

BIOGRAPHY

Mr. Kimthai R. Kuoch is the Chief Executive Officer and the key leader of the Cambodian Association of America. Mr. Kuoch received a Master Degree in Public Policy and Administration and a Graduate Certificate in Public Financial Management from California State University, Long Beach. He earned his Bachelor of Science in Business Administration with a triple major concentration in Accounting, Finance, and Banking from San Francisco State University in 1995. As a victim of the "Killing Field" and as a refugee himself, Mr. Kuoch has extensive experience working with Cambodian refugees for over 18 years since he was living in the refugee camps in Khmer-Thai border. In addition, Mr. Kuoch also has been involved in both non-profit and private management for twelve years. He earned his certificate in Nonprofit Management in 1999, and his educational background provides unique qualifications for managing a linguistically and culturally appropriate social service agency and evaluation project.

Susana Sngiem is the first second-generation Cambodian-American woman to serve as United Cambodian Community's executive director. Her family, Khmer Rouge survivors and refugees, immigrated to Long Beach in the early 1980's. Born and raised in central Long Beach, Sngiem has the understanding of the cultural, linguistic, and generational barriers of the Cambodian community. Sngiem has worked at UCC for over 3 years as the Program Director, after earning her master's degree in social work from the University of Southern California. In 2013, Sngiem was recognized by former Assembly member Bonnie Lowenthal as one of "30 under 30" young women who have made a difference.

Lindsay Gervacio currently works at Families in Good Health in St. Mary Medical Center (Long Beach, California), a non-profit, community-based agency that promotes healthy living within the diverse, multiethnic communities in the greater Long Beach area (including Cambodian and Southeast Asian families). Specifically, Lindsay manages programs facilitated by Families in Good Health, further strengthening her professional experience across multiple public health realms from a community-based perspective – chronic disease prevention and management, environmental health, health policy and advocacy, maternal and child health, women's health, and youth health development. While her current work at Families in Good Health has deepened her interests in the provision of access to quality health care for underserved populations, Lindsay's primary research interests include the delivery of culturally competent health care practices in regards to addressing health disparities among Asian Americans and Pacific Islanders. Lindsay received her master's degrees in Asian American Studies and Public Health at the University of California, Los Angeles.

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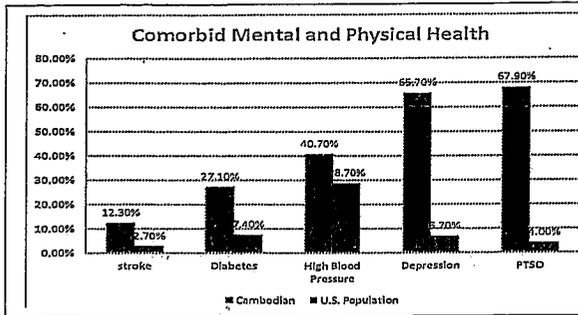
Chan Hopson was a High School teacher in Cambodia when the "Killing Fields" began, and she survived the work camp and subsequent refugee camp to come to America. She was so thankful, she promised to help as many Khmer children and families as possible. Her work to fulfill that promise benefits the entire Long Beach Community.

She founded the Khmer Parent Association and works with underachieving, at-risk youth by providing a Tutoring-After-School program, career guidance and internships with local professionals. She also seeks out venues where they can engage in volunteer community service. She devotes her life to educate and empower the Cambodian people, especially the young Cambodians to pursue higher education and obtain college degrees, so they can have a bright future and give back to society.

She founded and chairs the Annual Khmer Health Forum to empower and educate the Cambodian community about critical health issues such as Diabetes, Breast cancer, Cervical Cancer & HPV, Hepatitis B & C, HIV/AIDS & Liver Cancer and Chronic Disease Management. She has earned the trust and respect from the community. She effectively serves both Christians and Buddhist.

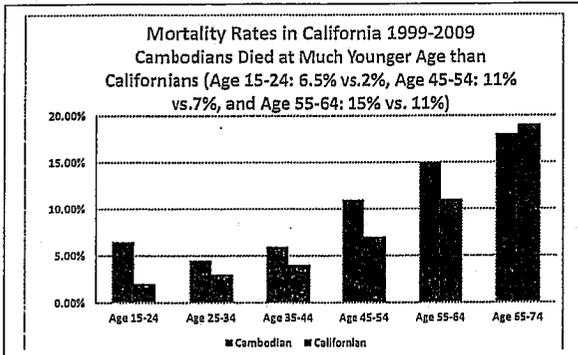
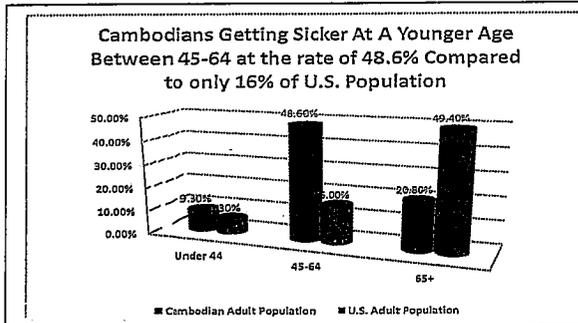
She is a graduate of the Women's Health Leadership Program sponsored by the James Irvine Foundation. She completed the "Chronic Disease Self- Management Program" training at Stanford University, received the Family Development Credential from the University of Connecticut and is certified in Mental Health First Aid USA. She also has numerous awards such as the California State Lottery "Heroes in Education" Award, the California Senate Resolution for "Women who make a Difference", the California Conference for Equality and Justice "Gene Lentzner Human Relations Award", and many others through 2015.

