

HISTORY

Cambodia is a Southeast Asian nation which has endured a tumultuous modern history. The country lived under French colonial rule from 1887 to 1954, after which Prince Norodom Sihanouk assumed power. After years of internal fighting, Sihanouk was overthrown in 1970 and in 1975, the extremist group the Khmer Rouge headed by Pol Pot took over government. The country suffered genocide and brutality for the next four years under Pol Pot. During this time, it has been estimated that between 1.5 and 2 million people out of 7 million were killed or died from starvation and disease¹. Cambodians deemed enemies of the Khmer Rouge were rampantly persecuted and killed, while the general population was forced en masse into agrarian labor camps. The brutality and trauma of the regime continues to exact a heavy toll on the health of survivors of the genocide^{2,3,4}. Refugees fleeing Cambodia began to arrive in Thailand in 1978, and 145,000 resettled in the U.S. between 1975 and 2002⁵.

DEMOGRAPHICS

According to the 2000 U.S. Census, there were 212,633 people in the United

Median Per Capita Income ⁹	
Cambodians	\$10,215
Asians	\$20,719
U.S. Population	\$21,587

States reporting Cambodian ethnicity⁶. The poverty rate in 1999 among Cambodians was 29%, and per capita income among Cambodians nationally in 2000 was \$10,215, compared to \$21,587 among the general population. Cambodians also have lower educational attainment with 26.2% with no formal schooling compared to 4.2% among Asians^{5,7}. Additionally, 31.8% of Cambodians report being linguistically isolated⁵.

HEALTH STATUS

The overall health status of Cambodian Americans is difficult to reliably assess given the relatively small proportions of the general and Asian populations they comprise. Often data is only available on an aggregated level for Asians as a group or for specific communities which are limited in generalizability⁸. From existing research, however, there is evidence that in California, Cambodians have significantly higher rates of low-birth weight than that of A/PIs (1.2 times) or the general population (1.3 times); higher rates of age-adjusted deaths from diabetes than A/PIs (1.7 times) and the general population (1.5 times); and two times the age-adjusted stroke mortality than A/PIs and the general population⁹.

VIOLENCE

Violence plays a major role in the experience of many Cambodian Americans. This includes the traumas of the Khmer Rouge era as well as higher risk for community violence in the U.S. due to stresses of lower socioeconomic position and living in distressed urban areas⁴. Studies have estimated an average of 15-16 pre-migration traumatic events experienced by Cambodian refugees, including near starvation, having a family member or friend killed, and witnessing or experiencing torture and beatings^{2,3}. Additionally, in one major population center, it has been estimated that Cambodian adults have experienced 1.7 events of community violence in the U.S.², and that 29-66% of Cambodian adolescents have been exposed to some form of community violence⁴.

Cambodian refugees on average experienced 15-16 pre-migration traumatic events.

MENTAL HEALTH

Related to experience with past and present violence, Cambodian Americans in the United States suffer from high rates of mental health disorders, including post-traumatic stress disorder (PTSD) and depression. Community studies report rates of PTSD ranging from 56-62%^{2,4} and 51-63%^{2,3} of major depression among Cambodian refugee adults.

INFECTIOUS AND CHRONIC DISEASE

Cambodians carry hepatitis at three times the rate of the general population,⁸ with prevalence perhaps as high as 10-15%¹⁰. In California, liver cancer has been found to be particularly elevated in Cambodian men⁸. Among Cambodian women, the American Cancer Society has found cervical cancer to be the second most common cancer¹¹. At the same time, data from community surveys show low rates of Cambodian women reporting recent Pap tests (47-64%^{7,11}).

ACCESS TO CARE

Linguistic, cultural, and economic factors contribute to problems with access to healthcare. In California, Cambodians receive less early prenatal care than A/PI and general populations⁹, and in one large community survey, 14.3% of respondents reported that they could not visit a doctor due to the cost, compared with 3.7% of the general U.S. population⁷.

RESOURCES

Additional information on the Cambodian population in the U.S. and resources for Cambodian communities is available from the following organizations.

- **Ethnomed Cambodian Health Page**
<http://ethnomed.org/ethnomed/cultures/cambodian/cambodian.html>
- **Southeast Asian Resource Action Center (SEARAC)**
<http://www.searac.org/>
- **Charles Kemp Website**
http://www3.baylor.edu/~Charles_Kemp/cambodian_health.html
- **Harvard Program in Refugee Trauma**
<http://www.hpirt-cambridge.org/>

REFERENCES

¹ Kemp, C. & Rasbridge, L. (2004). *Refugees and health*. Cambridge: Cambridge University Press.

² Marshall, G. N., Schell, T. L., Elliott, M. N., Berthold, S. M., & Chun, C. A. (2005 Aug 3). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *JAMA*, 294(5), 571-579.

³ Blair, R. G. (2000 Feb). Risk factors associated with PTSD and major depression among Cambodian refugees in Utah. *Health & Social Work*, 25(1), 23-30.

⁴ Berthold, S. M. (1999 Jul). The effects of exposure to community violence on Khmer refugee adolescents. *Journal of Traumatic Stress*, 12(3), 455-471.

⁵ Niedzwicki, M. & Duong, T.C. (2004). *Southeast Asian Statistical Profile*. Washington, DC: Southeast Asian Resource Action Center.

⁶ United States Census Bureau, Census 2000. Summary File 1 (SF 1) 100-Percent Data Detailed Tables. Table PCT 5: Asian Alone with One Asian Category for Selected Groups.

⁷ Centers for Disease Control and Prevention (CDC). (2004). Health status of Cambodians and Vietnamese--selected communities, United States, 2001-2002. *MMWR - Morbidity & Mortality Weekly Report*, 53(33), 760-765.

⁸ Asian and Pacific Islander American Health Forum (2003). *APIAHF Health Briefs: Cambodians (Khmer) in the United States*. Retrieved February 23, 2006 from <http://www.apiahf.org/resources/pdf/Cambodian%20Health%20Brief.pdf>.

⁹ California Department of Human Services, Center for Health Statistics, Office of Health Information and Research. (2004). *Sentinel Health Indicators for California's Multicultural Populations, 1999-2001*. Retrieved July 13, 2001, from <http://www.dhs.ca.gov/hisp/chs/OHIR/reports/others/sentinelhealthindicators.pdf>.

¹⁰ Yee, B.W.K. *Health and health care of Southeast Asian American elders: Vietnamese, Cambodian, Hmong and Laotian elders*. Retrieved March 9, 2006 from

<http://www.stanford.edu/group/ethnoger/southeastasian.html>.

¹¹ National Asian Women's Health Organization. *A Profile: Cervical Cancer and Asian American Women*. Retrieved March 9, 2006 from <http://nawho.org/pubs/NAWHOCC.pdf>.