

HEAL  **H**



RESOURCES

IN

LONG
BEACH



a zine by long beach youth

ABOUT!

When we think of the definition of “public health,” we often think of it in narrow, clinical terms: health insurance, access to hospitals, or patient care.

However, public health is much more expansive than that. There is a deep history of social, racial, gendered, and economic inequity that denies certain communities the right to heal - the effects of which we feel in the present day. One’s gender, one’s ethnicity, and even one’s zip code tragically predicts health prognosis.

A partnership with the **The Earl B. & Loraine H. Miller Foundation**, this project - composed of 16 youth from Long Beach - is a creative advocacy for stronger public health measures. This zine centers a resource guide of low-cost clinics to bridge the gap of accessibility for our most vulnerable communities, and uplifts youth's stories, narratives, and perspectives on health justice.

This publication was created in
collaboration with The Earl B. &
Loraine H. Miller Foundation

Program Coordinator
Sophia Bautista

with **Youth Leadership Institute**



Planned Parenthood – Long Beach

2690 Pacific Avenue, Ste. 370
Long Beach, CA 90806

800-576-5544

Monday, Tuesday: 8am – 3:30pm
Wednesday, Friday: 8am – 3:30pm
Saturday: 8am – 3pm
No walk-in hours on Thursday

Options for Coverage for Insured

Uninsured: Eligible for State-Funded Program & Lower Fee Scale (Bring Photo ID); Payment expected at time of service (cash & card)

Services:

- Abortion
- Birth Control
- HIV Services
- Men's Health Care
- Morning-After Pill (Emergency Contraception)
- Pregnancy Testing & Services
- STD Testing
- Treatment & Vaccines
- Women's Health Care

Transit:

A Line – Willow St
182 Bus – Pacific & 27th

FPA Women's Health

2777 Long Beach Boulevard
Suite 200
Long Beach, CA 90806

562-595-5653

Monday through Sunday:
8 am to 5 PM

Options for Coverage for Insured

Uninsured: Out of Pocket;
Emergency Medical for Abortions
for Low-Income Individuals

Services:

- Surgical Abortion
- Non-Surgical Abortion
- Birth Control Pills
- Mirena/Kyleena IUD Birth Control
- Paragard IUD Birth Control
- Nexplanon Implant Birth Control
- Pap Smears
- Colposcopy
- HIV Testing
- Emergency Contraception/Plan B Pill
- Pregnancy Testing

Transit:

60 to Long Beach Memorial
Hospital

A Line – Willow St

LGBTQ+ Center

2017 East 4th Street
Long Beach, CA 90814

562-434-4455

Mon–Fri: 10am to 9pm

Sat: 10am to 4pm

Sun: Closed

Mondays 1:30 – 5PM

→ Primary Care Offered

Free, focused on uninsured
patients

Services:

- HIV Testing & STI Screening
- LGBTQ+ Primary Care
 - Linkage to Care
- HIV & STI Testing
- Transgender affirming health services
- Preventative Care– PEP & PrEP
- Support Groups
 - Youth
 - Adult

Transit:

21, 22, or 23 Bus to Cherry & 4th
St

151 to Cherry & 4th St

APLA Health

St. Mary Medical Center
1043 Elm Ave., Suite 302
Long Beach, CA 90813

562-247-7740

**Health Care / Dental / Behavioral
Health:**

⇒ Monday–Friday: 8 a.m.–5 p.m.

Health Care – Telehealth Only

⇒ Tuesday / Thursday: 5 p.m. – 7
p.m.

Services:

- LGBTQ+ Primary Care
- Sexual Health
- Behavioral Health
- Dental Care
- Case Management
- HIV/STD testing – free!

Transit:

46, 51 Bus to Long Beach Blvd &
10th St

Options for Coverage for
Insured

Uninsured: Eligible for Sliding
Scale

- Insurance enrollment
specialists will help you
figure this out.



Breastlink Women's Imaging Long Beach

3320 Los Coyotes Diagonal Ste. 260 Long Beach, CA 90808	562-627-0903	
Mon. ⇒ Friday, 6:30am – 10pm Sat. & Sun. ⇒ 7am – 10pm	Services: <ul style="list-style-type: none">• Breast Biopsy• DEXA Bone Density• Mammography Ultrasound	Transit: 172 to Palo Verde & Wardlow Rd
Options for Coverage for Insured		
Accepts MediCal		

Bienestar

2690 Pacific Ave # 300 Long Beach, CA 90806	866-590-6411	
Monday through Friday: 10 AM to 7 PM	Services: <ul style="list-style-type: none">• Syringe Exchange Program & Overdose Prevention – free• Clinic (East LA only)<ul style="list-style-type: none">◦ Medication Assisted Treatment• HIV Testing – free walk-in• Hepatitis C Testing – free walk-in• Trans Wellness Program• Semi-permanent housing for transwomen• STI Testing• Linkage to Care<ul style="list-style-type: none">◦ Substance Abuse (East LA, South LA, San Fernando)• General Primary Medical Care• Mental Health<ul style="list-style-type: none">◦ Individual, partner or family therapy sessions	Transit: 101, 103, 104 182 to Pacific & Willow
Accepts Medi-Cal, Medicare, most major insurance plans, and some HMOs.		
Uninsured: Helps through Covered California or will help determine your eligibility for medical and drug assistance programs.		

CARE Center – St. Mary's Medical Center

1043 Elm Ave Ste 300 Long Beach, CA 90813	562-453-3766	
Mon. ⇒ Fri. 8:30 AM – 12:00 PM 1:15 PM – 4:30 PM	Services: <ul style="list-style-type: none">• AIDS Drug Assistance (ADAP)<ul style="list-style-type: none">◦ Oa-Hipp (Health Insurance Premium Assistance)• Dental Care• Food Pantry• Housing Assistance• Health Education• Behavioral Resources• HIV treatment• PrEP & PEP	Transit: 51 Bus to Long Beach Blvd & 10th St 46 Bus to Anaheim & Long Beach Blvd A line – Anaheim St Station
Options for Coverage for Insured		
Uninsured: Offers free & discounted care.		
Helps uninsured patients apply for government or private insurance.		

Safe Refuge

1041 Redondo Ave.
Long Beach, CA 90804

562-987-5722 or 888-476-2743

Mon. ==> Fri:
8 AM to 4:30 PM

Options for Coverage for Insured

Uninsured: Eligible for
Government Funding; Accepts
MediCal, cash & credit cards

Services:

- Residential & outpatient drug and alcohol treatment programs
- Intensive day treatment
- Counseling (Group & Individual)
- Housing programs for low-income and houseless individuals and families, as well as people recovering from substance abuse

Transit:

131 to Redondo & 10th St

46, 41, 45 to Anaheim & Redondo

Asian American Drug Abuse Program

1360 E Anaheim St., Ste. 205
Long Beach, CA 90813

-562-218-9530

Monday, Tuesday: 8am - 3:30pm
Wednesday, Friday: 8am - 3:30pm
Saturday: 8am - 3pm
No walk-in hours on Thursday

Options for Coverage for Insured

Uninsured: Medi-Cal will cover the cost for most services. Contact program for other financial options.

Services:

- Assessment and Intake using the ASAM tool (American Society of Addiction Medicine)
- Individual Counseling
- Group Counseling
- Drug Classes
- Case Management
- Recovery Support Services
- Crisis Intervention
- Collateral Services
- Random Urinalysis/Drug Testing
- Court Approved Parenting, Domestic Violence, and Anger Management Groups

Transit:

71 to Anaheim/Alamitos

41, 45, 46 to Anaheim/Gundry or Anaheim/Hoffman

Tarzana Treatment Center

2101 Magnolia Avenue
Long Beach, CA 90806

888-777 8565

Outpatient: Walk-ins depending; until approx. 5 PM
Inpatient: Walk-ins depending; until approx. ~7 PM
Clinic: 8 AM - 4:30 PM

Options for Coverage for Insured

Uninsured: Accepts Medical, Medicaid, My Health LLA; TTC assistance available.

Services:

- Residential Rehab Alcohol and Drug Treatment (women and children)
- Transitional and Supportive Housing Day Treatment / Partial Hospitalization Dual Diagnosis (for substance abuse and mental health)
- Family Services
- Teen and Adult Specific Services with Adolescent Alcohol and Drug Treatment
- Women's Services
- Mental Health Services
- HIV Services
- Court-related Services
- Telehealth Services

Transit:

181 to Magnolia & 21st St



Columbia Pediatrics Medical Group, Inc.

3833 Worsham Ave #301, Long
Beach, CA 90808

(562) 595-5479

Mon. ⇒ **Fri.** 8:30 am – 5:30 pm
Sat. ⇒ Appt. Only

Options for Coverage for Insured

Uninsured: Accepts MediCal;
Accepts cash payments

Services:

- New Parent Consult/Newborn Care
- Breastfeeding Education
- Asthma & Allergies
- Developmental Screening
- Vaccines
- Weight Management & Nutritional Counseling
- COVID-19

Transit:

103 to Carson & Worsham

111 to Lakewood & Cover

Karing Pediatrics

936 Pine Avenue
Long Beach, CA 90813

562-269-5658

Mon. ⇒ **Fri.**
9 AM to 4 PM

Options for Coverage for Insured

Uninsured: Accepts MediCal,
KMPG, HMO, Blue Shields & private
insurance; CHIP (Children's Health
Insurance Program) qualification,
and other additional plans
depending on patient; offers
sliding scale

Services:

- Physicals for Newborns
- Sports Physicals
- Shots for Newborn ⇒ 19/20
years old
- Vision/Hearing
- Referrals

Transit:

3, 172, 173, 192 to Pacific & 10th St

Pediatric Clinic – St. Mary's Medical Center

529 E 10th St Ste A
Long Beach, CA 90813

562-800-7975

Mon. ⇒ **Fri.** 8:00 AM to 4:30 PM

Options for Coverage for Insured:
Accepts LA Care, TPOs, LA Care
Direct, HMO, BlueCare,
Medicare/Medical, Signa, United
Health Care

Uninsured: \$77 – office visit (not
including prescriptions / lab work)

Services:

- Primary Care
- Diagnostic Care
- Physical Exams
- Lab Tests
- Wee-Child Visits
 - Check-ups for Infants + Children
- CHDP Program
 - Child Health & Disability Prevention for Low-Income Youth
- Neurosurgical & Neurological Care
- Sick-child – walk-in available
- Immunizations
- Diabetes Management

Transit:

61 to Atlantic & 10th St

46, 51 to Long Beach Blvd & 10th
St

Mark Taper Foundation Children's Clinic Family Health Center

Multiple locations; call for
nearest center. 844-822-4646

- Call Center Hours:**

Monday - Thursday: 7am - 7pm

Friday: 7am- 5pm

Saturday: 8:30am- 12:30pm

Options for Coverage for Insured
(My Health LA, Medicare, Medicaid)

Uninsured: Sliding scale fee.
- Services:**

 - Women's Health
 - Pediatric Care
 - Men's Health
 - Primary Care
 - Adult Medicine
 - Geriatrics
 - Pharmacy

Complete Women's Health

- 3711 Long Beach Blvd. Ste #700,
Long Beach, CA 90807

Monday: 8 AM to 6:30 PM

Tues. - Friday: 8 AM to 6 PM

Saturday: 8 AM to 5:30 PM

Options for Coverage for Insured
(HMOs, major insurance plans).

Uninsured: Sliding scale available.
- 562-424-8422

Services:

 - Gynecology
 - Obstetrics
 - Urogynecology
 - Breast Care
 - Surgeries
- Transit:**

51 to Long Beach Blvd & Bixby Rd

Walk-in Medical Care

- 3760 Atlantic Ave. Long Beach,
CA 90807

Monday - Thursday: 8 AM - 5 PM

Friday: 8 AM - 12 PM

Options for Insured (Medical,
Medicare MSI Private Insurance
[PPO'S], Most HMO'S).

Uninsured: \$49 for office visits,
new cash-paying patients receive
a 10% discount.
- 562-595-7467

Services:

 - Accu-check (Free)
 - Every other Friday (9 AM - 11 AM)
 - Allergy Testing
 - Blood Pressure Screening
 - Blood Testing
 - Flu Shots - walk-in
 - \$20
 - Health Screening
 - Minor Illness Exam
 - Physical Exam
 - Pregnancy Testing
 - TB Testing
 - Vaccination
 - Vitamin Shots
 - Women's Health (OB/GYN)
 - Pediatric Care
 - Family Planning
- Transit:**

61, 103 to Atlantic & Bixby Rd



Long Beach Asian and Pacific Islander (API) Family Adult Mental Health Clinic

4510 East Pacific Coast Hwy.
Suite 600
Long Beach, CA 90804

Mon – Tue: 8 am – 6 pm
Wed: 8 am – 7 pm
Thu: 8 am – 6 pm
Fri: 8 am – 5 pm

***Walk In Hours:** Monday – Friday
8:00 a.m. – 4:00 p.m.

562-346-1100

Services:

Assessment, diagnosis and treatment with a focus on refugees who have experienced trauma and stress before, during and after migration.

