

CAMBODIANS (KHMER) IN THE UNITED STATES

HISTORY

Cambodia lies in the heart of Southeast Asia, surrounded by Laos, Vietnam, Thailand, and the Gulf of Thailand. The vast majority of Cambodian people speak Khmer and practice Buddhism. Cambodia was once a dominant force in Southeast Asia. In the late 1800s it was colonized as part of French Indochina. Cambodia gained independence in 1954 and was ruled by Prince Sihanouk. In 1970, military rulers overthrew the monarchy, and after continued fighting, Pol Pot and the Khmer Rouge came to power in 1975. The Khmer Rouge were in power for less than 5 years, and were overthrown by the Vietnamese army in 1979, but their legacy of genocide haunts the Cambodian people even today.¹

The Khmer Rouge systematically murdered all doctors, scientists, intellectuals, and other non-communists who could have been considered community leaders.² People were removed from cities and forced to work on agrarian communes, often separating families, and demanding absolute loyalty to the Khmer Rouge.¹ Food shortages, malnutrition, and periods of starvation were common during this time.³ The experiences of survivors of the Khmer Rouge are likened to those of survivors of the Nazi concentration camps of World War II.² Between 1.5 to 2 million Cambodians out of a population of 7 million were killed during the Khmer Rouge regime. Refugees began fleeing to Thailand in late 1978. Between 1981-1985, approximately 150,000 Cambodians resettled in the United States, with lower rates of immigration and resettlement in subsequent years.¹

DEMOGRAPHICS

The U.S. Census Bureau estimates that in 2000 nearly 172,000 Cambodians lived in the United States⁴.

HEALTH STATUS

It is difficult to characterize the health status of Cambodians. Many studies do not differentiate between the various ethnicities studied. Small sample sizes make it difficult to generalize research findings. Finally, in some cases, data are just not available. For these reasons, the data contained here provide only a rough estimate of Cambodian health status.

There is no longitudinal study on the health of Cambodians or of survivors of the Khmer Rouge. However, research in local communities finds that a majority of Cambodians describe themselves as having fair to poor health status.⁵

MATERNAL AND CHILD HEALTH

Cambodian women are thought to have a high rate of gestational diabetes.² The California Department of Health Services found that Khmer women were less likely to receive proper prenatal care, with only 64% receiving care in the first trimester. Cambodian women in California were also more likely to give

birth to low birth weight infants than white women (7% vs. 5%). In addition, Cambodians in California have a high teen birth rate, with over 4% of births to mothers under the age of 18 compared to 2% of whites and Asians overall.⁶

CHRONIC DISEASES

Cambodians in California had four times the rate of stroke as the white population in the state (107 vs. 28 per 100,000).⁶ Some researchers believe that the high cardiovascular morbidity is possibly due to the physiological effects of starvation.⁷ Vision and hearing problems have also been associated with starvation conditions.⁸ The California tumor registry shows that liver cancer is particularly high among Cambodian men. The chewing of betel nut, especially among middle age to elderly women has also been associated with cancer of the mouth.²

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INFECTIOUS DISEASES

Cambodians have had a hepatitis carrier rate that is 3 times as high as the general population. In the 1980's, 39-57% of Khmer had a positive skin test for tuberculosis.⁹ While the HIV prevalence rate for the Cambodian population is thought to be low, a needs assessment in the state of Connecticut showed that 65% of Cambodians believed they had little or no chance of becoming infected with HIV, despite the fact that 90% believed it was moderately common to very common for men to have sex outside of marriage.¹⁰

Cambodians who were in Cambodia from 1970-1980 experienced 8-16 major trauma experiences during this time.

