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Getting Through a Dual Pandemic: Hardship and Social Resiliency in a Cambodian American Community

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Recommended Citation

Wong, Carolyn; Chiemruom, Sothea; Khuon, Chrisna; Mai, Curtis; Eng, Sokha; Sasaki, Go; Song, Sochantrea; Sar, Sophia; Heng, Sreang; Thang, Chantha; and Kovacevic, Nikola, "Getting Through a Dual Pandemic: Hardship and Social Resiliency in a Cambodian American Community" (2024). *Institute for Asian American Studies Publications*. 52.

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GETTING THROUGH A DUAL PANDEMIC

Hardship and Social Resiliency in a Cambodian American Community



Report of a research study conducted in Lowell, Massachusetts by the Institute for Asian American Studies, University of Massachusetts Boston, and the Cambodian Mutual Assistance Association of Greater Lowell



Authors

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Acknowledgements

We thank the many individuals who contributed to this research, including residents of Greater Lowell who participated in our survey and focus groups. Several community experts provided valuable insights in confidential interviews. We greatly appreciate the assistance of Nich Chea, Sue Kim, Cherry Lim, Pratna Kem, Kakrunna Sorn, Satyak Som, Molyka Tieng, Virak Uy, and Tim Thou. We are grateful to Mill City Grows for permission to collect surveys at farmers markets.

Paul Watanabe and Shauna Lo gave support and advice. Felix Lou and Rachel Bickelman provided research assistance. Celine Voyard and Hannah Andry assisted in editing. Lee Hargraves offered advice on data analysis.

The research was supported in part by The Asian Community Fund at The Boston Foundation, Thomas and May Chin, and Norman and Noriko Honda Chen.

About the Institute for Asian American Studies

The Institute for Asian American Studies at the University of Massachusetts Boston conducts community-based research on Asian American issues; provides data and analysis about Asian Americans to policymakers, service providers, educators and students, foundations, the media, and community groups; and contributes to the success of Asian American students and the enrichment of Asian American studies on campus.

About the Cambodian Mutual Assistance Association

The Cambodian Mutual Assistance Association (CMAA) of Greater Lowell is a nonprofit organization working to improve the quality of life for Cambodian Americans, as well as other minorities and economically disadvantaged persons in Lowell, Massachusetts, through educational, cultural, economic, and social programs. In the CMAA's vision, Cambodian Americans, and other ethnic minority groups, are not only economically self-sufficient, but are active engaged leaders of their communities.

November 2024

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COVER PHOTO:

Free Distribution of COVID-19 tests at Cambodian Mutual Assistance Association circa 2021.
Courtesy of Cambodian Mutual Assistance Association of Greater Lowell

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Candlelight vigil held for victims of Atlanta shootings, Clemente Park, Lowell, MA, March 17, 2021. The event was hosted by the Cambodian Mutual Assistance Association of Greater Lowell.

PHOTO BY ERIN CLARK/THE BOSTON GLOBE VIA GETTY IMAGES.

Executive Summary¹

In cities and towns across the United States, Asian Americans experienced the early 2020s health crisis as a dual pandemic of COVID-19 and anti-Asian racism. In Lowell, a large proportion of Cambodian American residents live in multi-generational households and are employed in working-class occupations with a high risk of exposure to the coronavirus. For this and other reasons, the pandemic had especially serious health and financial consequences for many members of the Cambodian American community.

These pandemic challenges in Lowell mounted when a nationwide surge of anti-Asian racism swept through the city and surrounding areas. In 2020, racist political rhetoric labeled COVID-19 as the “China virus.” Any person perceived to be Chinese was at risk for being targeted by racial acts of physical violence, taunting, threats, or hostile stares in public places, such as schools, workplaces, markets, public streets and transit, or recreational spaces. Though intensified at the time, anti-Asian racism has deep roots in Lowell. When the first wave of Cambodian refugees fled the wartime Cambodian genocide and settled in Lowell in the 1980s, many Lowell residents welcomed the newcomers, but others responded with racial hostility. The public schools remained racially segregated until a 1987 consent decree began to institute reforms. In 1987, the Lowell community grieved the fatal drowning of a young Cambodian American boy. Not far away in Revere, the homes of Cambodian Americans were burned.

