Riverbend City: Vang Family Case Study

**Introduction: Welcome to Riverbend City**

**Expository Text:**Lu is a young Hmong child who has been exposed to chemicals after a freight train derailment in Riverbend City. His family sends Jason, his 17-year-old cousin, to the hospital to represent them, but Jason’s youth and the hospital’s policies get in the way. When one of the nurses calls child protective services to report the welts she discovered on Lu’s back, the situation becomes more complicated. The welts were caused by “cao gio” or coining, a folk therapy practiced by many Southeast Asian cultures. While sensitivity to different cultures is important, so too is protection of children from injury—intentional or not.

**Instructional Text:** As you watch this case unfold, consider how different theoretical models could be employed and what issues are being illustrated by this case. Consider also the different systems — micro, mezzo, and macro — and what research topics within these systems are suggested by this case.

**Characters in this Mission:**

Chandra Capshaw – Hospital Social Worker  
Christina Chang – ER Receptionist  
Jessica Jameson – RN–RCMC  
Carl Lauderback – RN–Nurse Supervisor, RCMC  
Stewart Mason – EMT  
Patricia Olsen – RN–L&D Nurse, RCMC  
Christine Sassman – RN–Pediatric Intensive Care Specialist, RCMC   
Katy Stanfield – RN–Emergency Department RCMC  
Bo Vang – Lu's Aunt  
Jason Vang – Lu's Cousin  
Kaying Vang – Lu's Mother

**Scene 1: RIVERBEND CITY MEDICAL CENTER, EMERGENCY ROOM**

**Expository Text:** Having received notification that MedAir rescue is enroute with children injured by exposure to hazardous chemicals that were released during a train derailment near their school, the Riverbend City Medical Center Emergency Department is ready to take action. The situation is complicated when the ER staff discover that the child does not speak English.

**Instructional Prompt:** Click on all highlighted characters to hear their concerns about their patient.

**Dialogue 01:  Stewart gives Carl the report on his patient, Lu Vang, an elementary school child who was exposed to the chemical cloud.**

STEWART:

Carl … over here!

CARL:

What have you got for us, Stewart?

STEWART:

Approximately 8- or 9-year-old boy exposed to chemicals released by the train derailment. Some chemical burns on his skin and apparent respiratory involvement. It's hard to tell for sure because he is hysterical and speaks virtually no English.

JESSICA:

Did someone contact his parents?

STEWART:

I'm not sure. The school nurse is coming in behind us with more kids … less injured. She should have that information.

CARL:

Do you know what language he speaks?

STEWART:

I am pretty sure the nurse said he's Hmong.

CARL:

Okay … Jessica, go with Stewart and put the boy in an ER bed, then page Christina Chang to whatever room you're in. Start your assessment and the intake paperwork … can you handle that?

JESSICA:

You bet. Let's go, Stewart.

**Dialogue 02:  Carl follows up with Jessica on Lu’s status.**

CARL:

Okay, Jessica, how is he doing?

JESSICA:

Carl … this child has been abused!

CARL:

What? How do you know this?

JESSICA:

He's covered in bruises. I've never seen anything like it. It's like he's been beaten with a stick or a rubber hose or something.

CARL:

Did he explain to Christina how he got them?

JESSICA:

Oh my gosh… I am so sorry. I forgot to page her. I started my assessment of this poor boy and when I saw his back, I totally forgot that you'd said to page her.

CARL:

Okay, I'll take a look at him, but I want you to go get Christina. We need to be able to communicate with the boy and find out what's going on.

**Dialogue 03:  Jessica tells her colleague Katy Stanfield about Lu’s bruises.**

KATY:

How's your patient doing?

JESSICA:

My kid has respiratory issues, but I think he's going to be fine. He's got rales, but I think he may have had a cold or upper respiratory infection. He's got bigger problems than that, though.

KATY:

What do you mean?

JESSICA:

Someone is beating him … bad.

KATY:

What? Are you sure? I didn't think he spoke any English?

JESSICA:

He doesn't but when I was examining him, I discovered that he's covered in bruises. There's no way they are accidental, either.

KATY:

Have you called Child Protective Services?

JESSICA:

No … Carl didn't say to. Should I?

KATY:

Yes, if you have a reasonable suspicion of abuse, you are required to report it?

**Scene 2: RIVERBEND CITY MEDICAL CENTER, PEDIATRIC INTENSIVE CARE UNIT**

**Expository Text:** Having received an urgent call from his mother, Jason Vang has come to RCMC and is now trying to get information about his young cousin’s status.

**Instructional Prompt:** Click on Jason to hear more about the situation.

**Dialogue 04:  Jason approaches a nurse and asks for help.**

JASON:

Excuse me... they told me down in the lobby that Lu Vang was brought here?