MENTAL HEALTH

A number of studies have described mental health problems in the Khmer population in the U.S. Cambodians who were in Cambodia from 1970-1980 were found to have experienced 8-16 major trauma experiences during this time, including torture, long periods of malnutrition, slave labor, imprisonment, and witnessing atrocities.^{11,12,13} A study of Cambodians who had lived in Cambodia from 1975-79 found very high incidence of headache, dizziness, and weakness,¹⁴ all symptoms of Concentration Camp Syndrome found in survivors of the Holocaust.¹⁵ It is estimated that 85% of Khmer suffer from depression, and a high proportion (up to 60%) with some symptoms of Post Traumatic Stress Disorder (PTSD)¹⁶. One study found 40-50% of Cambodian teenagers who lived through the Khmer Rouge had PTSD.¹⁷

HEALTH BEHAVIORS AND VIOLENCE

Smoking is anecdotally very common among both male and female Cambodians. Alcohol abuse is also found to be a major problem for the community. Violence has been a serious issue for the Cambodian community, and may be related to the violence and terror experienced during the Khmer Rouge period.² The California Department of Corrections found that 40% of Cambodians serving sentences were imprisoned for homicide, with an additional 11% serving time for assault.¹⁸ Domestic violence has also been widely reported in the community, but there are no actual statistics documenting the extent of the problem.¹⁹ Youth gangs have become increasingly common and violent during the last decade, and have been described as a continuation of the Khmer Rouge influence.²

TRADITIONAL MEDICINE

Many Cambodians are very committed to traditional medicine and healers. They will often use traditional medicine first and then go to a Western practitioner if necessary for further treatment. Sometimes, both traditional medicine and Western medicine are used simultaneously.¹

Traditional healers are called *Kruu Khmer*, and base their treatments on either a spiritual or magical system. Illness may be attributed to an imbalance in natural forces, such as the influence of "wind" or *kchall* on circulation. *Koo' kchall*, or "coining" may be used to treat fever, nausea, and heart problems, and involves dipping a coin in medicine and rubbing it on the body in a symmetric pattern. *Jup kchall*, or "cupping" is used to treat headaches and depression, and is performed by heating a cupped object against the skin to create a vacuum. Traditional healers also use massage, a variety of natural plants and herbs, amulets, strings, and tattoos as therapeutic treatments and for protection against harm or illness.¹

ACCESS TO CARE

Cultural and Linguistic Barriers

Most information on the Cambodian community in the United States comes from community agencies and local research efforts. These efforts show that the lack of trained medical interpreters has a devastating effect on access to care and quality of services provided to Cambodians. Trained bilingual outreach workers are particularly necessary and would be invaluable in increasing access and utilization of preventive services.²

Healthcare providers in the United States do not have much experience treating conditions associated with war trauma or starvation, and few providers ask their patients any trauma they may have experienced.² This type of dialog is particularly unlikely given the tremendous cultural and language barriers faced by the Cambodian community.²⁰ The greater use of managed care systems has only served to increase barriers to access especially for non-English speaking populations.²¹

Cultural issues significantly impact community health. Unfortunately, few programs are designed to build upon cultural assets and community strengths. Valuing traditional culture and using it to complement Western health practices will help reduce barriers to health care and improve the health of the community.

Lack of Health Insurance

In 1997, 27% of Southeast Asians in the United States were uninsured. Approximately 20% of Southeast Asians received Medicaid or other public health care coverage, 49% had job-based coverage, and 4% purchased private insurance.²²

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RESOURCES

The following agencies and websites are able to provide additional information regarding the Cambodian community:

- Khmer Health Advocates
860-561-3345
- Cambodian Health Network
<http://www.cambodianhealth.org>
- Cambodian Association of America
562-988-1863
- Southeast Asian Resource Action Center
202-667-6449
<http://www.searac.org/>
- Baylor website
http://www.baylor.edu/~Charles_Kemp/cambodian_health.html

APIAHF would like to thank Mary Sculy and Theanvy Kouch of Khmer Health Advocates and Him Chhim of the Cambodian Association of America for their assistance in compiling this Health Brief.