More than 40 years after the settlement of Cambodians in Lowell, a small but growing sector of Cambodian American elected officials, social service providers, spiritual leaders, educators, and business owners has established its leadership. They are lifting the voices of Cambodian Americans in public life and increased emergency response capacity during the pandemic. Their leadership was demonstrated when Cambodian Americans rallied to assist each other to gain access to vaccines, services, and emergency aid. Many joined together to speak out against anti-Asian racism and in support of Black Lives Matter at several public events. College and K-12 teachers collaborated to develop new school-based programs to train teachers and students to recognize and combat discrimination.

Little information has been reported to date by researchers about the specific nature of challenges Cambodian Americans faced in Lowell. How did everyday residents experience the spread of COVID-19, mandatory stay-at-home protocols, business closings, and the threat of physical and

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verbal abuse as anti-Asian racism became widespread? Our study built an academic-community research partnership to address these questions. The research was designed and conducted by a collaboration between the Institute for Asian American Studies at UMass Boston (IAAS) and the Cambodian Mutual Assistance Association of Greater Lowell (CMAA).

The study employed a mixed methods research strategy. We developed and administered a bilingual community survey and conducted in-person focus group and individual interviews. The survey inquired about the health, social, and financial impacts of the dual pandemic, as well as access to health information and to public aid or community-initiated mutual assistance. The focus group and individual interviews allowed us to record personal recollections on these topics. In addition, from participants' stories, we aimed to learn about responses to the pandemic in multi-generational families and sources of social resiliency.

The survey was in the field from October through November 2023, to the first week of January 2024. Four focus groups and several individual interviews of key informants were conducted from February 2023, through June 2024. We used purposive convenience sampling to reach a cross section of the Cambodian American community in Greater Lowell. The survey had 222 Cambodian American respondents from Greater Lowell; among these, 205 persons lived in the City of Lowell and 17 others in neighboring towns. Our focus groups included 31 participants.

The survey sampling method was designed to recruit individuals who are usually hard-to-reach by conventional online methods; for example, many Khmer-speaking immigrants with little formal education or computer access would not readily respond to an online survey. A bilingual research team recruited respondents in varied community settings, including temples, commercial venues, among community agency clientele, and in schools, and online. Respondents received a \$25 gift card as an incentive, and interview participants received a \$50 gift card incentive. The sample included a diverse range of men and women employed in social service, educational, and other professional occupations, as well as a mix of retired seniors, homemakers, and students. Bilingual researchers reached out to recruit a sizeable proportion of respondents working in frontline occupations, such as low-wage service and assembly workers.

Some important limitations to the study should be noted. The purposive convenience sampling method was not intended to produce a scientific or representative sample. We report percentages of the total number of respondents in our sample who gave indicated responses to any question. Because of our convenience sampling method, these percentages cannot be generalized to represent the actual population of Cambodian Americans in Lowell. If strong patterns of similarity or contrast appear between categories of responses in our sample, this is suggestive of patterns that may exist in the actual population of Cambodian residents of Lowell.

We developed and administered a bilingual community survey and conducted in-person focus group and individual interviews. The survey inquired about the health, social, and financial impacts of the dual pandemic, as well as access to health information and to public aid or community-initiated mutual assistance.

Summarizing some of the key findings from our survey, we identified significant language and cultural barriers to health care. Although about 93 percent of the survey respondents had health insurance, this did not ensure competent care. Among respondents, about 38 percent reported difficulty communicating with their doctor or nurse during medical visits because of language differences. A prior survey conducted in 2022 by the Greater Lowell Health Alliance revealed that Asian Americans in Lowell faced not only language barriers but discrimination and a lack of respect for their culture.²

In response to our survey questions about symptoms of mental health distress felt “some or most of the time” in the 30 days prior to taking the survey, more than a third of our respondents reported feeling hopeless, nervous, depressed, fatigue, or that they were struggling with daily tasks, and had trouble sleeping. These proportions of respondents feeling three or more of these symptoms was higher among women than men.

The dual pandemic triggered traumatic memories of mass death for Cambodian Americans who came to the U.S. after surviving the Cambodian genocide. Some younger participants described how their own, their parents', or grandparents' worsening mental health often goes untreated for complex reasons. Many immigrants are reluctant to seek mental health care because of the cultural gap between standard medical models of mental health and Cambodian concepts of wellness and psychological distress.

Almost half of the persons surveyed reported feeling afraid for the safety of themselves or family members because of racism. About 28 percent of the persons who took the survey reported that they had experienced discrimination of some type or had been treated unfairly. About 38 percent of the survey respondents reported having witnessed another Asian person being treated unfairly because of race, ethnicity, national origin, or cultural background.