Options for Coverage for Insured (MediCaid, MediCal).

Uninsured: Cash, sliding scale; no proof of citizenship required to enroll, need one ID of any form.

Transit:

112, 111 to Ximeno & Pacific Coast Highway

Project Return Peer Support Network

Hacienda of Hope
2241 West Williams Street
Long Beach, CA 90810

Non-crisis hotline: (888) 448-9777
English or Spanish

Hotline hours:

Monday – Friday 2:30 PM to 10:00 PM

Saturday and Sunday 10:00 AM to 6:00 PM

Phone: 562-388-8183

Email: info@prpsn.org

Services:

- Peer support groups in English & Spanish.
- Short-term respite home.

Short-term home; free of charge, no insurance required.

Transit:

A Line – Willow St
182 Bus – Pacific & 27th

Pacific Asian Counseling Service

3530 Atlantic Ave, Ste 210, Long Beach, CA 90807

Monday through Fri:
9 AM to 6 PM

Options for Coverage for Insured, Medi-Cal eligible children and adults.

Phone: 562-424-1886

Email: info@pacsla.org

Services:

Individual, Family, Group Counseling, Case Management, Rehabilitation Services, Medication Services, Parent Education, Home Visitation for Pre and Post-natal Families

Transit:

61, 103 to Atlantic & 36th St

Long Beach Mental Health Services Adult Clinic

2600 Redondo Ave., 3RD FL
Long Beach, CA 90806

Operation Hours:

MON – FRI 8:00 a.m. – 5:00 p.m.

Walk In Hours:

MON – THUR 8:00 a.m. – 4:00 p.m.

Accepts Medical and Medicare.

562-256-2900

800-854-7771 (ACCESS Center 24/7 Helpline)

Services:

Assessment, diagnosis, treatment, or counseling to assist an individual or group in alleviating mental or emotional illness, symptoms, conditions, or disorders.

Transit:

131 to Redondo & Willow

104 to Willow & Redondo

CDHC Main Clinic at Miller Children's Hospital

Buffum Medical Pavilion
455 E. Columbia Street, Suite 32
Long Beach, CA 90806

Mondays–Fridays: 7 AM to 4 PM

Accepts MediCal; sliding scale
based on income.

Transit:

51 to Long Beach Blvd &
Columbia St

61, 103 to Atlantic & Columbia St

Main clinic: (562) 933-3141

Orthodontic Clinic: (562) 933-0601

Oral health Center: (562) 933-0540

Services:

- Pediatric Care
- Orthodontic care
- Dental care

Mhala – Mental Health America of Los Angeles

Wellness Center
830 Atlantic Avenue
Long Beach, CA 90813

Project Navigate
2025 E Seventh St.
Long Beach, CA 90804

Options for insured:
Monday through Friday:
9 AM to 5 PM
call for options for coverage if un-
insured.

Wellness Center: 562-285-0149
Email: wellness@mhala.org

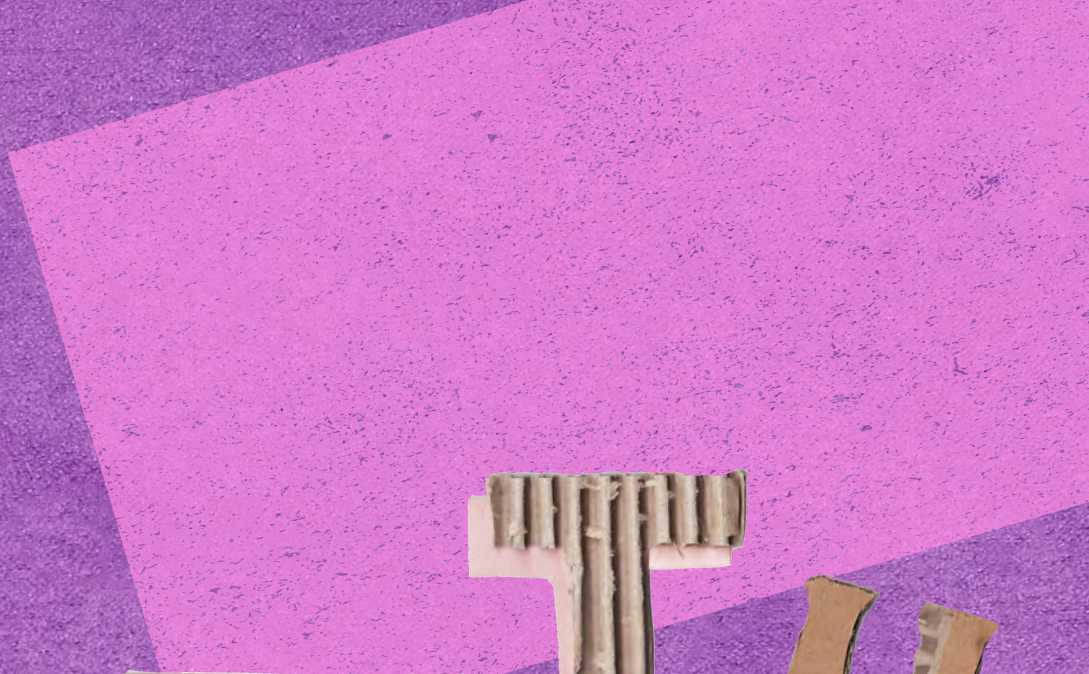
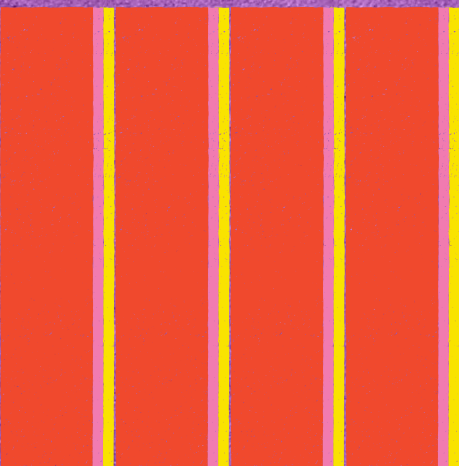
Project Navigate: (562) 284-0108
Email: projectnavigate@mhala.org

Services:

- Skills-building
- Psychotherapy
- Psychotropic medication services
- Physical health wellness guidance
- Individualized support from an advocate or therapist
- Employment, educational and vocational support
- Group workshops and classes
- Linkages to community services

Transit:

Wellness Center: 61 to Atlantic &
8th St



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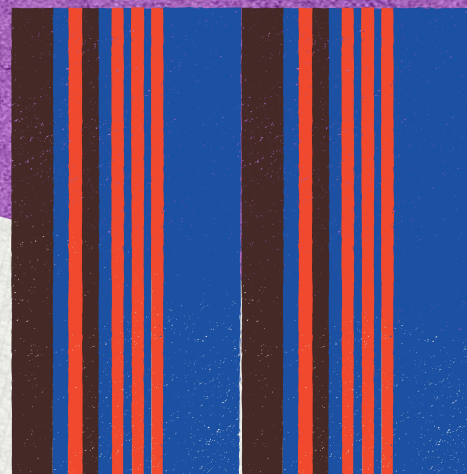
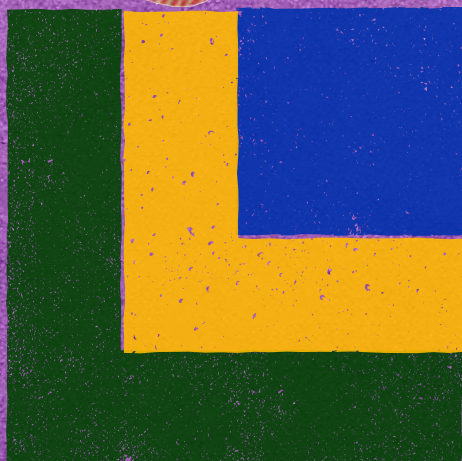
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NOW SHOWING



ASIAN WOMEN AND THE CORRELATION BETWEEN MENTAL HEALTH AND THE MEDIA

MEDIA REPRESENTATION HAS BEEN A HOT TOPIC IN MODERN POP CULTURE. THE VARIOUS PRESENTATIONS OF DIFFERENT COMMUNITIES THROUGH MOVIES, MUSIC, TV, ETC. CAN IMPACT GENERATIONS IN BOTH HARMFUL AND POSITIVE WAYS. FOR ASIAN WOMEN, THEIR PORTRAYAL IN THE MEDIA CAN BE DAMAGING AND IMPACT THE MENTAL HEALTH OF THE VIEWERS WHO HAPPEN TO ALSO BE ASIAN WOMEN. BY EXPLORING THESE TRIGGERS AND THEIR EFFECTS ON MENTAL HEALTH, WE CAN GROW IN LEARNING HOW TO CELEBRATE THE ASIAN WOMEN BOTH ON THE SCREEN AND IN OUR OWN COMMUNITIES.





ASIAN REPRESENTATION



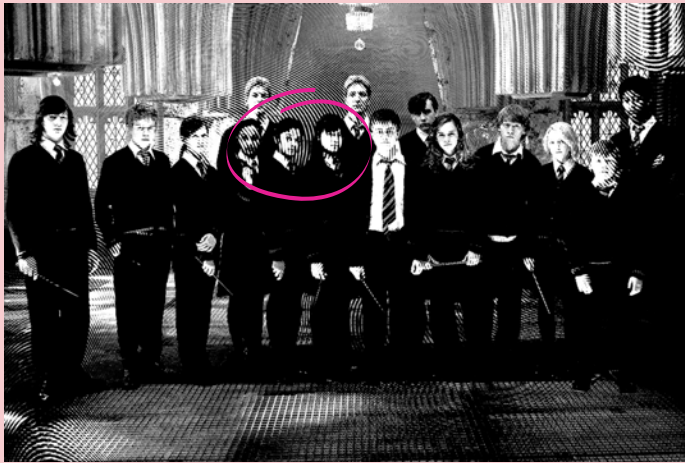
IN WESTERN MEDIA, ASIAN PEOPLE TEND TO HAVE LESS VISIBILITY ONSCREEN. THE 2017 STUDY "TOKENS ON THE SMALL SCREEN" BY PROFESSORS AND SCHOLARS AT SIX CALIFORNIA UNIVERSITIES SHOWED THAT COMPARED TO THEIR WHITE COUNTERPARTS, AAPI SERIES REGULARS WERE ON SCREEN 3 TIMES LESS BASED ON 242 SHOWS THAT AIRED FROM 2015 TO 2016. EVEN SO, THIS DOES NOT ACCOUNT FOR THE TOKENIZATION, SEXUALIZATION, AND STEREOTYPING THAT OCCURS FOR THE FEW ASIANS WHO ARE ONSCREEN. OFTEN, ASIAN CHARACTERS ARE USED AS THE BUTT OF THE JOKE WHEN THEY AREN'T MEANT TO BE CONSIDERED A COMEDIC CHARACTER.



ART BY LISA WOOL-RIM SJÖBLOM

WITH THE PROFOUND EXPOSURE THAT MEDIA HAS ON A GLOBAL SCALE, THE EFFECTS OF SUCH NATURALLY IMPACT EVERYONE WHO CONSUMES IT. IN TERMS OF MENTAL HEALTH, THE MISREPRESENTATION AND LACK OF REPRESENTATION OF ASIANS, ESPECIALLY ASIAN WOMEN AND NONBINARY PEOPLE, INCITES THE SENTIMENT THAT ONE'S PERSONAL LIFE STORY IS NOT AS IMPORTANT AS THOSE WHO AREN'T MARGINALIZED AND ARE OFTEN REPRESENTED ONSCREEN. SINCE SO MUCH OF MEDIA REVOLVES AROUND STORYTELLING, THE CORRELATION BETWEEN SELF ESTEEM AND LACK OF REPRESENTATION CAN CLOSELY RELATE. WHILE RACE AND GENDER AREN'T A NECESSARY REQUIREMENT FOR PERSONAL CONNECTION TO A STORYLINE, THE MARGINALIZATION OF THE ASIAN COMMUNITY CAN BE REFLECTED NOT ONLY IN SOCIETY, BUT ALSO WHEN ONE TURNS ON THEIR TELEVISION.





TOKENIZATION-

A LACK OF ASIAN REPRESENTATION OFTEN TIES BACK TO TOKENIZATION. THIS PHENOMENON OCCURS WHEN THE NEED FOR REPRESENTATION IS ACKNOWLEDGED AND A MINIMAL AMOUNT OF PEOPLE THAT REPRESENT THAT MINORITY ARE PRESENT SIMPLY TO CHECK OFF THAT BOX. AN EXAMPLE OF THIS IS IN THE HARRY POTTER SERIES WHERE A MAJORITY OF THE CAST WAS WHITE AND THERE WERE ONLY 3 ASIANS. IT CREATES THE ILLUSION THAT THERE IS EQUALITY IN REPRESENTATION.