THE STATUS OF HEALTH AND MENTAL HEALTH DISPARITIES IN THE CAMBODIAN COMMUNITY



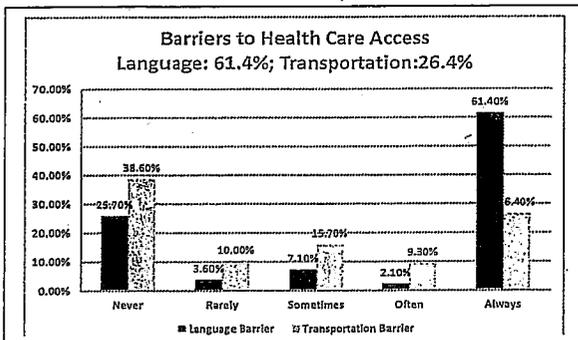
Comorbid Mental and Physical Health

PTSD: 67.9% Cambodians VS. 4% US Population
 Depression: 65.7% Cambodians VS. 4% US Population
 Hypertension: 40.7% Cambodians VS. 28.7% US Population
 Diabetes: 40.7% Cambodians VS. 28.7% US Population
 Stroke: 12.3% Cambodians VS. 2.7% US Population



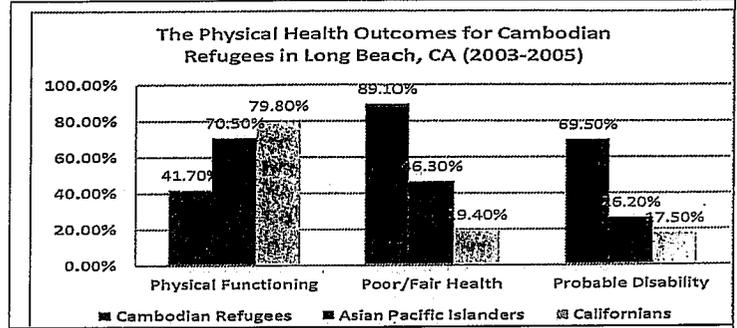
Leading Causes of Death, Los Angeles County
 Source: California Department of Public Health Death (2005-2010)

#1 Heart Disease: 23% Cambodians VS. 29% Los Angeles
 #2 Cancer: 22% Cambodians VS. 23% Los Angeles
 #3 Stroke: 9% Cambodians VS. 6% Los Angeles



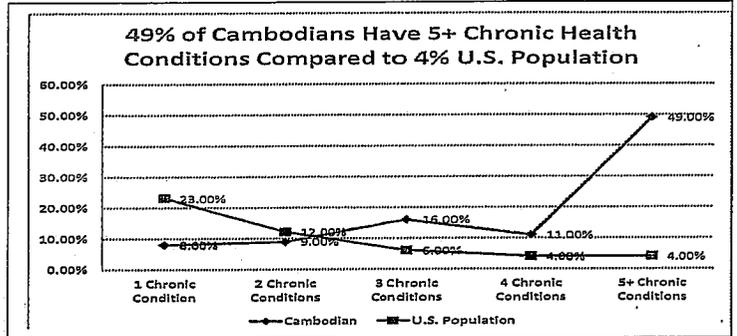
OUR PLEAS TO YOU...?

WHAT CAN YOU DO, IN YOUR POWER, TO HELP THIS VULNERABLE COMMUNITY?



The Physical Health Outcomes for Cambodian in Long Beach, CA (2003-2005)

Physical Functioning: 41.7% Cambodians VS. 79.8% Californians
 Poor/Fair Health: 89.1% Cambodians VS. 19.4% Californians
 Probable Disability: 69.5% Cambodians VS. 17.5% Californians



Profound Effects of Untreated Depression, PTSD, and Trauma Related to Genocide

- The aftermath of the Vietnam War, Civil War, and the Khmer Rouge genocide left behind an untold number of people with mental health disorders.
- Cambodians with chronic depression, PTSD, trauma related to genocide, typically shut themselves off from the outside world because they feel worthless, hopeless, helpless, and guilt, and stop caring for themselves or stop seeking for proper medical treatment for their chronic health problems.
- They often try to cope with their depression and PTSD by internalizing it and accepting it as their "karma" from previous lives, and they struggle to live with it from day to day and wait for the final day to come.
- Compounding with other life stressors and risk factors, Depression, PTSD, and trauma has become an intergenerational issues among the second and third generation of the Cambodians. 1 out of 2 Cambodian youth have depression symptoms.

