance offered by his employer but can not afford the high co-payment. He chose to spend food and shelter for his family rather than pay for the health insurance premium. One of the participants had health insurance through Medicare as part of his Social Security Disability Insurance (SSDI). One of the participants was a contractual worker and had no health insurance coverage through her employer.

Summary of Findings (Qualitative Phase)

The findings in the qualitative phase of the study clearly showed the multiplicity of voices that were inherent in the heterogeneous composition of AAPI with disabilities in this study. The face validity of this research study was reflected in the narratives that emerged from the research participants, which "revealed pain" or "cohering, particularized knowledge of the expert witness" or the "ignition in the reader of a flash of recognition" (Abrams, 1991, p. 67). Following each interview, this researcher went back to the participants to make sure that the transcriptions of their interviews captured their voices. All of them said "yes, of course," which provided that click of recognition that Abrams talked about. The truth, correctness, and clarity of these personal narratives are being claimed in this study within the contexts, situations, and communities of the individual participants.

In order to meet the data credibility requirements in the qualitative phase of this study, triangulation, which requires inclusion of multiple data sources were integrated in the research design. The in-depth interviews and the case notes of the vocational rehabilitation counselors on the participants were complemented by their photovoices. These data sources enabled them to tell their visual stories, which created opportunities for them to express themselves in their own images, words, and reflections. The photovoices reflected several purposes for the participants. Through their photographs, the participants showed how they saw themselves, how they defined and related to their environment, and what were significant or different to them in terms of how employers and the society perceived them as people with disabilities. The participants did not just take photographs; they defined and interpreted the images that they captured. Every participant had a specific story to tell, a particular experience of the configurations of race, culture, gender, family, and support systems. The photovoice methodology expanded the forms of representation and diversity of voices of the participants.

This study also showed the tremendous diversity that exists within the term AAPI not only inter-group diversity but also within groups. In their narratives and photovoices, the participants reflected their own unique culture, beliefs, practices, and support system. Their concerns were not necessarily identical and their solutions were not always the same. On the other hand, there were common threads that appeared prominently and consistently among AAPI with disabilities. First, participants believed that many employers are reluctant to hire persons with disabilities who have limited English-speaking skills. If hired, they reported experiencing racial discrimination in the workplace with respect to work assignments, salary levels, and promotions. The second barrier was the myth of model minority where the participants were perceived to have overcome social barriers, thus did not require special attention and help. The literature review in this study concerning this myth showed that participants underutilize social services and other federal or state funded programs, including vocational rehabilitation programs. All the participants in this study belonged to the low-income group in spite of their education levels. The third barrier was the shortage of trained professional rehabilitation and other service providers who understand the cultural uniqueness of the participants and have the multicultural competence to work with this group effectively. The fourth barrier was the lack of English proficiency among the participants. This problem not only prevented them from understanding the disability-related laws and the service system in the U.S., but also impeded their abilities to develop meaningful relationships or receive support from those outside their ethnic group. Lastly, cultural factors such as the perceived cause of the chronic illness or disability prevented request for assistance or treatment; stigma attached to the disability, which was a source of public disgrace; and expectations of social participation further limited the occupational opportunities for AAPI with disabilities in this study.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS FOR PRACTICE

Conclusions

Past and current literature emphasized the need for disability research and rehabilitation service delivery to acknowledge and account for the linguistic and socio-cultural needs of AAPI with disabilities. Of particular importance is recognizing the heterogeneity of AAPI with disabilities. AAPI is often described as a group of groups, arguably the most diverse of all minority groups. This study described how the intersection of disability and cultural elements such as language, family systems, gender roles, community involvement, acculturation, and cultural values, beliefs, and practices had been found to play significant roles in the achievement of employment outcomes for this population.