STEREOTYPES FOR ASIAN WOMEN IN THE MEDIA-

ASIANS ARE TYPICALLY SUBJECT TO A NUMBER OF STEREOTYPES WHEN ON SCREEN. THESE INCLUDE BUT ARE NOT LIMITED TO THE SUBMISSIVE SEX SYMBOL, MODEL MINORITY, EXOTIC, PALE SKIN, OVERLY SEXUALIZED, LOTUS FLOWER, AND DRAGON LADIES. THE OVERLY SEXUALIZED ASIAN WOMAN TROPE IS COMMONLY RECOGNIZABLE IN THE AUSTIN POWERS MOVIE GOLD MEMBER. THE JAPANESE TWINS, ALSO KNOWN BY THEIR SUGGESTIVE NAMES AS FOOK MI AND FOOK YU, WERE INTENT ON HAVING SEX WITH AUSTIN AND NOTHING ELSE.



WHITEWASHING-

ASIAN ROLES HAVE A HISTORY OF BEING PLAYED BY WHITE PEOPLE SUCH AS MAJOR IN GHOST IN THE SHELL (2017). MAJOR WAS ORIGINALLY AN ASIAN CHARACTER, BUT SHE WAS PLAYED BY SCARLETT JOHANSSON, A WHITE WOMAN. WHITEWASHING IS KNOWN AS A CASTING PRACTICE WHERE A MINORITY CHARACTER OR ACTOR IS REPLACED BY A WHITE CHARACTER OR ACTOR.

THE SUBMISSIVE AND THE OVERLY SEXUALIZED SEX SYMBOLS

THROUGH MISREPRESENTATION, ASIAN ROLES CAN BE PORTRAYED IN ACCORDANCE WITH HARMFUL STEREOTYPES. THESE EFFECTS ARE MOST NOTABLE IN RELATION TO THE RECENT STOP ASIAN HATE MOVEMENT. IN MARCH OF 2021, SIX ASIAN AMERICAN WOMEN WERE MURDERED AT THREE DIFFERENT SPA BUSINESSES IN ATLANTA. AUTHORITIES SAID THAT BECAUSE THE MURDERER WAS SAID TO HAVE HAD A "SEX ADDICTION", HE TARGETED THOSE LOCATIONS BECAUSE OF HIS SEXUAL TEMPTATIONS. THIS CRIME SPARKED "STOP ASIAN HATE" WHICH WAS LONG IN THE MAKING DUE TO THE DISGUST OVER VIOLENCE AND ABUSE TOWARDS ASIAN AMERICANS DURING THE SARS COVID-19 PANDEMIC. IGNORANT ASSUMPTIONS THAT ALL ASIAN AMERICANS WERE RESPONSIBLE FOR THE PANDEMIC AROSE ONLY BECAUSE THE VIRUS HAD ORIGINS IN CHINA. UNFORTUNATELY, THIS ASSUMPTION CAUSED MUCH TRAUMA AND FEAR TO SPREAD THROUGHOUT THE ASIAN AMERICAN COMMUNITY. THE STOP ASIAN HATE MOVEMENT BROUGHT UP THAT CONVERSATION OF THE MISTREATMENT OF ASIAN AMERICANS AND OFTEN REPRESENTATION IN MEDIA WAS HIGHLIGHTED. WHAT CONNECTS THE PREVIOUSLY MENTIONED DEVASTATING EVENTS IS THE DEHUMANIZATION OF ASIAN AMERICANS. THE HARMFUL STEREOTYPES THAT SURROUND ASIAN AMERICANS IN MEDIA REINFORCE THE NOTION THAT ASIAN AMERICANS AREN'T AS HUMAN AS THE REST OF AMERICA.



ON THE OTHER HAND, THE LACK OF REPRESENTATION FOR ASIAN AMERICAN STORIES ALLOWS FOR THESE STEREOTYPES TO FILL IN FOR THE TRUTH.

A COMMON TROPE IN MEDIA IS THE OVER-SEXUALIZED OR INFANTILIZED ASIAN WOMAN. THE IDEA THAT AN ASIAN WOMAN IS EITHER OBJECTIFIED OR SEEN AS INFERIOR CIRCLES BACK TO THOSE DEVASTATING MURDERS IN MARCH 2021. THE "SEXUAL TEMPTATION" OF THE MURDERER WAS WHAT SPARKED HE TRAGEDY. THIS DID NOT ONLY AFFECT THOSE SIX WOMEN IN ATLANTA. WITH THE AFTERMATH, THE WIDESPREAD TERROR AND FEAR BROUGHT BACK MANY STORIES OF PERSONAL TRAUMA INVOLVING THESE INACCURATE STEREOTYPES INVOLVING THE ASIAN FETISH. A TERM COMMONLY ASSOCIATED WITH THIS IS "YELLOW FEVER" WHICH IS WHEN CAUCASIAN MEN ONLY WANT TO DATE ASIAN WOMEN. UNFORTUNATELY, THIS CAN LEAD TO SEXUAL HARASSMENT OF ASIAN WOMEN WHO ARE MINORS BY OLDER MEN WITH AN ASIAN FETISH WHO DESIRE THAT INFANTILIZED ASIAN TROPE SEEN SO OFTEN IN THE MEDIA.



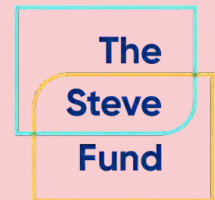
ACTION ITEMS



DONATE:

THE STEVE FUND-

24/7 TRAINED COUNSELORS AVAILABLE TO YOUTH OF COLOR SIMPLY
BY TEXTING STEVE TO 741741



ASIAN MENTAL HEALTH COLLECTIVE-

PROVIDES MENTAL HEALTH SUPPORT FOR ASIAN AMERICANS THROUGH
VARIOUS PROGRAMS/EVENTS AND PROVIDING A DIRECTORY FOR ASIAN
THERAPISTS



SOUTH ASIAN MENTAL HEALTH INITIATIVE & NETWORK-

LISTS MENTAL HEALTH PROVIDERS FOR THE SOUTH ASIAN COMMUNITY



PACIFIC ASIAN COUNSELING RESOURCES-

VARIOUS PROGRAMS AND SERVICES TO ENRICH THE LIVES OF ASIAN
PACIFIC ISLANDER IMMIGRANTS



LONG BEACH:

API FAMILY ADULT MENTAL HEALTH CLINIC-

SERVICES SUCH AS MENTAL HEALTH SERVICES, COMMUNITY
OUTREACH, CRISIS MANAGEMENT, PREVENTION AND EARLY
INTERVENTION FOR THE ASIAN AND PACIFIC ISLANDER COMMUNITY

ADDRESS: 4510 EAST PACIFIC COAST HWY.

SUITE 600

LONG BEACH, CA 90804

PHONE: 562-346-1100

INSTAGRAM ACCOUNTS

TO FOLLOW:

NETFLIXGOLDEN

CAPEUSA

AAPISONTV

NANCYWYUEN

AAPAONLINE

SOUTHASIAN THERAPISTS

ASIANMENTALHEALTHPROJECT

ASIANSFORMENTALHEALTH

BROWNGIRLTHERAPY

ITSJIYOUNKIM

PROJECTLOTUSORG

THEMINDHEALTHSPOT



MIXTAPE: ASIAN WOMEN IN MUSIC



SONGS ABOUT MENTAL HEALTH!

EVEREST BY BEABADOOBEE

DO IT RIGHT BY REI AMI

SPACE BY AUDREY NUNA

ROCK BOTTOM BLUES BY FANNY

OLYMPIA BY LUSH

DESPAIR BY YEAH YEAH YEAHS

FINE BY THE LINDA LINDAS

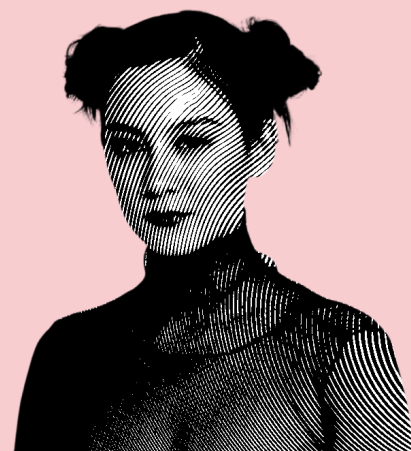
HOPE UR OK BY OLIVIA RODRIGO

SLIDE TACKLE BY JAPANESE BREAKFAST

ONE FOOT IN FRONT OF THE OTHER BY GRIFF

SALT WATER BY RAVEENA

TAKE ME AS I AM BY RINA SAWAYAMA



PEOPLE OF COLOR'S PUBLIC HEALTH IN LONG BEACH



How are People of Color's access to
Public Health affected by Redlining and
Environmental Racism



REDLINING

Redlining



How has Redlining affected People of Color's access to public health

Redlining was a common practice used by the federal housing association, and private banks to determine where they would not give out loans. On a map, they would shade in neighborhoods they thought were too risky to fund, with a red and yellow marker.

Although, the only communities they determined risky and redlined, were communities of color. Many communities in L.A. were redlined including Long Beach, Signal Hills, Hawthorne and Cerritos.

Even though redlining was outlawed in 1968, the effects are still felt today. Due to underfunding, many previously redlined communities lack the social and political influence that other non-redlined neighborhoods have. In addition, the life expectancy in redlined communities are around 4 years shorter than someone who does not live in a previously redlined community. Also, pre-existing conditions like COPD, diabetes, hypertension, high cholesterol, and mental illness are more prevalent in previously redlined communities.

Environmental Racism



What is Environmental Racism

When deciding where to put hazardous facilities, the local government chose communities that do not have the social and economic power to resist. Many of the communities that were victims of this are previously redlined communities. These communities have been flooded with establishments that contribute to pollution like refineries, and toxic release facilities. Some of these communities include Signal Hill, Willowville, and North Long Beach.



Effects of Environmental racism

People that live in neighborhoods with high rates of air pollution have a higher risk of contracting asthma, cancer, cardiovascular disease, and other illness.

Resources

CLINICS

FPA Women's Health

2777 Long Beach Boulevard, Suite 200,
Long Beach, CA 90806
Phone (appointments): 562-595-5653
Phone (general inquiries): 562-595-5653

Children's Clinic Central Long Beach Family Health Center

2360 Pacific Ave,
Long Beach, CA 90806
(844) 822-4646

Pacific Medical Center

2690 Pacific Ave,
Long Beach, CA 90806
1-800-726-9180

Long Beach Urgent Care

4200 E. Pacific HWY, Suite 150,
Long Beach, 90804
Phone number
(562) 513-2174

Resources

MENTAL HEALTH SERVICES

Long Beach Asian and Pacific Islander (API) Family Adult Mental Health Clinic

4510 East Pacific Coast Hwy.
Suite 600
Long Beach, CA 90804
562-346-1100

Project Return Peer Support Network - Hacienda of Hope

Hacienda of Hope
2241 West Williams Street
Long Beach, CA 90810
562-388-8183

Pacific Asian Counseling Services

3530 Atlantic Ave, Ste 210,
Long Beach, CA 90807
562-424-1886

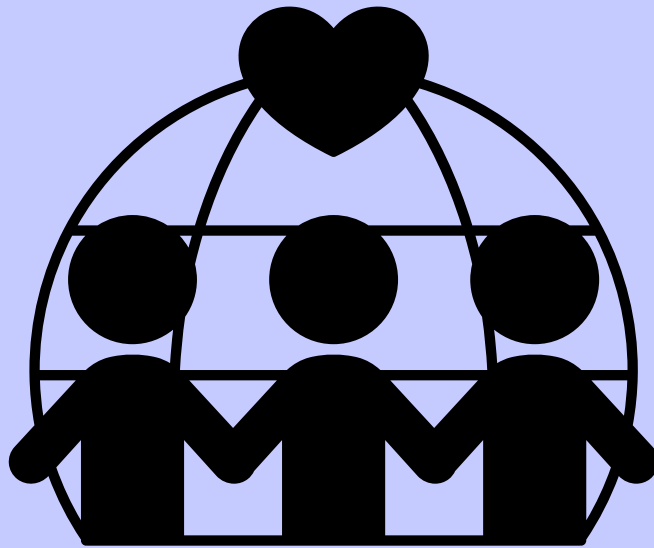
Long Beach Mental Health Services Adult Clinic

2600 Redondo Ave,
3rd Floor
Long Beach, CA
(562) 599-9280
562-256-2900

LET'S TALK
ABOUT

COMBATTING SEXUAL HARASSMENT

IN SCHOOLS



*Developing a trusted
community takes all of us!*

REASONS FOR UNDERREPORTING SEXUAL HARASSMENT IN SCHOOLS



 Shame or embarrassment 

 Fear of retaliation 

 Fear that authority won't
take action 

 Belief that it was a personal
matter 

 Concern the perpetrator will
get in trouble 

 Belief that harassment was
not "serious enough" 

**Many who don't report are people of color,
undocumented, LGBTQ+, and/or disabled
because of fear that the criminal legal system
will act against them instead of the
perpetrators.**

The Scary and Outdated VHS Tapes and Training Videos!