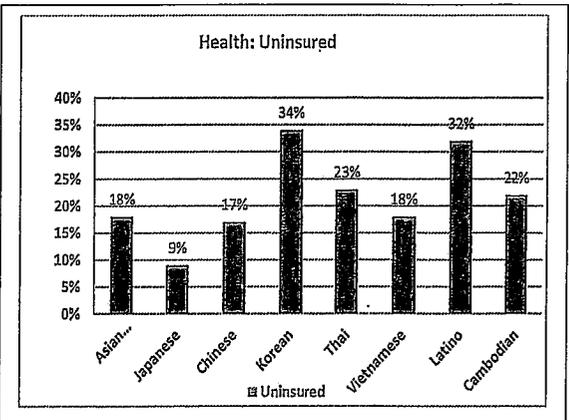
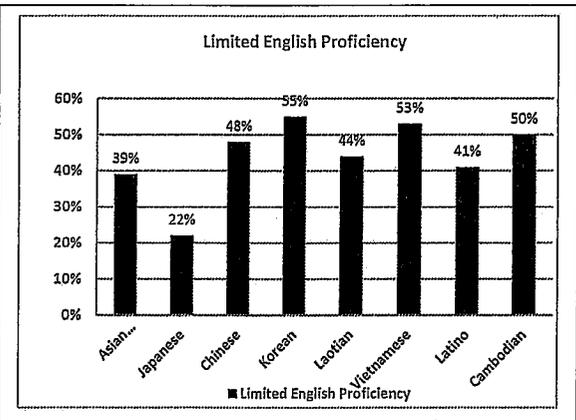
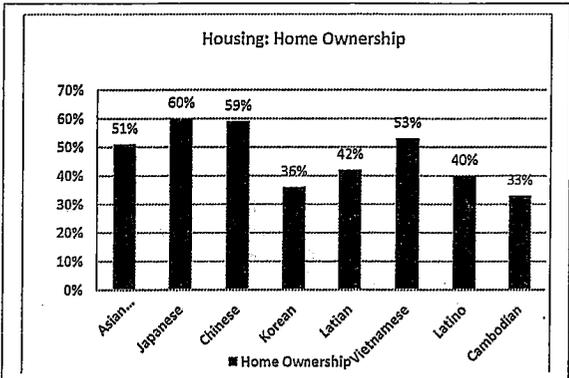
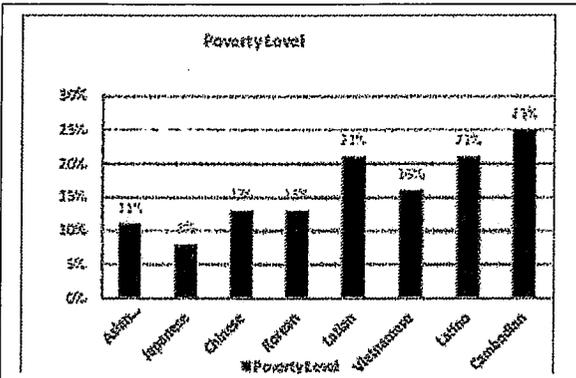
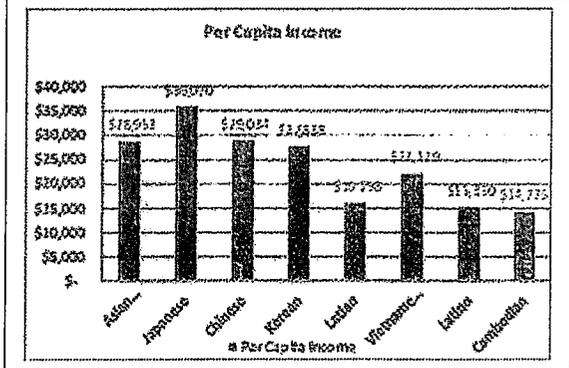
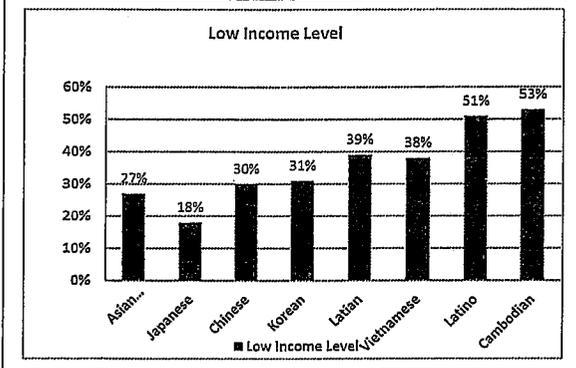
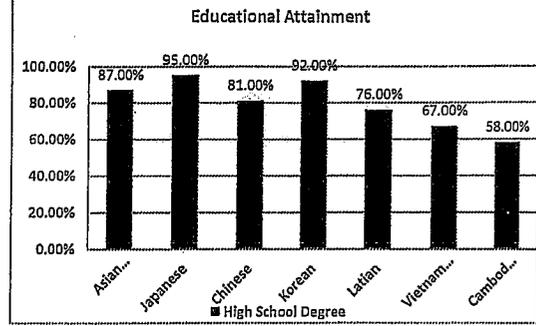
Why the Cambodians did not obtain treatment services?