Using a mixed method of study, this research described the employment barriers of AAPI with disabilities as a combination of complex cultural and social issues. It is therefore important to identify, understand, and address issues that are specific to individual AAPI with disabilities and their subgroups. In considering quantifying data relating to this population, caution must be taken to consider the effect that culture might have on data collection and reporting. Research studies regarding AAPI with disabilities although very few all agreed that lumping this population together as an aggregate group may lead to misleading conclusions due to inter-group and intra-group differences among them. The barriers to employment that were described here were both visible and invisible including: the price of humility where AAPI often tend to graciously take what is given and not seek what is deserved; staying in their comfort zone, whereby many of them do not feel a sense of community with Americans and as a result they tend to stick to their own communities; and the tendency to not consider it wise to express negative feelings so that it often considered to be evasive or even dishonest , rather than to lose face or bring about dishonor to the family.

The use of photovoice in this study offered a unique yet powerful research tool that provided the participants the opportunity to express, reflect, and communicate their values, experiences, and most important, their dreams in life and work. As a method, it posed as an alternative to positivist's way of knowing such as surveys by listening and learning from participants' visual image that they themselves chose, defined, and described. Practitioners in the social sciences and health professions have used photovoice alone or in combination with surveys, focus groups, and other methods but an important characteristic of this method is its emphasis on individual and community action (Wang, 1999). Wang used photovoice in a large-scale case study of Chinese women, the aim of which was to improve their health through empowerment education. Participants were issued with cameras and asked to record their perceived health and work realities (Wang, 1999). In group discussion centered on the photographs, strategies for promoting women's health emerged and plans for policy impact devised (Wang &

Burris, 1994). The researcher claimed that the method “enabled participants to reflect on their lives and communities and effectively communicate their perceptions and insights to others,” (Wang, 1991, p. 191). Some research scholars considered the method costly in terms of time and money, and it may not necessarily give participants the authority to decide on which changes to implement (Riley, 2004).

Photovoice was not used for community action in this study but the process by which the photographs were produced could serve as foundational knowledge and approach for community building and policy formulation to much needed research relevant to people with disabilities especially those from culturally and linguistically diverse backgrounds. Photovoice could transition knowledge into raised consciousness around issues and assets to direct community action. Kretzmann (1997) associated photovoice with the concept of asset mapping. He indicated that household surveys and other conventional data gathering methods in which people are counted, interviewed, and questioned may inadvertently reinforce a sense of inferiority, impotence, and alienation. As a participatory asset mapping tool, research participants can use photovoice to document their resources and strengths.

In future research using photovoice, it will be interesting to explore how black and white prints may evoke different emotions and responses than color prints that were used in this study. Also worth exploring as well is how photographs taken up close may disclose different information than photographs taken at a distance from the participants or the subject under study. Successful application of photovoice to influence positive change in the lives of AAPI with disabilities requires an understanding that images teach but its potential to influence public policy remain largely untapped.

There was consensus in the review of literature in this study that there is a lack of research and availability of subsequent data regarding AAPI with disabilities. To date, there is no clearinghouse of research studies that could provide the kinds of indicators that are affecting the AAPI population particularly those with disabilities. Additional research is definitely needed regarding the impact of disability on AAPI and ways to work effectively with them.

Recommendations for Practice

The findings of this research study have significant implications for policymakers, educational researchers, and rehabilitation and other service providers serving AAPI with disabilities.

Implications for Policymakers

From an ecological perspective, the problem of AAPI being underserved should be addressed systematically:

1. Policymakers at the federal and state levels should consider multicultural research a priority and provide funding for research projects that focus on empowering ethnic minority rehabilitation consumers.
2. Policies that encourage state rehabilitation agencies and educational institutions to hire minority counselors and faculty members are necessary to more efficiently and effectively serve AAPI with disabilities. Multicultural counseling and teaching competencies also need to be added into considerations for promotions or salary raises.