These VHS lessons are not ways to garner discussion of these topics and shine a light on them. From my experience, these VHS videos have just been played with the teacher sitting back and doing their own thing. We all knew it's an important topic, but the way in which it is taught, it doesn't respect the topics at all.



THE CONVERSATIONS SHOULD INCLUDE . . .

Active conversations amongst peers and teachers

Training needs to be active! It's not a checklist.

. . . AND BY DOING THIS . . .

We can encourage conversations to reduce discomfort and tackle the problem head-on.

When we emphasize these guidelines actively, it reduces the stigma with regards to speaking up. People should actively engage with these topics rather than passively absorbing them through videos.

It assures the student that there's people there for you.

GLOSSARY

Perpetrator: someone who caused trauma for another person or inflicts damage onto a person. perpetrators are often aware of the assault they're committing but it may sometimes be unintentional

Sexual Harassment: any unwanted sexual conduct such as

- "jokes." slurs, rumors, or "catcalling"
- sexual messages, pictures, or videos
- rape, kissing, touching of private body parts
- insults, threats, violence, or stalking someone you used to date/are dating
- **Quid pro quo:** A school staff member offers education benefits or threatens to withdraw education benefits only if the student agrees to sexual conduct

Survivor: someone who has went through a traumatic event. **this term applies to someone that has experienced the trauma at any given time (could be far in the past or recent) and it can mean different things to the survivor

Triggering: causing someone to relive their trauma by reminding them of it in some way

HOW DO YOU DEFINE CONSENT?

**HAVE YOU HAD DISCUSSIONS ABOUT
CONSENT WITH YOUR FAMILY OR
CLOSE FRIENDS?**

**HOW DO THE PEOPLE AROUND YOU
DEFINE CONSENT?**

**HOW MIGHT SOMEONE EXPRESS THEY
MAY FEEL UNCOMFORTABLE WITH
WHAT IS HAPPENING?**

**DO YOU ALWAYS CHECK IN? EVEN IF
THE PERSON SAID YES ORIGINALLY,
SHOULD ONE CONTINUALLY CHECK
IN?**

**SHOULD CONSENT EVER BE TREATED
AS A BARGAIN OR A TRANSACTION?**

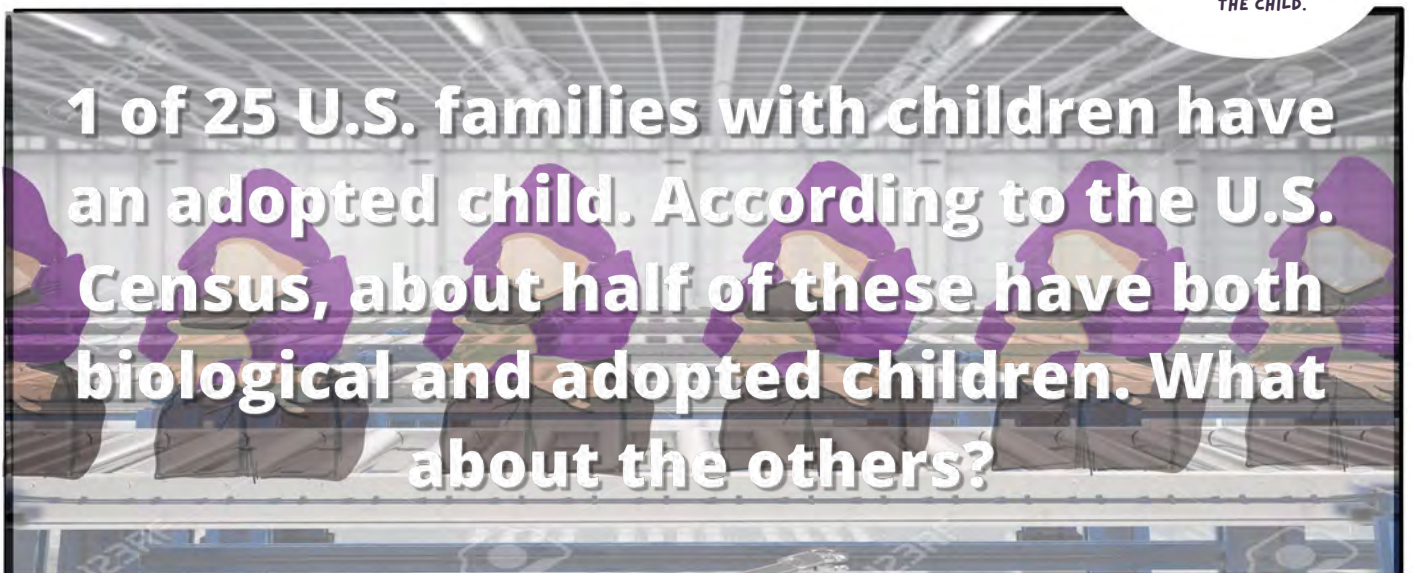
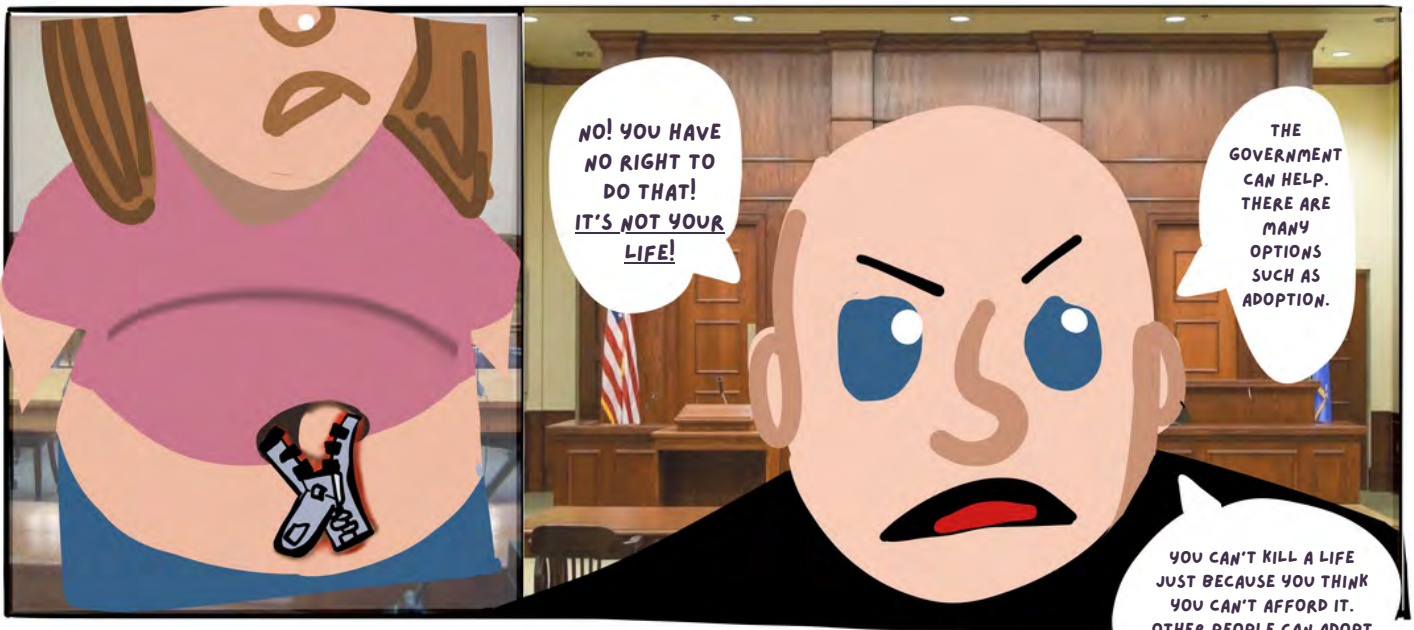
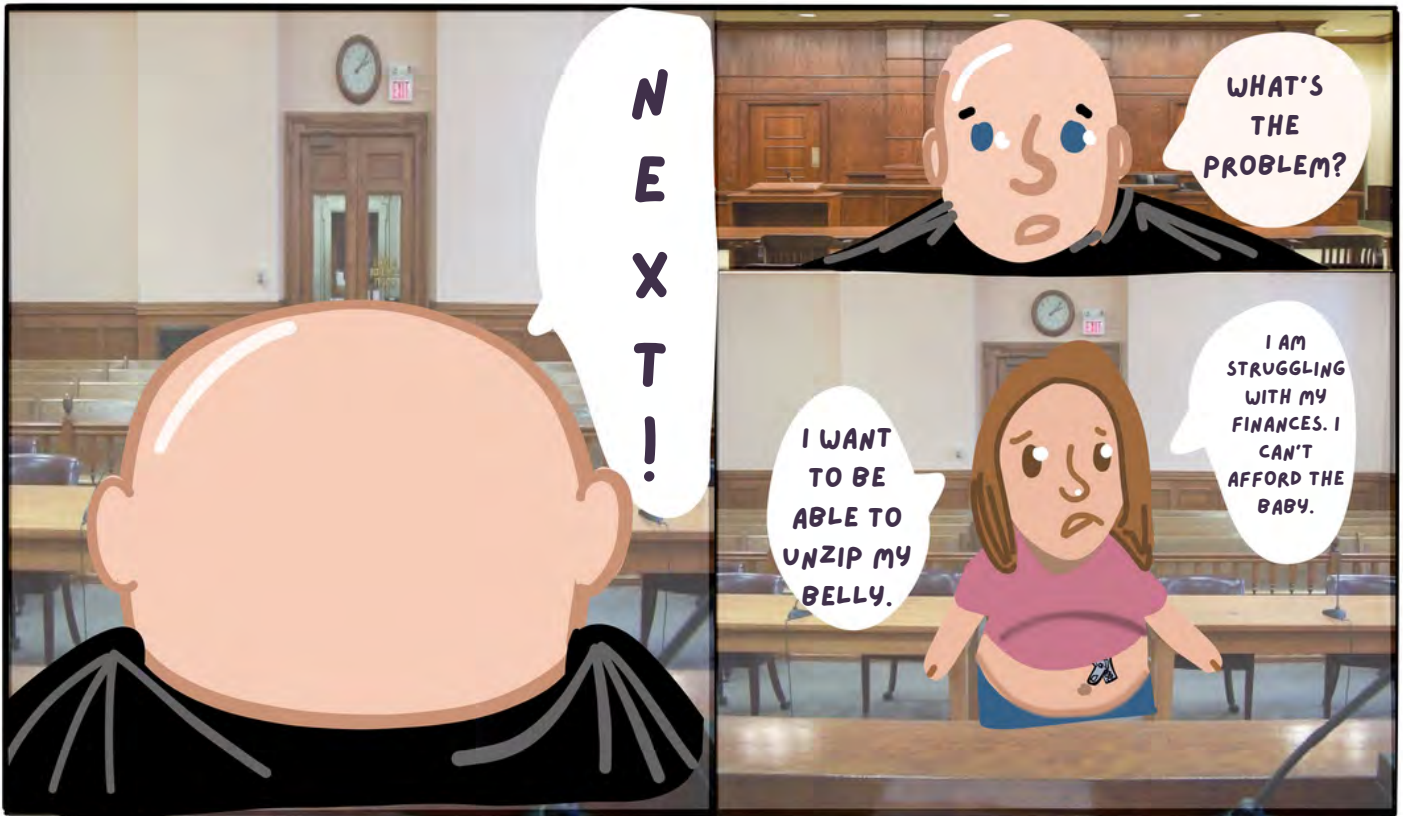
**DO YOU EVER TALK ABOUT CONSENT,
SEX, AND ABUSE IN A CLASSROOM
ENVIRONMENT?**

You can treat these as discussion questions...

...Or ponder and respond here for
yourself!

Consent

For me, consent is having a space free of pressure to say "yes." Consent is the active listening between two parties. consent should never be a negotiation. People can change their minds whenever they want. Respect that and don't push it. There should be a major emphasis on assuring your partner that it's okay to stop as well if you sense they feel uncomfortable. Some people tend to continue maybe because they've been assaulted before and are desensitized to these experiences, so it's important to encourage healthy engagement. Conversations of consent should be had before the act: talk about boundaries, desires, and needs. Make it clear to your partner on what your intentions are.



During court...