- Cultural and Social Stigma associated with shame, fear, denial, distrust, and connotation of being mentally insane or crazy, and family & social rejection is one of the main barriers. Many Cambodians will not show up at a MH clinic to ask for help.
- Limited Access to Mainstream Providers: Many get millions of dollar but do not have appropriate bi-cultural/bilingual staff, and for some who do, their slots were under utilized because either the Cambodians do not show up at their doors or they are too overwhelmed to reach out for more clients.
- 61.4% Cambodians believe that health care providers do not have someone who can speak their language and it was the problem to access good health care services.
- Lost in translation (No "one word" in Khmer for "Depression" "PTSD" of "Trauma"): Many who attempted to seek help at a MH clinic are often, due to language and cultural barriers, misdiagnosed to only have mild or moderate mental health symptoms, not enough to qualify to be admitted for treatment by the traditional mental health providers (TMH).
- Many Cambodians has turned to community-based organizations for help because that is where they feel more trusted and comfortable to reveal their MH issues, but CBOs lack of financial and human resources to provide health and mental health services. Referral services to TMH clinics may not work out as easy as we thought, because clients need assurance to feel acceptance and hand holding throughout the process.
- 26.4% of them identify transportation as a problem.
- Lacks of Health Insurance: About 22% of Cambodians do not have any form of private of public medical insurance and is the third highest rate among the API population.

THE STATUS OF EDUCATION AND ECONOMIC DISPARITIES IN THE CAMBODIAN COMMUNITY

Economic and Education Disparities

- In general, the Asian American is a "Model Minority" and the API population is doing fairly well economically and educationally. However, for the Cambodians, Latians, and Vietnames, they have the highest poverty and low-income rate and the lowest educational attainment among the API group.
- Due to the lacks of adequate community resources and lacks of funded programs to address the issues, the health and mental health disparities, educational disparities, and economic disparities among the Cambodians has become more devastating.



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The Status of Health and Mental Health Disparities in the Cambodian Community

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- 2) Berthold, S.M. et al. Comorbid Mental and Physical Health and Health Access in Cambodian Refugees in the U.S. *Journal of Community Health*, 2014.
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- 9) Khmer Girl in Action (KGA), *Step Into Long Beach, Exposing How Cambodian American Youth are Under Resourced, Over Policed and Fighting Back for /their Wellness*. A participatory action research project funded by the UCLA Center for Community Partnership, the Women's Foundation of California, the Third Wave Foundation, the Asian American/Pacific Islander in Philanthropy's National Gender and Equity Campaign, the Dwight Stuart Youth Foundation, and the California Endowment. November 2011.
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Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States FREE

Grant N. Marshall, PhD; Terry L. Schell, PhD; Marc N. Elliott, PhD; S. Megan Berthold, PhD; Chi-Ah Chun, PhD

JAMA. 2005;294(5):571-579. doi:10.1001/jama.294.5.571.

Table 2. Rates of Trauma Exposure (N = 490)*

Variable	Unweighted Sample Size, No.	Weighted % (Margin of Error)†
Premigration exposure		
Near-death due to starvation	483	99 (1)
Experienced a combat situation	480	98 (1)
Forced labor (like animal or slave)	466	96 (2)
Family member or friend murdered	437	90 (3)
Witnessed beatings	405	85 (3)
Witnessed killings	263	56 (6)
Tortured	241	54 (6)
Count of 35 premigration trauma types, mean (SD)	490‡	15.0 (7.6)
Postmigration exposure		
Saw a dead body in the neighborhood	160	34 (6)
Experienced home invasion robbery or other type of robbery	136	28 (5)
Chased by individual or group who were trying to hurt them	109	22 (5)
Verbally threatened with serious physical harm	105	22 (4)
Seriously threatened with a weapon	83	17 (4)
Experienced serious accident in which someone got hurt or died	67	14 (4)
Count of 11 postmigration trauma types, mean (SD)	338§	1.7 (2.1)

*Trauma items are illustrative rather than exhaustive of trauma experiences. Highly endorsed items are displayed as well as highly traumatic items. Some of the items shown are composites of several items (eg, separate questions were asked about murder of spouse, children, and friends; these items are combined as a single entry). Many items with low endorsement were omitted as were some items deemed by the researchers to be less severe.

†Data are presented as weighted % (margin of error) unless otherwise specified. The margin of error is computed as the 95% confidence interval half-width.