Implications for Researchers

Given the fact that only few empirical data on AAPI with disabilities are available in the literature, rehabilitation and educational researchers are encouraged to pay attention to this population. As we know, many policies were made based on research findings. Without research data, we would have difficulty convincing policymakers about the needs of AAPI with disabilities:

1. Researchers need to develop culturally anchored and valid assessment tools and conduct further studies that relate to environmental and personal factors that affect successful rehabilitation among AAPI. However, caution has to be observed in using survey data collection because many AAPI cultures share information through long standing oral traditions and are suspicious of written documentation.
2. Participant action research (PAR) may be more effective for AAPI communities because it involves the consumers. PAR is one of the research methods that uses a strength - based approach that focuses on the attributes and capacities of minorities with disabilities and culturally and linguistically diverse population. This is in contrast to the expert-driven approach used in most research designs instead of engaging research participants and their communities. This approach can give voice to persons who may otherwise go unheard due to marginalization or discrimination. Along this line, research studies may be conducted to further explore the use of photovoice as a research method as well as an intervention strategy that facilitates participants' empowerment by creating a space for participation and control over the research process and builds the capacity of participants to look closely into their situations and move toward problem-solving.

3. In order for research to be relevant to the researched, there needs to be a strong commitment on the part of researchers to share the results of their findings not just in journals and professional conferences but to the individuals and communities themselves in forums or other venues where they live and work.
4. Clearly acknowledged in the review of literature and the findings of this study is the strength that is inherent in the natural support systems of AAPI with disabilities involved in this research. It is highly recommended that researchers working with AAPI with disabilities develop a culturally anchored perspective that is sensitive to the needs of each this population and continually challenges the appropriateness of research methods being used.
5. Finally, given a single AAPI ethnic group, its within-group differences in response to severe disability will vary according to status as immigrants, recent refugees, naturalized citizens, and U.S. born citizens. They will all differ in how they respond to effects of acculturation, assimilation, and ethnic identity. Each AAPI group may also use different standards to report health and disability conditions.

Implications for Rehabilitation Counselors

Rehabilitation counselors play an essential role in meeting the needs of people with disabilities. However, effective services for AAPI with disabilities need to be designed in ways that match the specific cultural, religious, linguistic, and psychosocial characteristics of this population.

1. Because many AAPI with disabilities can only find employment in businesses owned by AAPI due to lack of English proficiency, rehabilitation counselors need to reach out to the AAPI business community and provide them with

training on ADA. On the other hand, rehabilitation counselors have to work with mainstream employers to make the workplace more inviting to AAPI with disabilities. Rehabilitation counselors need to understand AAPI views of life and self.

2. Rehabilitation counselors need to visit with the family and assess the dynamics along with the focus on the individual. This study showed that among AAPI, self is understood in relationships with others, particularly one's family members. When working with such a client, the participation of family members in developing an employment plan is not only desirable but absolutely necessary.
3. A cultural brokering role for vocational rehabilitation counselors and other service providers can be a comprehensive service delivery model in providing services to this group. As cultural brokers, these service providers can facilitate understanding and utilization of services within the contexts of the consumers' belief systems.
4. The vocational rehabilitation counselors involved in this study were very helpful and sensitive to the needs of their clients. This researcher however recommends that vocational rehabilitation agencies invest effort in recruiting more vocational rehabilitation counselors and other service providers from the AAPI communities to serve as cultural brokers to increase this groups' utilization of rehabilitation services. This strategy can bridge the differences between the cultural contexts of the consumers and that of the service organization. This cultural brokering process will help to facilitate services by maintaining the consumers' connectedness to the rehabilitation and employment systems.

Concluding Thoughts

The lived experience and more specifically the employment challenges and issues reflected in the narratives and photovoices of the respondents were bounded within the time that the data were gathered, analyzed, and interpreted for this research study. However, one thing I know for sure is that their challenges and issues are not bounded. The same will not go away but will continue and become more complex and serious unless they are addressed by policy makers, researchers, rehabilitation counselors, educators, and community service providers and AAPI with disabilities themselves.