PATRICIA:

Who did you say you are?

JASON:

I... I didn't say yet. I'm his cousin. He and his family haven't been in the U.S. very long. My parents sponsored his family, so I'm kind of like his older brother.

PATRICIA:

I'm sorry, we can't give information to people outside of the immediate family. That's kind of like a violation of patient privacy.

JASON:

His mother and my parents are on their way here can't you just tell me if he's even in this hospital?

PATRICIA:

Yes, I am allowed to give you that information. Lu Vang has been admitted to this unit.

JASON:

Is he okay? I hear a lot of crying around here but I don't hear anyone speaking Hmong. Is he awake? Is he even alive?

CHRISTINE:

Pat, do you need some help here?

PATRICIA:

I think I'm okay, Chris. This young man was looking for his cousin, who was one of the children brought in earlier. Now that he knows his cousin is here, I was suggesting that he go down to the lobby to wait for the boy's mother and... I guess the patient’s parents are coming also.

JASON (to Christine):

Excuse me ma'am, but my family asked me to come here and help Lu until they can get here. I don't think I am very much help waiting down in the lobby. Why can't I see my cousin?

CHRISTINE:

Let's back up a little. What's your name and what's your cousin's name?

JASON:

Jason Vang. My cousin is Lu Vang.

[Commotion is heard... Stephanie Peavey has just been told that her son died. Exclamations of shock and grief.]

CHRISTINE:

I'm sorry... I don't mean to be rude but I've got other patients I need to help. You're just going to have to wait until your parents and Lu's parents get here.

**Scene 3: RIVERBEND CITY MEDICAL CENTER, EMERGENCY ROOM WAITING AREA**

**Expository Text:** In the emergency department waiting room, members of Lu Vang’s family have arrived and are trying to get information about his condition. The family wants Jason Vang, Lu’s 17-year-old cousin to represent them, but the hospital workers consider him a minor and want to deal with an adult. Chandra Capshaw, the hospital social worker, tries to facilitate the discussion.

**Instructional Prompt:** Click highlighted characters to hear their concerns.

**Dialogue 05:  Frustrated that he cannot assume the role his family wants him to assume, Jason’s temper flares.**

JASON:

I'm sorry, Mom, they wouldn't let me do anything here. They told me that Lu is here but they won't tell me anything else. And I think that some other kid died from this stuff. It's really bad!

BO:

I don't want to tell Kaying that! She scared enough already.

CHANDRA:

Hello. Are you the Vang family?

JASON:

Can't you tell? We're the only short, slanty-eyed people in the room aren't we?

BO:

Jason! Don't be rude! I'm sorry, yes we are the Vangs.

CHANDRA:

You are Lu's aunt, right?

BO:

Yes.

CHANDRA:

All right. I can take you up to your nephew, but first we need to talk about some concerns we have about Lu's physical condition. Would you explain to Lu's mother … this is his mother, correct? Could you explain that we are bringing in an interpreter?

JASON:

She doesn't need an interpreter! That's what we're here for.

CHANDRA:

I understand that you want to help, but we have found that it's actually better to have a trained medical interpreter who can explain terminology and such with fewer misunderstandings.

JASON:

What? Because we're too stupid to explain things to our own family?

CHANDRA:

No, that is not what I meant at all. I can see you're very upset which is perfectly understandable, but let's focus on Lu and his family.

JASON:

I am his family. That's what you stupid people don't understand!

**Dialogue 06:  Carl attempts to defuse the deteriorating situation.**

CARL:

Hey Chandra, how you doing?

CHANDRA:

Hey Carl, I'm fine. This is the family of one of the children who came in earlier from the Washington Allston school.

CARL:

The Vang boy, yes. He was my patient when he was here in the ER. I think there may have been some misunderstandings about his condition.

CHANDRA:

What do you mean?

CARL:

One of our nurses mistook the marks on Lu's back for signs of abuse and called CPS. By the time I found out, the boy had already been moved up to the PICU.

CHANDRA:

I am totally confused.

CHRISTINA:

The marks were probably from coining. It's a folk treatment that lots of Hmong people use.

CHANDRA:

Can you ask the family?

CHRISTINA:

Sure

**Dialogue 07:  Christina tries to explain the misunderstanding about the marks on Lu’s back to his family.**

CHRISTINA:

Mrs. Vang, My name is Christina Chang. I've been asked to help interpret for Lu's mother.

BO (to Kaying in Hmong):

They want to have this woman talk to you about Lu. She is Hmong and can interpret.

KAYING: (to Bo in Hmong):

Why should we do that? Can't Jason talk for us?