‡No. of participants who experienced at least 1 type of premigration trauma.

§No. of participants who experienced at least 1 type of postmigration trauma.

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Table 1. Demographic Characteristics of Participants (N = 490)*

Characteristics	Unweighted Sample Size, No.	Weighted % (Margin of Error)†
Age, mean (SD), y		52 (13.4)
Year of immigration, mean (SD)		1983 (3.8)
Women	319	61 (6)
English-speaking proficiency	137	28 (5)
Marital status		
Married or cohabitating	291	66 (5)
Widowed	138	23 (4)
Single, separated, or divorced	61	11 (3)
High school graduate or equivalent	87	19 (4)
Premigration education (≤ 3 y)	269	52 (7)
Work status		
Employed	132	28 (4)
Retired or disabled	221	46 (5)
Unemployed or not employed	137	26 (4)
Ever resided in refugee camp	490	100
Religious identifications		
Buddhism	423	87 (3)
Ancestor worship	325	68 (6)
Christianity	100	20 (4)
Currently receiving government assistance	353	72 (4)
Family income based on federal poverty level		
<100%	340	69 (5)
100%-200%	116	24 (4)
>200%	34	7 (2)

*See the "Methods" section of the text for explanations of all the characteristics.

†Data are presented as weighted % (margin of error) unless otherwise specified. The margin of error was computed as the 95% confidence interval half-width.

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Table 3. Past-Year Prevalence and Comorbidity of Psychiatric Disorders (N = 490)

Psychiatric Disorder	Unweighted Sample Size, No.	Weighted % (Margin of Error)*
PTSD	301	62 (6)
Major depression	248	51 (6)
AUD	14	4 (2)
Co-occurrence of disorders		
No disorder	155	30 (5)
Only PTSD	81	17 (4)
Only major depression	31	7 (3)
Only AUD	2	1 (1)
PTSD and major depression	209	42 (6)
PTSD and AUD	4	1 (1)
Major depression and AUD	1	<1 (1)
PTSD, major depression, and AUD	7	1 (1)

Abbreviations: AUD, alcohol use disorder; PTSD, posttraumatic stress disorder.

*The margin of error is computed as the 95% confidence interval half-width.

COMMENT

Our study examined the trauma exposure and mental health of a stratified random sample of Cambodian refugees residing in the largest single Cambodian community in the United States. Although on average more than 2 decades had elapsed since arriving in the United States, our sample revealed high rates of past-year PTSD (62%) and depression (51%). In comparison with epidemiological studies of the general US population, these rates are extremely elevated.

These data also demonstrate a dose-response relationship between trauma exposure (both premigration and postmigration) and the likelihood of a current psychiatric disorder. Specifically, degree of exposure to each broad class of trauma is uniquely associated with both PTSD and major depression. This finding of a possible dose-response relationship involving both PTSD and depression has been found in related refugee research.

Conclusion

Despite arriving in the United States approximately 2 decades ago, Cambodian refugees were beset by high rates of psychiatric disorders. The pervasiveness of these disorders raises questions about the adequacy of existing mental health resources in this community. Addressing this high level of need may require additional research to identify barriers to seeking services as well as efforts at improving treatment for this population. On a larger public policy level, these findings raise questions about governmental policies concerning refugee resettlement.

The lives of Cambodian refugees—and perhaps those of refugees from other developing countries—are fraught with difficulties for which they may have been inadequately prepared. In the case of Cambodian refugees, many were uneducated farmers, illiterate even in their native language,⁶³ who entered the United States with no marketable skills and significant mental health problems.⁶⁴ Even after 2 decades, the majority of this community speak little or no English, are at income levels below poverty, and rely on public assistance. Asylum policies for future refugees need to be evaluated not only with respect to their ability to remove vulnerable populations from life-threatening danger but also their capacity to promote the long-term health and well-being of the refugees. Our findings suggest that the US response to Cambodian refugees has not succeeded in this latter goal.

The Unusually Poor Physical Health Status of Cambodian Refugees Two Decades After Resettlement
 Wong, Eunice C., et al. RAND Corporation. Santa Monica, CA.
Journal of Immigrant Minority Health, 2011 October; 13(5): 876-882. doi:10.1007/s10903-010-9392-y.

TABLE 2

Physical health outcomes for the Cambodian refugees in Long Beach, California (2003-2005), and CHIS* Subsamples (2001)

Physical health outcomes	Cambodian refugees			CHIS AAPI matched sample ^a			CHIS AAPI sample			CHIS adult Californians		
	Mean/percent	95%	CI*	Mean/percent	95%	CI	Mean/percent	95%	CI	Mean/percent	95%	CI
Poor/fair health	89.1	85.9,	92.2	46.3	41.1,	51.5	17.8	16.5,	19.0	19.4	18.9,	19.8
Physical functioning	41.7	38.7,	44.6	70.5	67.7,	73.3	83.7	82.9,	84.6	79.8	79.5,	80.1
Probable disability	69.5	65.0,	74.0	26.2	21.6,	30.8	12.1	10.9,	13.3	17.5	17.1,	17.9

The current study documents that Cambodian refugees residing in California bear a substantial health burden. In particular, nearly 90% endorsed poor or fair health status and approximately 70% met screening criteria for probable disability. By comparison, only 18% of the overall AAPI population and 19% of all California adults endorsed poor or fair health status. Similarly, a mere 12% of the broader AAPI population and 17% of all adult Californians met criteria for probable disability.