Access to Clinics

PRIMARY VS. SECONDARY CARE

**Youth Leadership Institute:
Miller Foundation**

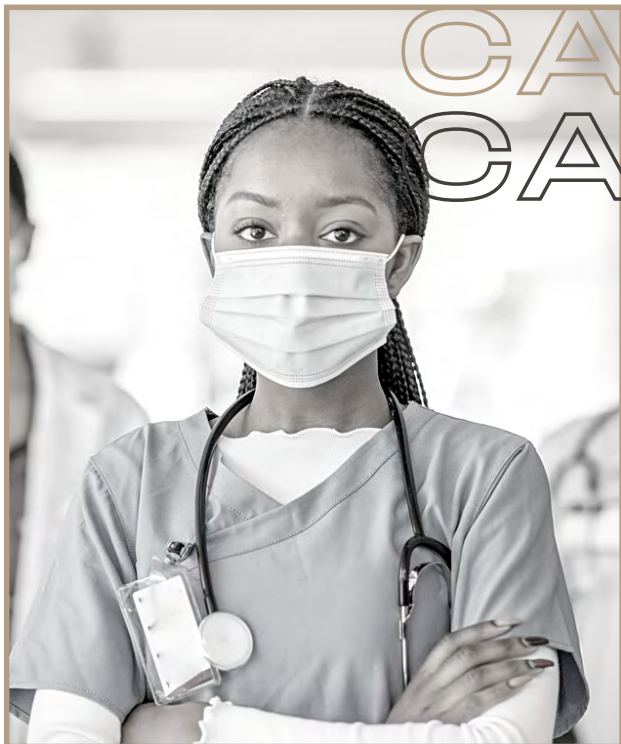
Pung, Evelyn

Who is considered to be primary care?

- Physicians
- Family Pediatricians
- Nurse Practitioners
- Dentists

Who is considered to be secondary care?

- Dermatologists
- OB/GYNs
- Psychiatrists
- Surgeons



How do you receive secondary care? Primary care practitioners often offer referrals for their patients. The issue with referrals to secondary care is that the process may be burdensome for the patient.

What is the harm with referring secondary care practitioners? Because of the stigma to pursue a career as a primary care doctor, there is a higher demand than supply. Overworked primary care physicians have it easier to unnecessarily refer patients to secondary care, which can waste time for both parties.



How many people are affected by unaccessible care overall? The barriers to accessing clinics mean that 1/4 of Americans do not have the privilege of checkups or a consultant for medical issues. Another 14% view the ER as primary care (which can affect wait times for other urgent matters and pricey medical bills for the patient).



Pride : Prejudiced



The background of the image is a complex, abstract pattern of black and white lines. These lines are drawn in a style that resembles thick, expressive brushstrokes or heavy marker. They form a dense, swirling, and somewhat chaotic web of shapes that fill the entire frame. The lines vary in thickness and direction, creating a sense of movement and depth. The overall effect is one of intense, raw energy.

BLACK HEALTH

Dear Diary,

Something hurts. Maybe it's ego, a bone, or the fragile human heart. It all hurts The moment you realize _____, the more that it clicks the more it hurts. I'd rather live in blissful ignorance.



BLACK WOMEN V HEALTH

"In a recent study, the National Institutes of Health found that healthcare providers were less likely to identify pain in the facial expressions of Black faces than on the countenances of non-Black ones. Because they couldn't see it, they were less likely to believe a Black patient was experiencing severe discomfort or acute pain."
- US department of Labor

Doctors don't take our health seriously. I didn't know that pain looked different on different races. The racial bias in medicine exists.



Dear Diary,
I can't really
tell if I'm alive
or not. Eat,
sleep, work
repeat. I can't be
living. I watch
the news
sometimes, then I
get sad then stop.

The background of the image is a complex, abstract pattern of thick, hand-drawn black and white lines. These lines swirl and overlap, creating a sense of movement and depth. In the center of the image, there is a large, irregular black shape that serves as a backdrop for the text.

BLACK
HEALTH

SOME
TIMES

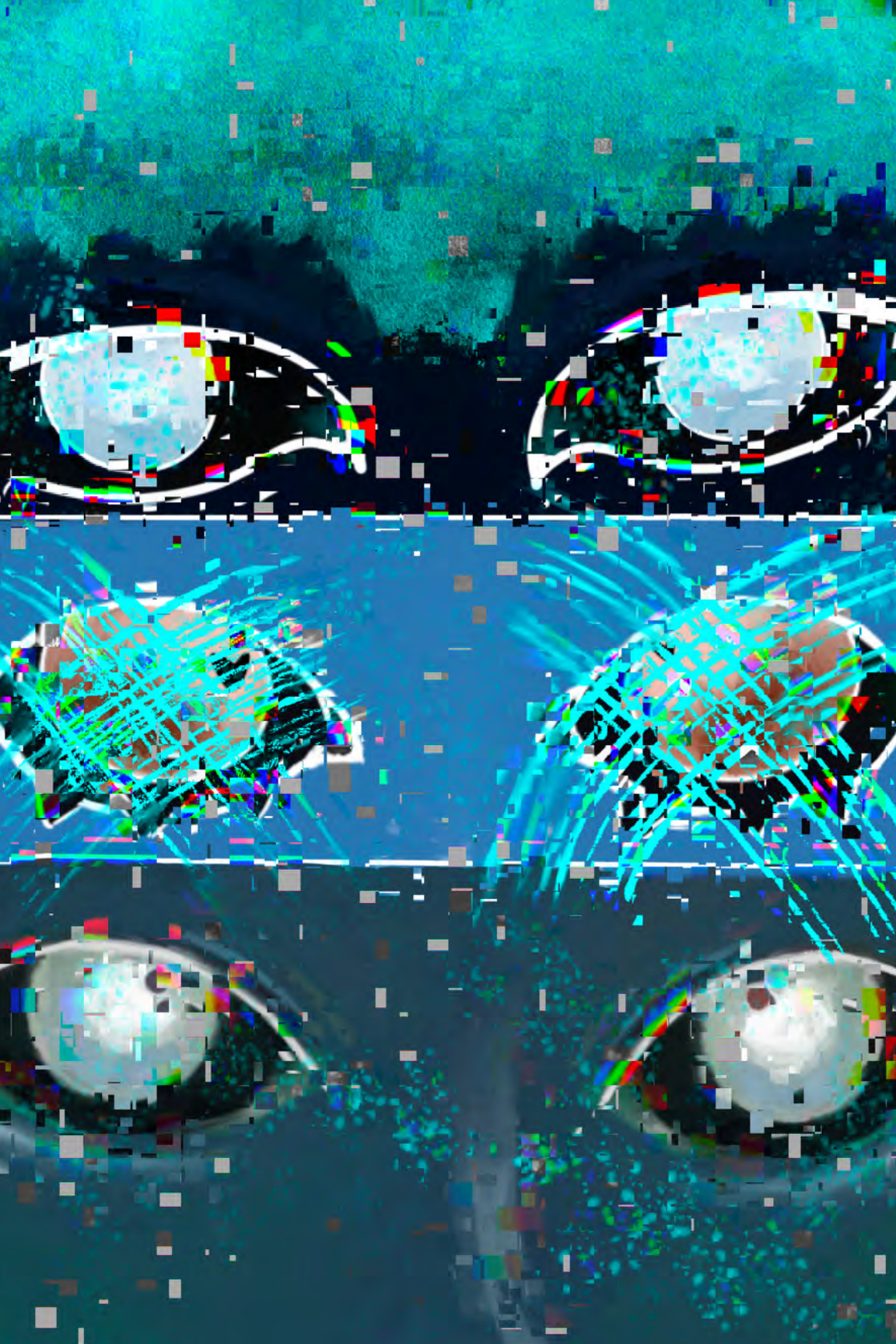
- Black women are 2.5 times more likely to die from a pregnancy related cause.
- a medical illustration of a black baby in the womb went viral because of its rarity.
- COVID "the great equalizer" only left the black community and black mothers with even less resources.
- we are suffering



Dear Diary,

We have the same cells,
tissues, organs. Even though

I failed biology, I know
enough. The same heart pumps
blood, the same brain rot,
the same stinky toes, but the
same eyes don't see. I see
the racism; what do you see?



What don't I understand, in a world of
only victors I still don't see peace.

To have evolved so rapidly in
technology, but still leave the black
woman crippled is appalling.

They leave the black woman crippled.
They leave the black woman crippled.
They leave the black woman crippled.
They leave the black woman crippled.

They leave us crippled.
They leave us crippled.
They leave us crippled.
They leave us crippled.

They leave me crippled.
They leave me crippled.
They leave me crippled.
They leave me crippled.

1. Those at the lowest in society must be raised in order for the whole to
succeed
 2. Division will be the death of us
 3. Being healthy mentally and physically si·mul·ta·ne·ous·ly is not an easy
feat, let her at least try.
 4. Assault on one black woman is assault to us all.
-





BLACK ~~HEALTH~~ DEATH

Health is a basic human right.

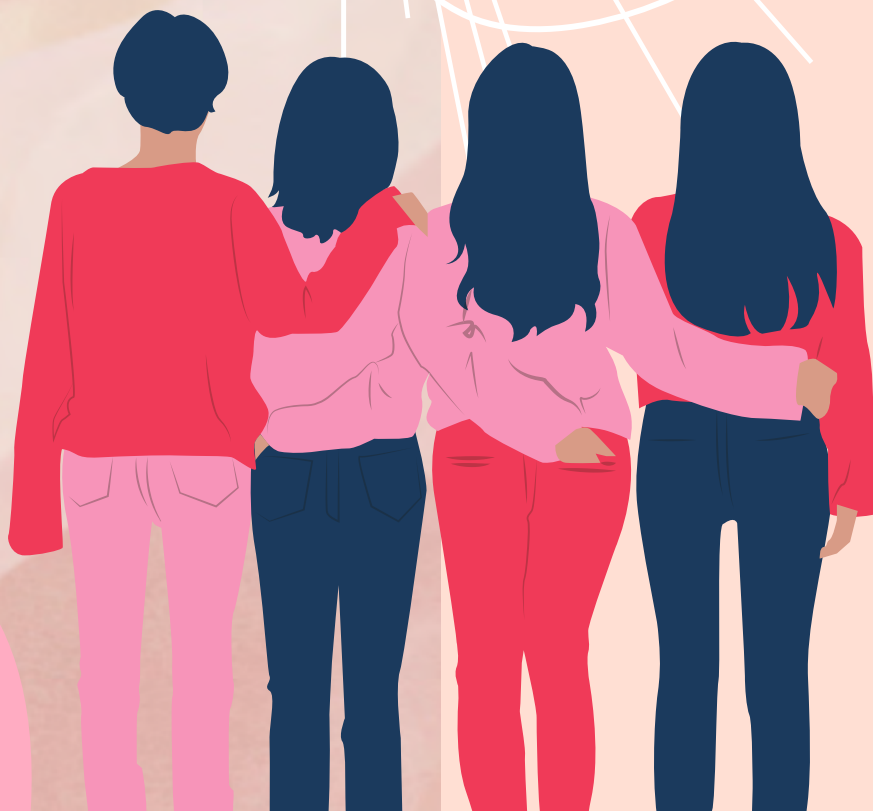
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Reproductive Health

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Challenges for Asian Americans