People who participated in the focus groups shared personal stories of being taunted with racial slurs at work, school, markets, public parks, on their neighborhood streets, and while on recreational outings outside of Lowell. Several focus participants said they did not report these incidents to authorities, believing no remedial action would result. Two focus group participants told a story about a racial incident in a park. A small group of neighborhood residents gathered to aid a Cambodian American woman who was thrown to the ground in a park by a man who yelled racist comments at her. Observers called the police, but officers arrived too late to intervene. Several participants expressed a concern that racist incidents targeting Cambodian Americans in Lowell remain largely invisible in news reports and public discourse on societal racism.

As teaching in the public schools moved to online platforms, Cambodian American teachers reached out to communicate to parents who were cut off from information about school programs and services because of language difference. Family members cooperated on safety measures and sought out ways to supplement lost income, including taking temporary jobs; some young people and women tried to start online businesses. English-speaking teens and young adults served as a bridge for immigrant parents and grandparents to obtain vital health information and navigate systems of health care and social services.

Our research leads to several actionable recommendations. We suggest collaboration among policymakers, public agencies, philanthropic foundations, nonprofit service organizations, research entities, and supportive individuals to address the following needs identified in this report (see more details at the end of this report, pp. 45–46).

- Develop and expand linguistically accessible and culturally tailored health care for Cambodian American individuals and families, including mental health services and education in neighborhoods and at public schools servicing Cambodian American students and families.
- Expand the pool of Cambodian American medical and support staff in health facilities and community health centers to better deliver culturally tailored care. Provide live translation for patients and clients in person or at least by phone.
- Expand support for community-based organizations to conduct education on health, wellness, and development of skills, such as job training and business knowledge to strengthen social resiliency in families.
- Create accessible systems to report anti-Asian racial incidents.
- Expand and improve police-community relations programs by increasing liaison staff and regularizing community guidance on what liaison services for Cambodian Americans would be effective.
- Provide advice and social services at no cost to individuals who experience anti-Asian racism.
- Improve the capacity of schools to communicate with Khmer-speaking parents.
- Expand training programs to help teachers and students better identify and combat racism directed at Asian Americans and other people of color.

We recommend further research to:

- Develop and test culturally tailored methods to educate Cambodian Americans about mental health.
- Support studies of racial climate at schools in Greater Lowell, including in the Lowell School districts and other districts in nearby towns.
- Investigate and propose improved information systems that would enable timely reporting of incidents of racism.
- Develop research methods to collect accurate data on the health, social needs and service capacity, educational needs, and experiences of racism and other forms of prejudice experienced by Cambodian Americans and other Asian Americans.
- Improve research tools, including surveys employing culturally tailored and bilingual question wording. Develop methods for bilingual focus group research among Cambodian American immigrants of different age, occupational, and gender backgrounds. Train researchers in mixed methods research administration and methods.
- Investigate strategies to assist small business entrepreneurship among Cambodian Americans during and after the pandemic, including how to start and sustain small businesses at physical locations and online stores.

Our research leads to several actionable recommendations. We suggest collaboration among policymakers, public agencies, philanthropic foundations, nonprofit service organizations, research entities, and supportive individuals to address the following needs identified in this report.

Background

The City of Lowell, Massachusetts, is home to the second-largest community of Cambodian Americans in the U.S. According to the U.S. Census, about 17,000 Cambodian Americans resided in Lowell in 2020. Lowell's Department of Planning and Development estimated a slightly larger count of about 20,000 Cambodian American residents of the city in 2020, although some estimates are larger.³ The Cambodian American population has grown over a time span of more than 40 years after the initial wave of refugee survivors of the Cambodian genocide came to Lowell in the 1970s. The refugees fled Cambodia after the Khmer Rouge regime led mass killing of one and a half to three million people, or about one-quarter of the nation's population at the end of a brutal civil war.

The early 2020s COVID-19 crisis arrived suddenly and at a pivotal moment in the history of the Cambodian American community in Lowell. Several state and local representatives of Cambodian descent had recently been elected to represent their districts, including Cambodian American neighborhoods. Before the pandemic, these elected officials worked with a growing network of professional providers and educators who had led decades-long advocacy to improve access to health, educational, and social services for Cambodian Americans. Coming unexpectedly and spreading rapidly, the pandemic posed unprecedented challenges to the capacity of these leaders and providers to serve Cambodian American residents' health and other basic needs. Providers and volunteers were forced to respond to a severe pandemic crisis, which revealed longstanding systemic barriers to competent and equitable health care.