The reasons underlying the distinctly poor health of Cambodian refugees are not well studied. These individuals experienced years of civil war as well as the material scarcity and other challenges of residence in refugee camps prior to arrival in the U.S.(13, 42) Exposure to starvation, physical injury, and infection as well as multiple psychologically-traumatizing life events may have enduring physical health consequences (43-46). Few studies have focused on the physical health outcomes of refugee populations. To the extent that poorer health status affects Cambodian refugees exclusively versus refugees more broadly has implications for the scope of future research and interventions that are needed.

In conclusion, striking disparities in physical health status exist between Cambodian refugees and demographically matched AAPI immigrants residing in California. This finding not only attests to the dire physical health of Cambodian refugees but also underscores the heterogeneity of AAPIs with respect to health status. Research is needed to guide health policy and practices aimed at ameliorating this health disparity.



STEP INTO LONG BEACH:

Exposing how Cambodian American youth
are under resourced, over policed and
fighting back for their wellness



EXECUTIVE SUMMARY

The Cambodian American Youth Experience in Long Beach, California

In this report we present the experiences and opinions of second generation Cambodian American youth, much of which has not been formally documented. This report is groundbreaking for a myriad of reasons. Youth developed, disseminated, and analyzed a survey of approximately 500 youth in Long Beach, California. They also conducted focus groups and analyzed and disseminated these findings as well. Their findings highlight issues that touch upon every aspect of their lives, from parental expectations to racial profiling to sex and sexuality.

As a newer immigrant community to arrive in the United States, second generation Cambodian Americans experienced unique challenges in adapting to mainstream American culture. While the Cambodian population is dispersed throughout the United States, Long Beach, California has the largest population of Cambodians outside of Cambodia. We hope that our focus on Long Beach as the research site provides insights into issues specific to all Cambodian American communities. More broadly, we hope that these issues are also applicable to all second generation youth in urban communities.

↔ Demographics of Survey Sample

The survey analysis contained within this report is based on a sample of 333 of the survey respondents.

- ↔ About 75% of the survey respondents are between the ages of 15–17 and 55% are female, while 45% are male.
- ↔ Fifty-three percent (53%) of the survey respondents have 5 people or less in their family and 47% have 6 or more family members.
- ↔ Only 4% of the survey respondents are immigrants, so the majority of the survey respondents are second-generation and were born in the United States.
- ↔ Sixty-four percent (64%) of the respondents indicated that English is the primary language spoken at home, while 23% reported that Khmer is the primary language spoken at home.

↔ Educational attainment, access and discrimination

Youth found it difficult to bridge the gaps between aspiring and being encouraged to attend college and the actual steps it takes to achieve this goal.

- ↔ The majority of youth survey respondents reported that their parents expected them to attend and complete college. However, many of the youth and their parents lacked basic information about preparing for and attending college.
- ↔ High numbers of youth also felt that they experienced discriminatory treatment at school. Qualitative data demonstrates that youth may have equated discrimination at school with a lack of resources and access.

↔ Discrimination

Youth survey respondents experienced discrimination in many aspects of their lives, which in turn impacted their access to economic security, college attainment, and safe neighborhoods.

- ↔ Approximately 56% of the youth survey respondents feel that the Cambodian American community faces discrimination. When asked about experiencing discrimination, Cambodian American youth surveyed feel that the Cambodian community faces discrimination within the following key areas: language (56%), job

opportunities (68%), racial profiling (73%), and education attainment (74%).

- » In regards to experiencing differential treatment based on race/ethnicity, the males surveyed were more likely to report being treated or perceived negatively based on race/ethnic group.

» High rates of racial profiling

Racial profiling by law enforcement is often thought of as targeting African American and Latino males. However, the majority of the Cambodian American youth survey respondents had experienced racial profiling in various forms.

- » The males in the survey sample experience these specific acts of discrimination and racism at higher rates than the females.
- » Racial profiling by the police was experienced by the male survey respondents in the following ways. Approximately 39% were stopped by law enforcement, 38% were pulled over, 23% were arrested, 21% were taken to the police station, and 16% were hurt physically.

» Deportation

Deportation is another example of discrimination and racial profiling experienced disproportionately by Cambodian American families.

- » Approximately 1 in 3 Cambodian American youth (34.7%) know someone in their family or community that has been deported or is facing deportation.
- » The deportation of one individual from a family impacts economic, familial, and housing stability.