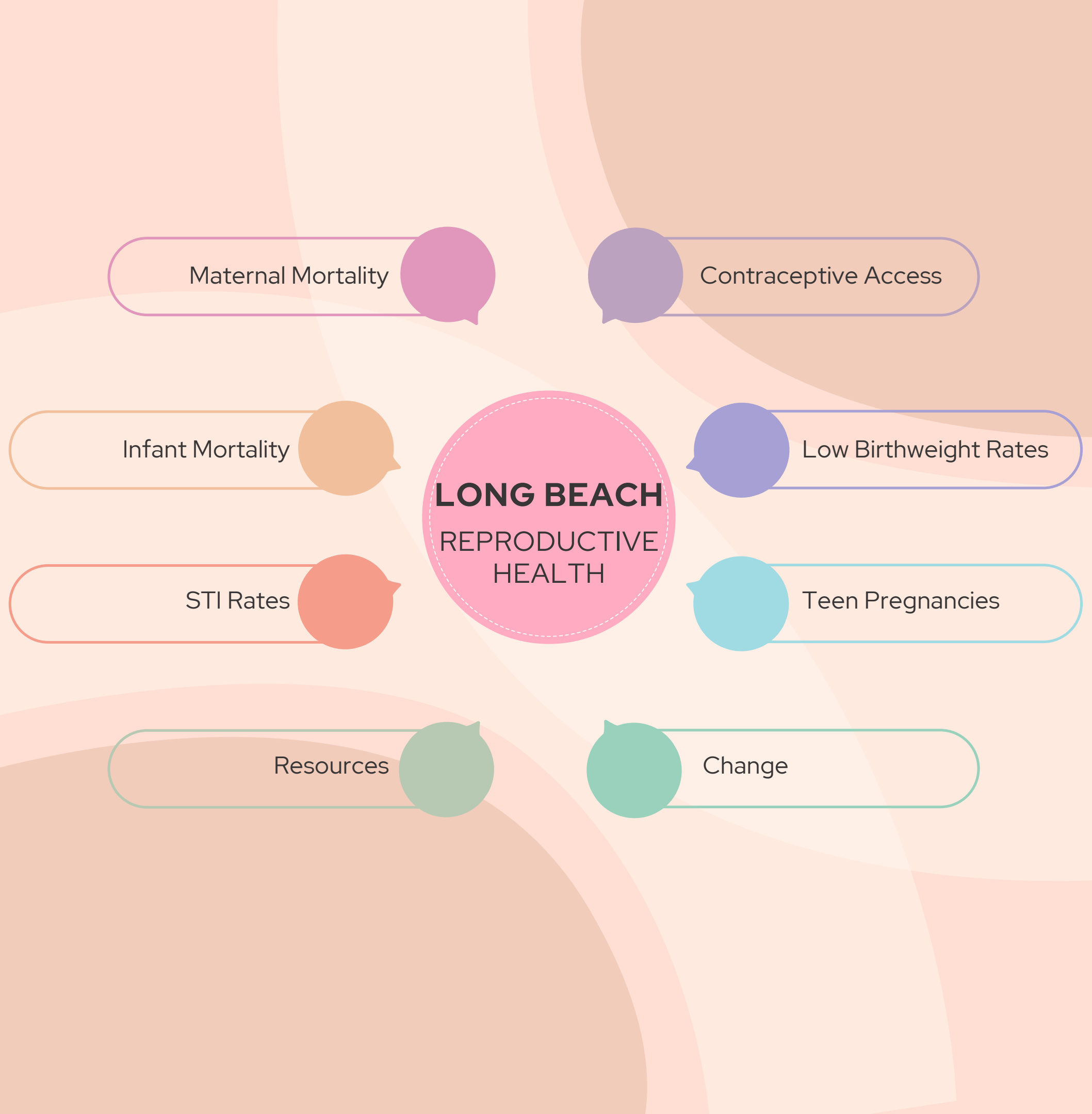


11% of Texas' Asian Americans are low income

1/5 of pregnant Asian Americans may seek an abortion

15% of Asian Americans lack health insurance or rely on Medicaid

Half a million Asian Americans in Texas are English language-limited



Infant Mortality

In LA County, Black babies have an infant mortality rate that is three times that of White or Asian babies.

Factors:
Chronic stress from racism, differences in access to prenatal care and levels of income and education

From 2013-2017, over half of the infant deaths in Long Beach were among Hispanics/Latinos.

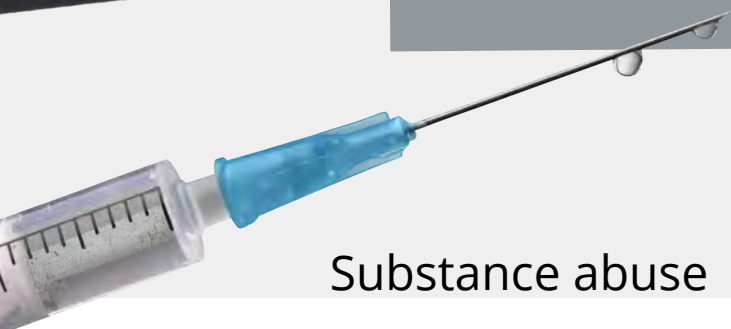


Change

- EXAMINE PRACTICES AND POLICIES WITH A RACIAL EQUITY LENS
- ENSURE EQUAL OPPORTUNITIES AND RESOURCES FOR ALL GROUPS
- PROMOTE SEXUAL HEALTH EDUCATION CAMPAIGNS



MORE THAN HARM ABUSE

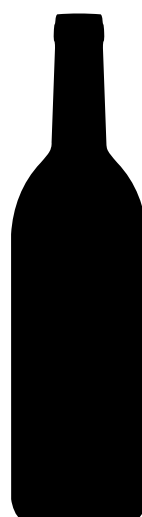


Substance abuse

Effects on the Mental Health

Those who are mentally ill (Bipolar/Generalized Depression/Borderline/etc) have higher % of substance abuse disorder.

Comorbid substance use disorder and mental illnesses are common, with about half of people who have one condition also having the other



Hospitalization is a critical component of treatment for individuals with serious and persistent mental illness.

People who consider treatment often don't know how much a program will cost

Rehab:

1 Type of facility

inpatient facilities tend to cost more than outpatient treatment programs because they provide meals and lodging in addition to therapeutic interventions and wellness activities.

2 Location of the facility

such as near home or not, or in the mountains or on a beach

3 Size of the program

whether it's a large program with more participants or a smaller, more intimate rehab.

4 Treatments provided

which may or may not include detoxification (detox), medication-assisted treatment, various therapy options, and comprehensive aftercare

5 Length of the program

which can vary from 30-90 days depending on a person's needs.

6 Amenities offered

such as a swimming pool, an on-site gym, massage therapy, nutrition counseling, and more

COST

Standard inpatient addiction treatment facilities to cost between \$14,000 and \$27,000 for a 30-day program, and outpatient treatment can range from free to \$500 per session



Detoxification (detox)—the period during which the body rids itself from the influence of substances—costs about \$600 to \$1,000 a day.

Some or all of the cost may be covered by health insurance or paid in part or in full



**HARM REDUCTION
MEANS RESPECT, DIGNITY,
COMPASSION**



ACCESS TO



HEALTH CARE FOR PEOPLE OF COLOR

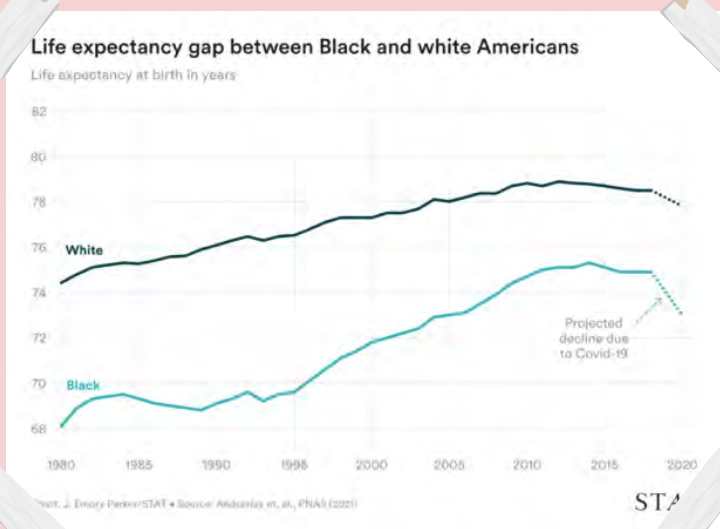
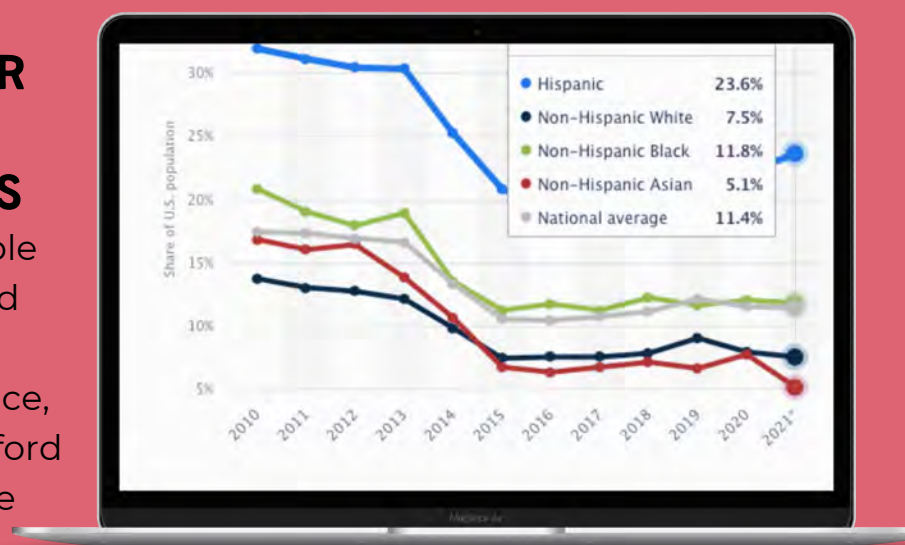
What does access to health care mean? The ability to obtain health care services such as diagnosis, treatment, and management of diseases, illness, disorders, and other health conditions. However, many people do not have access to adequate healthcare—specifically people of color.

INADEQUATE HEALTH CARE ACCESS

1

HEALTH INSURANCE FOR PEOPLE OF COLOR COMPARED TO THEIR WHITE COUNTERPARTS

This graph shows the number of people without health insurance in the United States from 2010 to June 2021, by ethnicity. Due to high costs of insurance, many people of color are unable to afford it leaving white Americans to continue having better healthcare access.



This specific graph shows the life expectancy between Black and white Americans from 1980 to 2020, which demonstrates a devastating gap. It is evident that people of color—in this case being Blacks—are not receiving the same healthcare access white people are.

2

LIFE EXPECTANCY

The Centers for Disease Control and Prevention estimated that in 2019, around 70,000 Black Americans, which is about 200 per day — died prematurely. Many of these deaths were from chronic conditions like heart disease that could have been better treated and prevented.



3

AMOUNT SPENT ON HEALTH CARE

Black households spend almost 20 percent of their income on health care annually, whereas the average American family spends around 11 percent. Therefore, if people of color like Blacks want health care, they need to be ready to spend a large portion of their income in order to get the care they need. Yet, many times the health care they pay for is not adequate or better compared to their white counterparts.

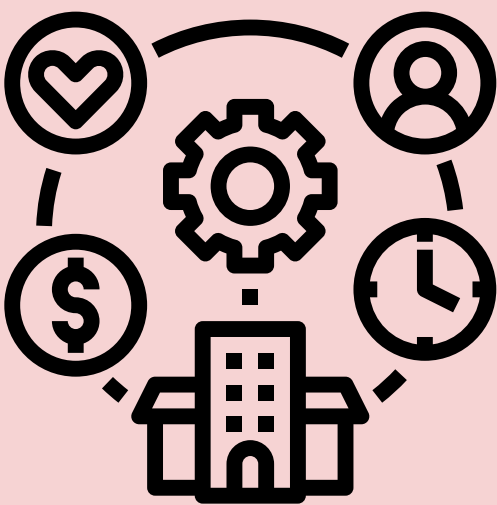


HOW TO IMPROVE ACCESS TO HEALTH CARE

1

UPGRADE FACILITIES AND EQUIPMENT AT PUBLIC HOSPITALS

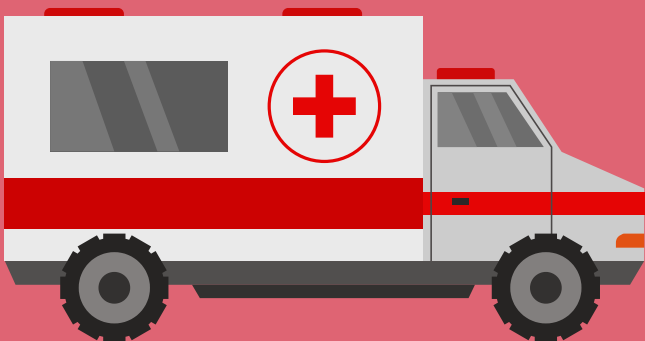
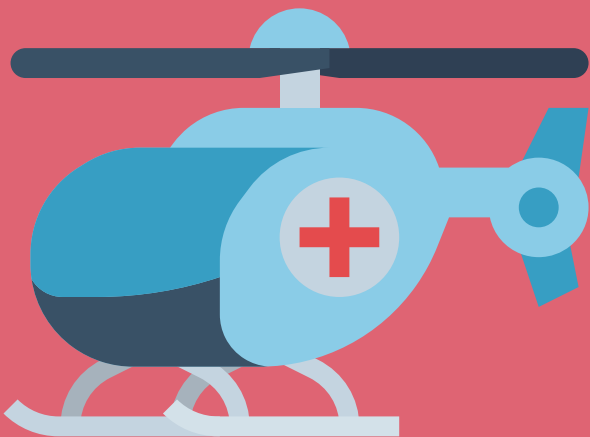
If more funding and money is given to facilities tp places where there is a majority of people of color residing, then new equipment can be bought to improve the accuracy of medical diagnoses. In addition, upgrading falcilites through reconstruction and renovation enhances service efficiency.