BO (to Christina):

Lu's mother wants Jason to interpret for us.

CHANDRA:

We prefer to not use minors for interpreting.

CHRISTINA (In Hmong):

There is a problem. The nurses saw marks on Lu's back and they reported them to Child Protective Services. You need to explain what caused the marks and that no one is hurting Lu.

**Dialogue 08:  Chandra tries to calm Jason, who has been further angered by what he perceives as a grave accusation.**

JASON:

Are you telling us that you think Lu has been abused? That his parents hurt him? Is that what you people think?

CHANDRA:

It isn’t a question of what we think, Jason. We’re trying to determine what happened. I think we can all agree that we all want what’s best for Lu.

BO:

Jason, you have to calm down. You’re frightening Kaying and making things worse. (To Christina) You’re Hmong?

CHRISTINA:

Yes, my name is Christina Chang. I work as an admin here, but I am also trained in medical interpreting. I can help get this figured out.

JASON:

We don’t need your help. Just get my cousin and we’ll take care of him ourselves.

CHANDRA:

Jason, we do need Christina’s help. Child Protective Services has been called in and we need to determine what exactly happened before we can even think about releasing Lu.

JASON (Raising voice):

You need to just get my cousin and let us get out of here. We never asked you people for help … you don’t have any right to keep him against our will.

**Dialogue 09:  Jessica is called back to explain why Child Protective Services has been called.**

JESSICA (Apprehensively):

What’s up?

CARL:

We’re trying to understand what you saw during your assessment of the Vang boy. This is his mother.

KAYING (In Hmong … crying):

Why can’t I see Lu? Why did the police take Jason away? I don’t understand what’s happening and why you won’t let my family help me.

CHRISTINA (In Hmong):

It’s going to be alright. I will help you and when we tell them why Lu had the marks on his back, I am sure we can get Jason and his mother back to help you. It is going to be alright.

(In English) Carl … Mrs. Vang is very frightened. Can you ask her what you need to ask so she knows what’s going on?

CHANDRA:

Let me start. You’re ready to interpret for her?

CHRISTINA:

Yes.

CHANDRA:

Mrs. Vang … when the nurse examined Lu, she saw red marks on his back. Can you tell me how those marks got there?

CHRISTINA (In Hmong):

Mrs. Vang … when the nurse examined Lu, she saw red marks on his back. Can you tell me how those marks got there?

KAYANG (In Hmong):

Lu had a cold (mob khaub thuas) … congestion (txhaws ntswg). So, I gave him Hmong remedies. I boiled some Hmong herbs for him to drink, I rubbed him with tiger balm and used a coin to get rid of the bad wind. That was two days ago.

CHRISTINA:

Lu had a cold and congestion. So, she gave him Hmong remedies. She made a tea with some Hmong herbs for him to drink, and then she put tiger balm on him and rubbing his back with a coin to get rid of the bad wind. That was two days ago.

JESSICA:

Bad wind? What is that? Do you expect us to believe those terrible welts were made just by rubbing his back with a coin?

CARL:

Jessica … let’s listen to Mrs. Vang.

CHANDRA:

Carl, I have to admit, I am confused. The boy had bruises on his back?

CARL:

If you haven’t ever seen coining before, it can be shocking.

CHRISTINA (In Hmong):

Chandra said, “I am confused. The boy had bruises on his back? Mr. Lauderback … he is a nurse here … said “If you have not seen coining before, it can shock you”.

KAYING (In Hmong):

Really? This is so strange. Everyone I know knows what this is.

CHRISTINA (In English):

She said this is strange. All Hmong people know what coining is.

CARL:

It is a very common practice in the Hmong community. Chandra, I examined the boy myself. He does have marks from the coining, but they’re not bruises. In my opinion, there is no sign of abuse. Can we talk to CPS and get them to back off? This boy was injured by his exposure to the chemicals and we need to focus on that … and help his family make the best decisions about his care.

CHANDRA:

I’ll go talk to them. Christina—can you explain to Mrs. Vang what we’re doing and then bring her up to the PICU? I’ll meet you both up there.

CARL:

Jessica—go up to the PICU and tell them—in person—that the Vangs will be heading up to see Lu.

JESSICA:

Sure. Whatever you say.

**Mission Summary**

Congratulations on completing the Vang Family Case Study. You will have an opportunity to talk about this case with your classmates in a discussion question in the course, and you may choose to use this case to generate a topic for your annotated bibliography. As you consider the case, ask yourself the following questions. What skills and resources could you offer as a generalist social worker if you were responding to this situation? What are some of the key concerns you'd want to address? What social issue does this case highlight at the micro, mezzo, or macro levels?