The Institute for Asian American Studies at UMass Boston (IAAS) and the Cambodian Mutual Assistance Association of Greater Lowell (CMAA) formed an academic-community partnership to conduct the present local study of the dual pandemic's impacts on Cambodian Americans in Lowell. In general, academic-community partnerships have the potential to facilitate in-depth exploration of local community experiences. In neighborhoods, community organizations play a vital role in helping guide and ground the research process. We relied on CMAA staff to help identify what questions are important and feasible to study, advise on culturally tailoring research protocols and language, recruit participants, and contribute community expertise to analyzing data and drawing conclusions. By contacting community members who would not ordinarily participate in internet research, the CMAA staff helped reach a broader cross section of respondents than otherwise possible. For our study, we recruited and trained bilingual researchers and assistants with ties to the Cambodian community in Lowell to help facilitate focus group and individual interviews. The local researchers

In general, academic-community partnerships have the potential to facilitate in-depth exploration of local community experiences. In neighborhoods, community organizations play a vital role in helping guide and ground the research process.

were trusted by participants to carefully listen and comprehend the confidential human stories that live “behind the numbers” in our survey findings.

Ours was not the first study of the dual pandemic in Lowell or its impact on Southeast Asian Americans in the U.S. Our research was informed by previous research on barriers to health care and the dual health crisis of COVID-19 and anti-Asian racism. Some of the relevant findings of prior studies are briefly summarized below:⁴

- Compared to white, non-Hispanic participants in a Lowell-based study, “. . . Asian, non-Hispanic participants were sixteen times more likely to report not being able to find a doctor who spoke their language, four times more likely to report being discriminated against by a doctor, and 15 times more likely to report not being able to find a doctor who respects their culture . . .”⁵
- Occupational exposure to the coronavirus was of major concern for Asian Americans and others. The Asian Pacific American Labor Alliance reported that two million AAPIs work in healthcare, transportation, and service industries, where essential workers were exposed because of the nature of their jobs.⁶ Moreover, low-income individuals faced risks from exposure away from work, including the difficulty of following recommendations to socially distance when living in overly crowded home environment.⁷
- One local study in San Francisco, California, studied health care utilization and access to information among Cambodian, Laotian, and Vietnamese Americans during the pandemic. Among other factors, technical and language barriers to health care increased during the pandemic. Fear of anti-Asian violence was also an important barrier to health. Intergenerational support and community centers played important roles in making prevention information and health care accessible.⁸
- The Asian American Foundation’s 2024 STAATUS Index surveyed 6,200 Asian Americans of diverse ethnicities. The researchers found that “32% of Asian Americans nationwide were called a slur over the past 12 months, and 29% were verbally harassed or abused.” Notably, among Southeast Asians, “40% were called a slur and 38% faced verbal abuse.”⁹
- A few studies have focused on the greater pandemic hardships experienced by Asian Americans with lower incomes. For example, researchers have found that a greater percentage of high-income individuals during the pandemic reported having insufficient financial resources to buy food, and transportation access to buy food at stores supplied with items they needed.¹⁰

One of our research aims was to learn about sources of social resiliency, including how families coped when faced with language barriers to accessing health care, social services, and government assistance.

One of our research aims was to learn about sources of social resiliency, including how families coped when faced with language barriers to accessing health care, social services, and government assistance. In immigrant families, intergenerational solidarity is valued and serves as a source of resiliency. As immigrant families and communities change, forms of social cohesion and relationships among family members adapt.¹¹ The research team asked people in focus groups how family members in multi-generational households interacted and tried to help one another during the pandemic. In Lowell, multi-generational households are more common in the Cambodian American community than in the city-wide population. According to the 2021 American

Community Survey five-year estimates, about 9 percent of Cambodians in Lowell over the age of 30 are living with grandchildren, a percentage more than two and a half times higher than the national average of about 3.5 percent and almost twice as high as the overall percentage for Lowell, which stands at about 4.5 percent.