» High rates of depression

Youth survey respondents reported alarming rates of depression that could be linked to other mental health and health related issues such as alcohol abuse.

- » Of the survey questions that addressed health and safety issues, the youths' responses to a Center for Epidemiologic Studies Short Depression Scale (CES-D 10) about how often they felt depressed were alarming.

- » Youth survey respondents had high scores on a scientifically validated measure of depressive symptoms. This finding suggests that these youth may be at significant risk for developing or having depression.

» Cultural Stigmas around Sex, Sexuality, and Sexual Orientation

The cultural stigmas around discussing sex, sexuality, and sexual orientation prevent youth from participating in open, honest discussions, seeking educational resources, and relying on familial support.

- » Young women, young men, and LGBTQI youth in the Cambodian American community experience cultural stigmas around sexual activity that makes it difficult to discuss sex.
- » While a large number of the survey respondents (86%) know where to get access to sex and health education, many youth don't put into practice what they know about safe sex and pregnancy prevention.
- » Since it is challenging to discuss sex or sexuality, little is known about the Southeast Asian number of Cambodian youth that identify themselves as Lesbian, Gay, Bisexual, Transgender, Queer, and Inter Sex (LGBTQI).



Recommendations

In the area of Immigrant and Refugee Rights, we recommend the following:

- » Prevent continued state and federal cuts to programs that provide families with economic security, which would in turn support the sustainability and development of communities.
- » Ensure that Cambodians with low levels of English proficiency are provided with programs that ensure language access, government services that provide English language translation and interpreters and programs that assist Cambodian parents develop English language skills.
- » Provide information to parents and students about college preparation and the college application process. At a minimum, minority outreach programs such as GEAR UP and TRIO should actively recruit Cambodian American students as participants. Schools and school districts could also develop information and resources to be disseminated in Khmer to parents and students.
- » Improve high school dropout prevention programs by actively outreaching to and recruiting Cambodian youth.
- » Integrate ethnic studies into the K-12 education curriculum; specifically integrate Cambodian refugee experiences into the local education curriculum and Cambodian refugee history into special projects developed by the school district.
- » Develop and implement programs that encourage cultural competency training for school counselors.
- » Construct systematic ways in which communities can address deportation issues through legal aid services, community organizing, and community based services.

In the area of Reproductive Justice, we have the following recommendations:

- » Devote additional resources to reproductive health education beyond abstinence.
- » Evaluate existing reproductive health education available to youth in the local area.
- » Collaborate with other community based organizations to develop culturally appropriate reproductive health education curriculum in K-12 education.
- » Reject continued state and federal cuts to programs and funding streams that support reproductive rights for women, which would in turn support the sustainability and development of communities.
- » Invest funds from the Affordable Care Act to develop strategies for improving preventative care and public health education.

In the area of Health and Safety, we have the following recommendations:

- » Improve access to and knowledge of available mental health services.
- » Ensure that school staff and teachers are able to address bullying in a culturally competent manner by providing workshops.
- » Establish a local youth commission to provide input and insight on the development of local enforcement, economic development and community revitalization policy.



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Girls In
Action**

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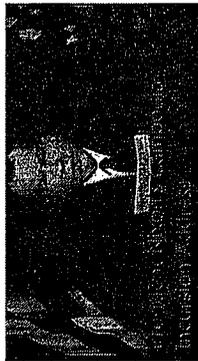
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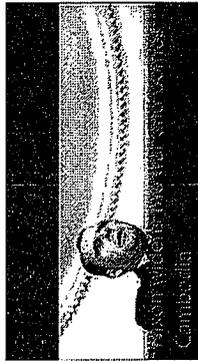
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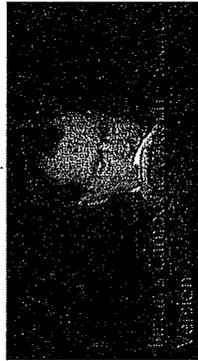
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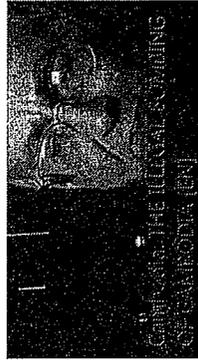
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Education Portal



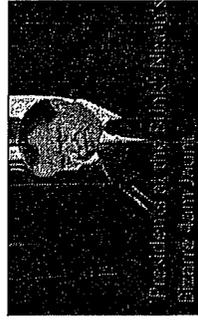
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Pass or Fail in Cambodia Town

The 26 minutes documentary video can be viewed on the PBS website via web address below: <http://video.pbs.org/video/2365363645/>

LONG BEACH, CALIFORNIA

Asian Americans are the best-educated and highest-income ethnic group in the United States. They are often referred to as the "model minority," suggesting that all Asians are successful in school and in life. But Southeast Asian Americans have some of the lowest high school completion rates in the nation. We visit Long Beach, California—the city with America's largest Cambodian community—to find out why this educational crisis is happening and what people are doing about it.