This study transformed and propelled a shift in my perspectives as a researcher. In this study, I took pride in giving voices to participants who had been silenced and marginalized for one reason or another. As I reflected on this notion of giving voices to the participants, I realized that their voices were made known through my voice as the researcher. Can I say that I am one hundred percent sure that their voices were not filtered by my own cultural values and perspectives? I know that I tried my best to meet the professional and technical rigor required for a scholarly research. However, I think the more appropriate question to ask is how can research through its design and methodology provide the opportunities for the researched to express their own voice? Also, how can they have equal voice in collecting, interpreting and distributing results of studies that concerned them? From my perspective, one of the answers to this question is to call for a transformative research agenda particularly in qualitative research. This transformative research agenda needs to have at a minimum the following components:

1. Conditions under which respondents can enhance their capacity to

change by encouraging self-reflection, deeper understanding of their situation, and action to disrupt their complicity with their own oppression or marginalization. Group interviews can provide tremendous potential for deeper probing and educative dialogue between the researcher and respondents who are willing to do so. Some key phrases to watch for that may represent this deeper understanding maybe the following: "My eyes were opened," "Why didn't I see that before?" "It's like I am just waking up," "Why didn't I see that before?" and "The point is, I didn't know that I didn't know." (Lather, 1991, p.78).

2. Research design where respondents are actively involved in the construction and validation of the meaning of their responses to interview questions. This goes beyond traditional member checking used in most studies where the researcher gives a copy of the transcription of their interviews to the respondents to make sure that the same had captured their answers accurately' One suggestion is to recycle not only the data but also the emerging analysis to a sub-sample of respondents and refines the results in the light of the respondents' reactions (Reason & Rowan, 1981).

3. Ongoing interrogation of the ethics in research that holds no underlying premise of one single truth but rather the pursuit of various realities held by individuals and shared among the members of culturally similar groups in some social context.

Centers and margins shift (hooks, 1984). It is this researcher's hope that this study had contributed to the much needed body of knowledge about the employment barriers of AAPI. There are still much to learn about the cultures of this group in terms of their pains and struggles as well as the celebration of their lives. This researcher's call for a transformative research agenda is at the heart of the idea of empowerment as a process that one undertakes for oneself; not as something done "to" or "for" someone (Shapiro, 1989, p. 3). Rather it involves the AAPI as a group of groups coming into the sense of their own power, finding new definitions and engagement of their own contexts. There is much to hope for in terms of positive changes in the quality of their lives through employment. I offer to the participants of this study a quote provided by a respected researcher, "Cultures never stay still in their portrait," (Y.S. Lincoln, personal conversation, March 9, 2005).

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Oklahoma State University Institutional Review Board

Date:	Thursday, March 09, 2006
IRB Application No	ED0683
Proposal Title:	Employment Barriers of Asian-American and Pacific Islanders with Disabilities
Reviewed and Processed as:	Expedited (Spec Pop)

Status Recommended by Reviewer(s): Approved Protocol Expires: 3/8/2007

Principal
Investigator(s

Belen C. Burkhalter
17802 E. 96th St. North
Owasso, OK 74055

Mary Jo Self
207 Willard
Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

☒ The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 415 Whitehurst (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,

Sue C Jacobs

Sue C. Jacobs, Chair
Institutional Review Board

Appendix B

Interview Appointment Script

Interview Appointment Script:

Hello, this is Belen Burkhalter with the Oklahoma State University. May I speak with (name of interviewee)?

This is Belen Burkhalter, a doctoral student with the Oklahoma State University. I am conducting a research study regarding employment barriers of Asian-American and Pacific Islanders with disabilities. You are in the OKDRS database as included in this population. I would like to invite you to participate in this study. I want to emphasize that your participation in this study is completely voluntary and that you may withdraw at any time without penalty to you. Your participation in this study will not in anyway affect the services that you are receiving from the Department of Rehabilitation Services.

The first interview will take about an hour. I would also like the opportunity to schedule a follow-up at some time to clarify anything that you say during the first interview. With your permission, I will audiotape the interview and transcribe it. I will change all names in the transcription to protect your identity.

The second part is a construction of your life experiences through the use of photographs. I will provide you a camera as well as guide questions and will request you to answer the questions by taking photographs of your own choosing. You will be given at least a month take pictures. I will develop the pictures and give you copies. I will ask you to choose at least five pictures that you want to include in the study. We will also discuss what description you would like to accompany the photographs.