2

IMPROVE ACCESSIBILITY TO MEDICAL RESOURCES

Larger medical institutions should collaborate with smaller health centers and clinics in lower income communities. This increases funding allowing physicians and other medical experts to open practices in resource-deficient areas. Furthermore, more mobile clinics should be available to deliver medical care to underserved communities.



3

BOOSTING EMERGENCY CARE AVAILABILITY

Establishing more emergency care among hospitals in communities with people of color allows for medical centers to provide more support in emergency rooms. This can reduces mortality rates in communities as most critical cases have a higher chance of being saved with more ambulances and 24-hour emergency care medical centers.

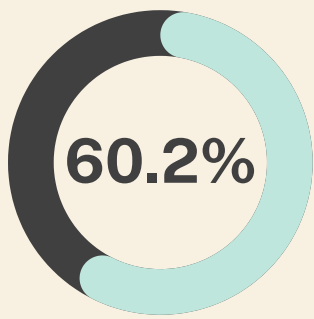
EQUAL ACCESS TO HEALTH CARE IS A PRIORITY!



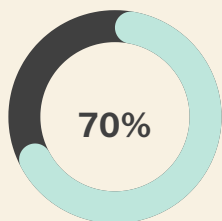
Melanie Barbosa
Miller Foundation Project

WHAT YOU NEED TO KNOW ABOUT Substance Abuse

What is it? Substances include alcohol and other drugs (illegal or not). Substance abuse is the pattern of harmful use for mood-altering purposes



60.2% of Americans
12 years or older
currently abuse drugs



70% of users who try
substances before 13yrs
of age develop a
substance abuse disorder

WHY DOES IT HAPPEN?

Most participants of substance abuse turn to substance abuse for the physical addiction they feel from drugs.

These drugs changes the way your brain feels pleasure so that you become reliant on them for it's mood-altering purposes.

COMMON SUBSTANCES USED FOR ABUSE

- Alcohol
- Opiates (Opium, Heroin)
- Cocaine
- Marijuana "weed" "pot"
- Nicotine
- Sedative–Hypnotics



AVAILABLE TREATMENTS

- **therapy** (behavioral, group)
- **medications** to minimize withdrawal symptoms
- long term followups to avoid relapses

WHY SUBSTANCE ABUSE IS HARMFUL

Long Term Effects

- overdose
 - depression
 - anxiety
 - panic disorders
 - paranoia / hallucinations
- health conditions
- cardiovascular disease
 - respiratory problems
 - kidney damage
 - liver disease

Short Term Effects

- changes in appetite
- sleeplessness / insomnia
- increased heart rate
- changes in cognitive ability
- temporary sense of euphoria
- loss of coordination
- relationship problems
- changes in appearance

HOW TO LOOK OUT FOR SIGNS OF SUBSTANCE ABUSE / ADDICTION IN YOUR LOVED ONES

they start taking
more days off from
work and school to
compensate



**APPEARING HIGH
MORE OFTEN**

NEW HEALTH ISSUES



- drastic changes in
sleep schedule
- weight loss/gain
- bloodshot eyes
- glassy eyes

- secretive about what
they're doing, how much
they're using
- quick to anger
- loss in interest in hobbies



**MOOD &
BEHAVIOR
CHANGES**

WHAT YOU NEED TO KNOW ABOUT Harm Reduction

FOR SUBSTANCE ABUSE

GENERAL RESOURCES

Alcohol

- Do not take alcohol from strangers.
- Stay Hydrated. Eat Before
- Do not mix with *any* medication
- Pace yourself

General (stimulants / opiates / cocaine)

- Small lines, not big lines.
- Space out and pace yourself

Fentanyl strip kits to **test for** fentanyl-**laced drugs** (opiates / cocaine)

- Buy it at Long Beach Health Center: 1043 Elm Ave., Suite 302 Long Beach, CA 90813 (562 247 7740)
- Pharmacy near you

WHAT TO DO: ALCOHOL POISONING

1. Call 911.
2. Keep them awake.
3. Provide water (sips).
4. Keep them warm with a blanket or anything.
5. Explain your actions because they may be resistant or angry.
6. If they're vomiting, turn them to their side.

SYMPTOMS

- Bluish-colored / cold, clammy skin
- Confusion, slowed responses
- lack of coordination
- Difficulty remaining conscious
- Hypothermia
- Irregular pulse, heartbeat or breathing
- Problems with bladder or bowel control
- Seizures, vomiting or choking
- Strong alcohol odor

WHAT TO DO: OPIOID OVERDOSE

1. Call 911.
2. You can buy generic Suboxone (that will reverse the OD) which is covered by most Medicare and insurance plans, but some pharmacies (CVS/Walgreens/Costco) cover it with lower cash prices / coupons.

WHAT TO DO: COCAINE OVERDOSE

1. Call 911.
 2. If the person is throwing up / having a seizure: turn them on their side.
 3. If the person is having a seizure remove any sharp or dangerous objects that could fall on them in their immediate area.
- Do not put anything in their mouth.

YOU'RE NOT ALONE

HOW TO COPE

- find networks with others seeking sobriety.
- you are more than your addiction
- reframe the way you see yourself



SOCIAL DETERMINANTS OF HEALTH IMPACTING COMMUNITIES OF COLOR



SOCIAL DETERMINANTS OF HEALTH are conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life.

ACCESS TO QUALITY FOOD



- 73% of South Los Angeles restaurants only serve fast food. Studies show a diet consisting mostly of fast food can lead to issues with heart health, obesity, and more.
- In neighborhoods like Long Beach, there is a lack of grocery stores. These kinds of limited access create a food desert that leads to significant barriers in healthy eating

NEIGHBORHOOD CONDITIONS AND PHYSICAL ENVIRONMENT

Communities of color have some of the highest rates of pollution, hazardous wastes, impaired water bodies, traffic, and pesticides. These environmental factors contribute to a number of illnesses like asthma and can lead to death.



EDUCATION



People with better education have more opportunities to employment.

Employment = financial security. Having financial security means that you do not have to excessively worry over health expenses.

In POC communities like south la. Only 8.2% of residents 25 and older have a four year degree.

HOW TO MITIGATE THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH

1. Raise awareness
2. Advocate for positive policy changes
3. Contribute towards your community!



Access to Clinics

Emergency Room vs Urgent Care

According to an independent study conducted by Zocdoc, a large proportion of Americans (73%) believe that it's easier to visit the ER than to get a doctor's appointment. Moreover, 65% said they would go to the ER if they couldn't get in to see a doctor quickly enough, yet 69% are unsure of the costs of an ER visit.

The study also found that 33% of Americans had gone to the ER for non-urgent medical care, and 14% viewed the ER as their "primary care."

Knowing when to visit the Emergency Room and when to visit Urgent Care is critical. Not only will it save you time and money, but it will also ensure that you have access to resources best suited to deal with your specific medical situation(s).



The Main Difference

- the **Emergency Room** is the best choice if you are experiencing a **life-threatening event**. It is better equipped to deal with and prioritizes conditions that are life-threatening and may require advanced treatment (e.g., head injury, chest pain, stroke). But, this means that less severe cases will take longer to be treated.
- **Urgent Care** is the best choice if you are experiencing a **non-life-threatening event** (e.g., back pain, infections, sprains). They usually provide information in advance about how much you'll be charged as well.

Study: Nearly 3 In 4 Americans Say It's Easier To Go To The ER Than To Get A Doctor's Appointment (Zocdoc, Sept. 2019)

When to use the Emergency Room or Urgent Care (MemorialCare)

Emergency Room vs Urgent Care

Choose the best place to go for each medical situation.

Snake Bite



[ER] [Urgent Care]

Fingernail Removal



[ER] [Urgent Care]

Broken Bone



[ER] [Urgent Care]

Sprains or Strains



[ER] [Urgent Care]

Chest Pain



[ER] [Urgent Care]

Puncture Wound from Animal Bite



[ER] [Urgent Care]

Answers: 1) ER 2) Urgent Care 3) ER 4) Urgent Care 5) ER 6) Urgent Care

Getting sexually assaulted isn't the most incredible feeling in the world **you feel like you've been used against your will**, and if you tell someone, you don't know what to do, you ask yourself **"Is it worth it?"** what happens if the abuser finds out? what if they don't **believe me!**? But what happens if you do come out about it?

Pros:

- **Get it off** your chest
- When you tell someone about how you got sexually assaulted it may be a heavy topic to talk about however when you **release that pressure** it could **help** the people around you know what you have been going through
- There are people to **support you**
- Coming out about being sexually assaulted isn't the easiest thing to do, however, if you do decide to do it it could really **help you** release that hard feeling to the people you trust and loved and helped the loved ones know what you have been going through.

Now you might be in the situation where no matter how much you want to tell someone, you find yourself **struggling** to tell someone, so what if you don't tell anyone you were sexually assaulted

Con:

- You'll feel **weak**
- You'll feel like you have **no control** over the situation, you feel like you have to deal with it on your own, but that's not the case if you are able to tell someone it could **help you take control of this situation**
- It could **affect your mood**
- When dealing with sexual assault it could really affect the way you think throughout the day, however, if you do **tell a loved one** it could really help your mood lighten up, even if it is a little, because you know you won't have to hide your emotion much longer knowing **you can tell someone you love!**

However at the end of the day, **you're the one in control of your situation, only you can speak out about this**, I know it's really hard to tell someone but once you do tell a loved one, **believe me** when I say this it could help you and your loved one's out a lot even if it help a little bit!

THE TRUTH BEHIND SEXUAL ASSAULT

What is Sexual Assault?

Sexual assault is a legal term used to describe a range of sexual offences, from showing indecent images to another person, to kissing or touching them, as well as penetration of the person's body with a body part or object. If someone touches you without consent or it makes you uncomfortable, it may be sexual assault. Different kinds of behavior may be sexual assault depending on place, time, thoughts of the perpetrator and victim, and ages of both parties.



As of 2018, there were 734,630 victims of sexual assault in the United States

Sexual Assault of Minors

Child sexual abuse is a widespread problem. 1 in 9 girls and 1 in 53 boys under the age of 18 have experienced sexual abuse or assault at the hands of an adult. The effects of such maltreatment can be long-lasting, greatly affecting the child's mental health. Each victim of sexual assault as a minor is 4 times more likely to develop drug abuse symptoms and PTSD as an adult, as well as being 3 times more likely to experience major depressive episodes as adults.



82% of all sexual assault victims under 18 are women

National Sexual Assault Hotline:

1-800-656-4673

It was found that 57,329 sexual assault victims were children. 93% of child victims know their assaulter. 34% of the time it is a family member. 59% of the time it is an acquaintance. 7% of the time it is a stranger

THE RACIALIZATION

THE CONVENTIONAL VIEW OF DRUG ADDICTS, FACILITATED BY STEREOTYPES, SENSATIONALIZED IMAGES, AND STIGMA SUGGESTS THAT ADDICTS ARE FACELESS JUNKIES THAT ARE JUST UNWILLING TO TAKE ANY PERSONAL RESPONSIBILITY AND ARE GENERALLY JUST PEOPLE YOU WANT TO DISTANCE YOURSELF FROM.



of **DRUG USE**

AMPLIFICATIONS OF THE STATUS QUO

LANGUAGE

FOR RISING OPIOID ADDICTION, IT'S REFERRED TO AS AN "EPIDEMIC" SUGGESTING A NEED FOR ISOLATION, QUARANTINING, AND SOCIALLY DISTANCING FROM PEOPLE WITH ADDICTION.

MEDIA

FOR THE OPIOID CRISIS, THERE IS A CONCERNING RACIALIZED COVERAGE OF BLACK AND WHITE OPIOID ADDICTS.

THERE WAS A PAPER BY LINDSAY AND VUOLO THAT ANALYZED 400 ARTICLES FROM THE WASHINGTON POST AND NEW YORK TIMES, TWO VERY WELL-KNOWN NEWSPAPERS, AND CONDUCTED TWO EXPERIMENTS TO SEE HOW THE PUBLIC WOULD SUPPORT CRIMINALIZING OR TREATING A FICTIONAL SCENARIO OF A MAN BEING PULLED OVER WITH EITHER 1 GRAM OF COCAINE OR 1 GRAM OF HEROIN.