REFERENCES

- ¹ Cambodian Health: Cambodian refugees and health care in an inner-city setting. www.baylor.edu/~Charles_Kemp/cambodian_health.html
- ² Khmer Health Advocates. *Health*. www.cambodianhealth.org
- ³ Kuoich, T., and Scully, M., (1984) 'Cambodians Voices and Perceptions: A Collection of Materials, Experiences and Cross-cultural understandings,' Thesis. Goddard College. : Plainfield, VT. pp. 190.
- ⁴ United States Census Bureau, Census 2000. Summary File 1 (SF 1) 100-Percent Data. Table PCT 5: Asian Alone with One Asian Category For Selected Groups.
- ⁵ Gong-Guy, E., (1987) *California Southeast Asian Mental Health Needs Assessment*. California State Department of Mental Health.
- ⁶ Dumbauld, S., McCullough, J., Sutocky, J., *Analysis of Health Indicators for California's Minority Populations* (94). Minority Health Information Improvement Project No. 180M-5-92, California Department of Health Services.
- ⁷ Eitinger, L., Strøm, A., (1973) *Mortality and Morbidity after Excessive Stress: A follow-up investigation of Norwegian concentration camp survivors*. New York: Humanities Press.
- ⁸ Gill GV, Bell DR. (1981)" The health of former prisoners of the Japanese". *Practitioner*; 225:531-538).
- ⁹ Catazaro, A. and Moser, R., (1982) "Health status of Refugees from Vietnam, Laos and Cambodia", *Journal of the American Medical Association*, 247:9: 1303-1308.
- ¹⁰ Dytton, R.S., et al, (1996) HIV/AIDS Prevention Needs among Connecticut's Asian-American and Native American Populations and Clergy, Connecticut Department of Public Health and Connecticut HIV Prevention Community Planning Group.
- ¹¹ Kinzie, D., Fredrickson, R., Ben, R., (1984) Post-traumatic Stress Disorder among survivors of Cambodian Concentration Camps. *Am. J Psych.*, Vol.141: 645-650.
- ¹² Realmuto, G.M.M., Ann, C., Hubbard, J., Groteluschen, A., Chhun, B. (1992)"Adolescent survivors of massive childhood trauma in Cambodia: life events and current symptoms". *Journal of Traumatic Stress*, v. 5, no.

4, pp. 589-599.

¹³ Mollica, R.F., Donelan, K., Fish-Murray, C.C., (1990) 'Repatriation and Disability: A Community Study of Health, Mental Health and Social Functioning of the Khmer Residents of Site Two,' *Volume I: Khmer Adults*. Boston: Harvard Program in Refugee Trauma, Harvard School of Public Health.

¹⁴ Mollica, R., Wyshak, G.; Coelho, R; Lavelle, J. (1985) *The Southeast Asian Psychiatry Patient, A Treatment Outcome Study*, U.S. Federal Office of Refugee Resettlement National Demonstration Project.

¹⁵ Eitinger, L. (1961) "Pathology of the Concentration Camp Syndrome," *Arch Gen Psychiatry* Vol 5: 371-379.

¹⁶ Cambodian Association of America, Overview of the Cambodian Community, 8/3/00.

¹⁷ Kinzie, D., Sack, R.L., Riley, C., (1994) The Polysomnographic Effects of Clonidine on Sleep Disorders in Posttraumatic Stress Disorder: A pilot Study with Cambodian Patients", *J Nerv Ment Dis.* 182(10) 585-7.

¹⁸ California Department of Corrections, 1995.

¹⁹ Oeur-Chum, M., (1996) "Domestic Violence" in Harvard guide to Khmer Mental Health, Harvard Program in Refugee Trauma.

²⁰ Uba, L., (1992) "Cultural Barriers to health care for Southeast Asian Refugees." *Public Health Reports*, Vol, 107: 544-548.

²¹ *Impact of Medicaid Managed Care on Immigrants and Refugees* (1996). Chicago Institute on Urban Poverty, Heartland Alliance for Human Needs and Human Rights.

²² *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*, April 2000. UCLA Center for health Policy Research and Henry J. Kaiser Family Foundation.