What questions do you have about the research study at this point?
When may I schedule an interview with you? (Schedule at a location of the interviewee's choosing).

Appendix C

Informed Consent Document

Please read the following statement completely and carefully before consenting to participate in this research project. If you agree with the conditions and statements made herein please sign and date at the bottom of the second page.

Project Title: Employment Barriers of Asian-American and Pacific Islanders with Disabilities

Investigators: Researcher – Belen Burkhalter
Doctoral Student - Oklahoma State University

Dissertation Advisor: Mary Jo Self, Ed.D.
Assistant Professor, Occupational Education Studies
Oklahoma State University
207 Willard Hall
Stillwater, OK 74078
(405) 744-9191
marycj@okstate.edu

Purpose: This research study will describe the experiences of Asian-Americans and Pacific Islanders (AAPI) with disabilities as they seek employment in order to bridge or link them to services that consider differences among people in terms of culture and language. This study also hopes to help service providers acquire understanding of the diverse cultural values of AAPI with disabilities.

Procedures: You are invited to participate in this study because you can help me understand what AAPI with disabilities experience as problems and challenges in finding employment. If you decide to participate; we will use the following procedures and feel free to ask questions or clarifications any time:

- The first interview will take about an hour. You will be asked six questions pertaining to your experience as a person with a disability. The interview will be tape recorded and the recordings will be transcribed. I will give you a copy of the transcript in order for you to review if I captured correctly what you said during the interview.
- The second part of your participation will be a construction of your life experiences through the use of photographs. I will provide you a camera as well as guide questions. You will be asked to answer the questions by taking photographs of your own choosing. You will be given a reasonable time to take pictures. I will develop the

pictures and give you copies. You will be asked to choose at least five pictures that you want to include in the study. We will also discuss the description you would like to accompany your photographs. I will obtain a signed release form from any individual other than you who may be included in the photographs.

- All participants will be assigned a pseudonym for purposes of anonymity. All tapes, transcripts, notes, and pictures will be destroyed following the conclusion of this research study, which is expected to conclude no later than May 31, 2005.
- During the research, all the information when not being used by the researcher will be secured in a locked file cabinet located in the researcher's home at 17802 E. 96th St. North located in Owasso, OK. Only this researcher and her adviser will have access to the research information.
- You are free to decline to participate and stop the interview or withdraw from the study at any time. There is no penalty for withdrawing your participation. Your participation in this study will not affect the services that you are currently receiving from the Department of Rehabilitation Services. Feel free to ask questions at any

time about the nature of this research study and the methods I am using. Your suggestions and concerns are important to me.

- This consent form also gives permission to include interview information and photos in a dissertation or subsequent publications.

Contact Information:

Belen Burkhalter
17802 E. 96th St. North
Owasso, OK 74055
(918) 272-0825
bcburkhalter @cox.net

For questions or information on your rights as a participant, contact:
Dr. Sue Jacobs
Chair, Institutional Review Board
Oklahoma State University
415 Whitehurst Hall
Stillwater, OK 74078
(405) 744-1676

Signatures:

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy of this form has been given to me.

Signature of the Participant Date

I certify that I have personally explained this document before requesting that the participant sign it. Participant was also given the opportunity to ask questions to clarify any information that was provided.

Signature of the Researcher Date

VITA

Belen Catly Burkhalter

Candidate for the Degree of

Doctor of Philosophy

Thesis: EMPLOYMENT BARRIERS OF ASIAN AMERICANS AND PACIFIC ISLANDERS WITH DISABILITIES

Major Field: Occupational Education Studies

Biographical:

Personal Data: Born in the Philippines, On September 19, 1954, daughter of Hicoblino and Lourdes Catly.

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Experience: Previously worked as a case manager with the Developmental Disabilities Division of the Oklahoma Department of Human Services, 1987 to1989; also worked as a vocational rehabilitation counselor with the Oklahoma Department of Rehabilitation Services, 1989- to 1995; and As a Programs Manager of the Business and Employment Services Team of the Oklahoma Department of Rehabilitation Services, 1995 to present.

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