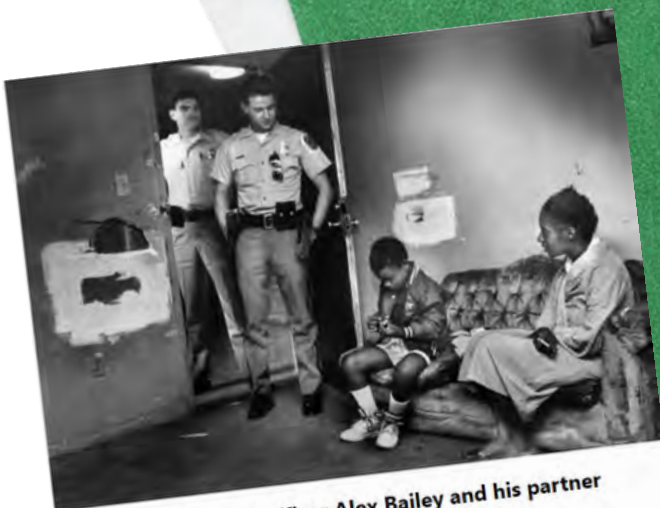
WHAT THEY FOUND WAS THAT MORE PEOPLE WERE IN SUPPORT OF DRUG TREATMENT WHEN THE PERSON USED HEROIN, WHILE PEOPLE WERE MORE LIKELY TO SUPPORT ARRESTING AND CRIMINALIZATION WHEN THE PERSON USED CRACK COCAINE.

THE RESEARCHERS ATTRIBUTED THIS TO THE NEWSPAPERS' COVERAGE OF THE OPIOID CRISIS AS A LARGELY WHITE PUBLIC HEALTH PROBLEM WHEREAS THE COCAINE CRISIS WAS SEEN AS A CRIMINAL JUSTICE PROBLEM.

SEE THE DIFFERENCE?

MEDIA PORTRAYAL OF CRACK COCAINE AND OPIOID ADDICTS DIFFERENTIATES SUBSTANTIALLY. THE CRACK COCAINE CRISIS IS PORTRAYED AS A CRIMINAL JUSTICE PROBLEM THAT PRIMES BLACK PEOPLE TO BECOME VIOLENT AND WARRANT PUNITIVE POLICIES LIKE INCARCERATION AND ARRESTS.

FOR BOTH PRESCRIPTION AND ILLICIT OPIOIDS, THE PROBLEM IS SEEN AS A PUBLIC HEALTH PROBLEM THAT AFFECTS RURAL WHITE PEOPLE, AND THEREFORE REQUIRES EMPATHY AND COMPASSION FOR VICTIMS.



P.G. County police officer Alex Bailey and his partner stand in the...
P.G. County police officer Alex Bailey and his partner stand in the doorway of the Waters apartment just before Kenny left to go to school at about 7:30 AM in Prince George's County, MD on September...





A TROUBLING TREND

PROFESSOR CINDY BROOKS DOLLAR POINTS OUT IN HER ESSAY "CRIMINALIZATION AND DRUG "WARS" OR MEDICALIZATION AND HEALTH "EPIDEMICS": HOW RACE, CLASS, AND NEOLIBERAL POLITICS INFLUENCE DRUG LAWS"

"WHILE (POOR) MEN OF COLOR WERE OFTEN DEEMED VICIOUS, WEAPON CARRYING THREATS TO SOCIAL ORDER AND CONVENTION, WOMEN OF COLOR, ESPECIALLY POOR BLACK WOMEN, WERE DEPICTED AS IRRESPONSIBLE, HYPERSEXUAL, AND RELIANT ON SOCIAL WELFARE. STORIES OF "CRACK MOTHERS" AND "CRACK BABIES" PROLIFERATED, WHICH RESULTED IN COOPERATIVE EFFORTS BETWEEN MEDICAL AND LEGAL ACTORS WHO CRIMINALLY PROSECUTED WOMEN OF COLOR USING OR ASSUMED TO BE USING DRUGS."

JULIE NETHERLAND AND PROFESSOR HELENA B HANSEN STATE IN THEIR ARTICLE "THE WAR ON DRUGS THAT WASN'T"

"ONE KEY DIFFERENCE BETWEEN STORIES OF DRUG USE IN URBAN AND SUBURBAN OR RURAL COMMUNITIES IS THAT, IN STORIES ABOUT SUBURBAN OR RURAL WHITE DRUG USE, THE ETIOLOGY OF THE PERSON'S DRUG USE WAS OFTEN EXPLORED, WHILE IN ACCOUNTS OF DRUG USE AMONG BLACKS AND LATINOS SUCH EXPLANATIONS ABOUT WHY SOMEONE STARTED USING DRUGS WERE SIMPLY MISSING."

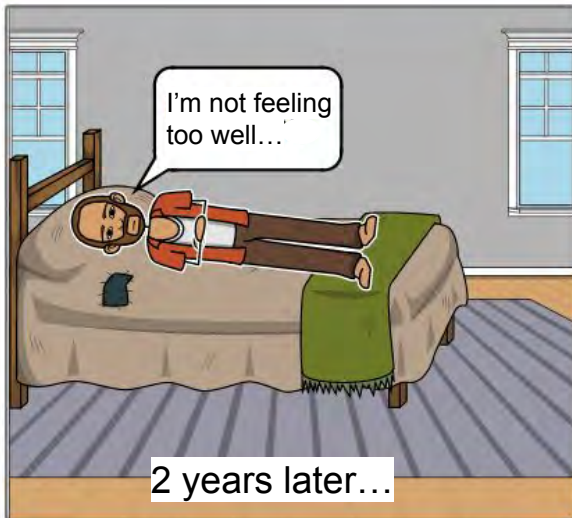
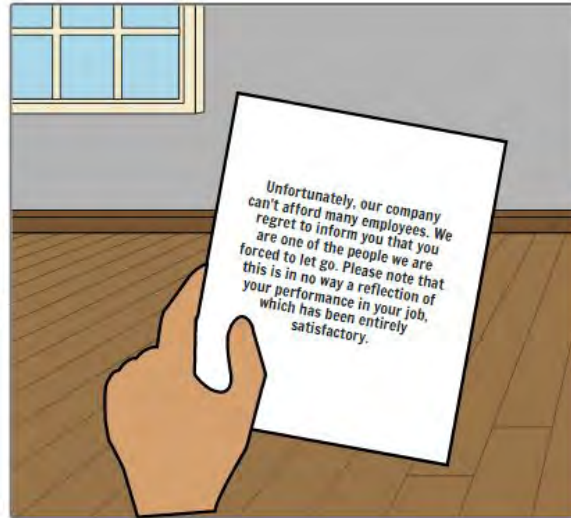
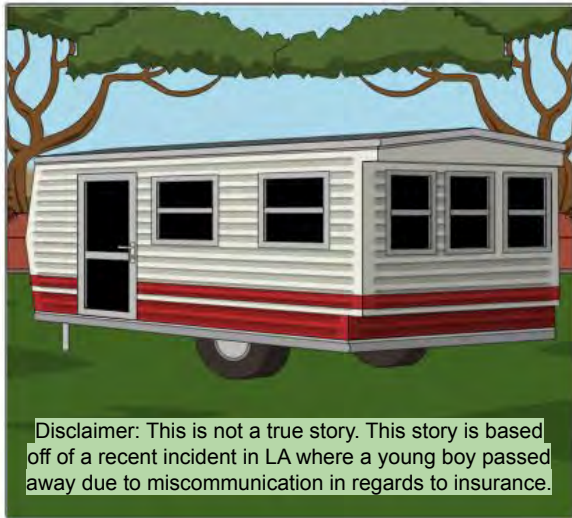
IMPLICATIONS

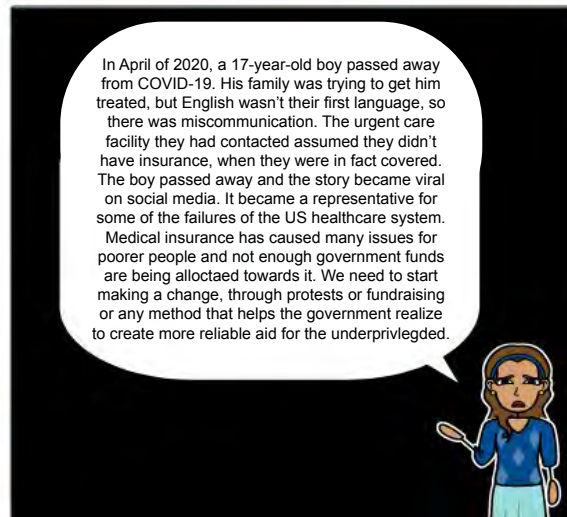
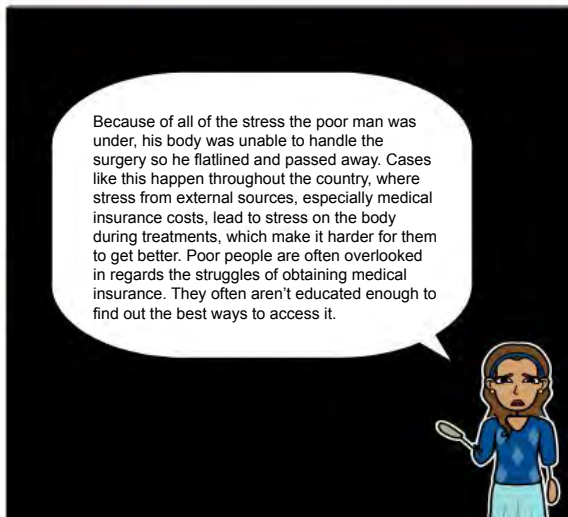
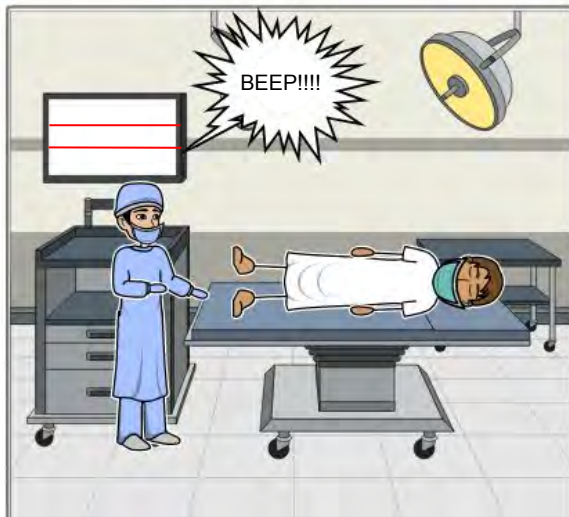
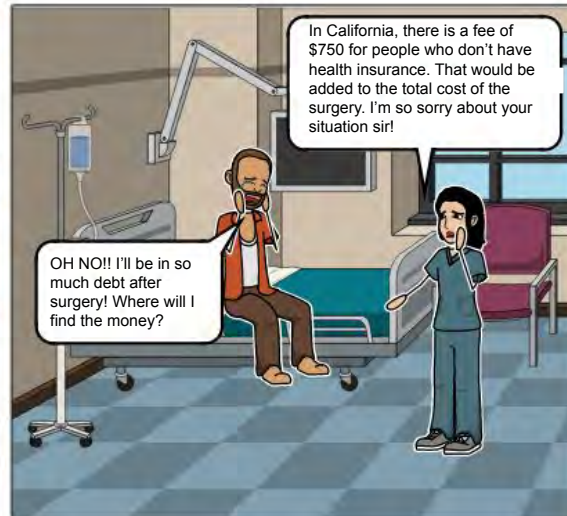
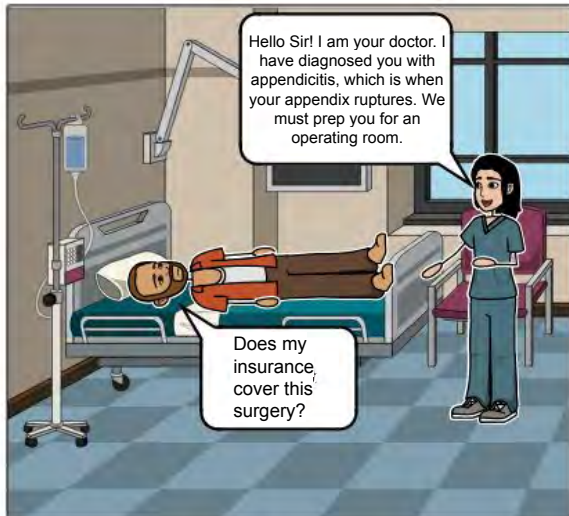
OF COURSE, NONE OF THIS IS TO SUGGEST THAT ANY GROUP OF PEOPLE IS DESERVING OR UNDESERVING OF EMPATHY OR COMPASSION FOR DRUG TREATMENT.

.....

THE POINT IS THAT OUR MEDIA'S SELECTIVE EMPATHY TOWARDS GROUPS OF DRUG ADDICTS IS TROUBLING, AND CAN HAVE SERIOUS IMPLICATIONS FOR PUBLIC POLICY AND TREATMENT.

THIS IS ESPECIALLY THE CASE IN THE CONTEXT OF RISING OPIOID-RELATED DEATHS, WITH AFRICAN-AMERICAN MEN FACING THE LARGEST INCREASE IN OPIOID-RELATED MORTALITY IN RECENT YEARS ACCORDING TO THE PEW RESEARCH CENTER.





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