Airdate on WORLD: Nov 6, 2014

Airdate on PBS Weekend: Nov 8, 2014

PARTNER



CREDITS

Director/Producer: Leslie Asako Gladsjo

Editor: Sonia Gonzalez-Martinez

THE NUMBERS

49% Of Asian Americans aged 25 and older hold a college degree

28% Of all U.S. adults hold a college degree

35.5% Of Cambodian adults do not have a high school diploma or equivalent

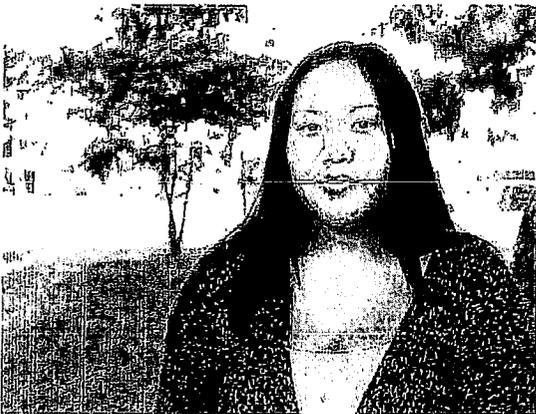
62% Of first-generation Cambodian refugees in Long Beach suffered from post-traumatic stress disorder



Alex

Alex Pham's parents came to Long Beach as young refugees and settled in an impoverished, crime-ridden neighborhood. In response to widespread gang violence, often directed at the new Cambodian arrivals, Alex's father helped found one of the area's largest Southeast Asian gangs. Growing up in this environment, Alex began gangbanging at a young age and was in 7th grade when he was incarcerated for the first time. As a result of many subsequent stays in juvenile detention and prison, he never completed high school. During his last prison term, however, an arts program inspired Alex to begin expressing himself through music and poetry. He is now building a career and inspiring his community as a rapper, under the stage name Stupid Young.

"I rap about the hood. I let them know that we're not the Asians that you guys think we are. I try to shine a light on all the Asians that come from where we come from, poverty and struggle."



Shameka

Shameka Min is a Cambodian American student struggling to finish her senior year at Jordan High School, with a baby on the way and no permanent place to live. Shameka says she cannot depend on her family for support—her father abandoned Shameka and her sisters, and her mother is homeless. Shameka also has difficulty communicating with her mother because Shameka is not fluent in Khmer, and her mother does not speak English. With family, housing, and pregnancy issues to deal with,

Shameka finds it hard to complete homework and concentrate in school—but she also knows that receiving a diploma will make a huge difference in her future, and her baby's future.

"I'm going to graduate. This year's been tough but I just realized that I need to do it, because I got pregnant and need to be serious with my future."



Seng

Seng So is an organizer and mentor at Khmer Girls in Action, a local community group. He is working to help the many students whose families are still dealing with the trauma of surviving war and the Khmer Rouge genocide. Through the Young Men's Empowerment Program he leads, Seng is providing a network of support, optimism, and activism to help Cambodian American youth understand and cope with what he describes as second-generation PTSD. By bringing Southeast Asian youth together to discuss their problems and their community, Seng is empowering them to voice their concerns and lobby for additional academic resources.

"The first step is having young people be able to speak about the trauma. And then the second step is really figuring out ways that we can cope, heal, and move forward."



Sophya

Sophya Chum was born and raised in Cambodia Town after her mother and older siblings fled the Khmer Rouge and settled in Long Beach. Growing up, Sophya saw many of the people around her turn to drugs and gangs to deal with the trauma of the Cambodian genocide, and the anxiety of living in an unfamiliar

and often dangerous environment. She says that for some people, drugs and gangs provided their only sense of home and family. But Sophya took a different route, becoming involved with community organizing in high school, and feeling empowered for the first time to help her community heal. Now, in her role as organizer and mentor at local organization Khmer Girls in Action, Sophya hopes to help other Cambodian American youth break out of the cycle of poverty and violence.

“They are going through so much that they're depressed and there's a lot of support that they need emotionally, mentally, and physically on top of the academic support.”



America By The Numbers: Series Trailer

from The Futuro Media Group PRO 2 months ago /

NOT YET RATED

Behind every number, there's a story. America By The Numbers with Maria Hinojosa is a new PBS documentary series—the first to focus on the dramatic demographic shifts currently taking place in this country. As we explore underreported stories from every corner of the nation, we reveal the human face of the biggest population change in U.S. history. The new American mainstream—the growing number of Asians, Latinos, African Americans, mixed race, immigrants, women, youth, and LGBT—is influencing elections, culture, commerce, and every facet of contemporary life. We investigate these dynamic developments using infographics, statistical analysis, in-depth reporting, and compelling storytelling with anchor and executive producer Maria Hinojosa.

America By The Numbers with Maria Hinojosa will air in fall 2014 on the WORLD Channel and PBS.