During the pandemic, school closings put whole families under stress as children struggled to adapt to remote learning, parents looked for ways to help their children, and many English-proficient children tried to help parents overcome language barriers in communication with health and social service providers. We set out to learn how Cambodian American residents of Lowell described experiences of intergenerational support within families during the crisis. The impact of reliance on children to serve as language interpreters for emotional wellbeing has been investigated in previous research.¹²

We also aimed to investigate how growing networks of Cambodian American social service providers, health professionals, educators, and other community leaders assisted in the delivery of services during the pandemic. Some established community organizations and Buddhist temples played a vital role in the delivery of food and other supplies and provided sites for vaccinations and COVID-19 testing. After public schools closed in March of 2020 in Lowell and other working-class communities, schools continued to serve as hubs for the delivery of food, extra food stamp credit, free COVID-19 testing, and vaccinations. When remote schooling proved a challenge for many students and families, schools eventually provided students with laptops and helped with access to low-cost internet services and sometimes even Wi-Fi hotspots because many working-class families did not have internet access.¹³

An important aim our research was to learn about experiences of anti-Asian racism. At the start of our research, we found little information about Cambodian American experiences of anti-Asian racism in Lowell during the dual pandemic. We wanted to investigate what racial incidents occurred. In the past, tragic stories of anti-Asian violence against Cambodian Americans in Lowell and other cities were buried and lost. Some scholars wrote detailed accounts, such as in this excerpt:

“In June 1987, . . . the Lowell School Committee adopted a desegregation plan that . . . many white residents vehemently opposed because it required a mandatory busing plan to integrate several predominantly white schools. . . . Fueled by English-only rhetoric, anti-immigrant sentiment escalated throughout the summer and climaxed in September with the drowning of Vandy Phorng, a 13-year-old Cambodian boy who was thrown into one of the canals by an eleven-year-old white boy who called him racist names. The white child’s father was an outspoken advocate for English only in Lowell.”¹⁴

We wanted to explore how faith and spirituality were sources of social resiliency. Fourteen years before the pandemic, one scholar found that “. . . a sense of optimism, social support, access to education and Buddhist principles” were factors predicting “thriving in the face of stress” among Cambodian refugees living in Revere, Lynn, and Lowell, Massachusetts.¹⁵ Since the early 2000s, some Cambodian American health providers have sought to integrate cultural concepts of

“I don't think my parents knew about the resources or anything available to them. And I feel like they were also scared of getting help because, you know, they never know. They think everything costs money.”

health, well-being, and cultural healing methods from Buddhist principles and Cambodian society into standard health care for Cambodian Americans.¹⁶ Experts in delivery of health and wellness programs for Cambodian Americans recommend integration of “the spiritual aspect of meditation and incorporate spiritual leaders and family members in the treatment plan to affirm cultural values and explanations of mental illnesses.”¹⁷

We were also interested in personal stories of how the pandemic affected small businesses owned by Cambodian Americans. Looking at national trends, one study found that in 2023, “over three and a half years after the pandemic’s onset, Americans were still filing 59% more applications to start new businesses than they were before the pandemic.”¹⁸ There are preliminary indications of an increase in self-employment among Cambodian American women in Lowell during the first year of the pandemic from data collected by the 2017–2021 American Community Survey five-year estimates, although the samples are too small to draw reliable inferences about such an increase.¹⁹



The Asian Center at 21 Branch Street, Lowell, Massachusetts. The monumental inscription reads, “Welcome to Cambodia Town—Lowell Mass.” 2024.

PHOTO COURTESY OF KAKRUNNA SORN.

Research Questions

The study examined four questions:

- 1 How did the dual pandemic crisis affect the health and wellbeing of families and individuals?
- 2 What challenges did people face in seeking and receiving assistance, and how did families and community organizations respond? What were barriers to gaining services and aid? What role did government agencies play alongside nonprofit community organizations, teachers, and volunteers?
- 3 What were sources or examples of community resiliency, which should be recognized and built upon for the future?
- 4 What was the impact of anti-Asian racism, which surged in 2020 and continued afterward? Did many people directly experience or observe acts of racial discrimination? For those who did experience or observe such incidents, what happened, where did it happen, and how did they respond?

Because of language barriers, 38 percent of the people surveyed found it difficult to communicate with a doctor or nurse. As our focus group interviews made clear, public education on mental health and wellness programs will be effective only when health care programs are adequately staffed by Cambodian American and bilingual professionals.

Data Collection

SURVEY

Our 222 survey respondents were all residents of Greater Lowell, including 205 persons who lived in the City of Lowell, and 17 others in neighboring towns. We used a purposive convenience sampling approach rather than a scientific sample. This approach aimed to reach individuals from a diversity of age, occupational, gender, and income backgrounds, but it was not a scientific sample; therefore, it is not representative of the underlying population of Cambodians, and we cannot generalize our findings.

The dual pandemic triggered traumatic memories of mass death for Cambodian Americans who came to the U.S. after surviving the Cambodian genocide.

Our convenience sampling method emphasized targeting (and over-sampling) hard-to-reach members community residents, including Khmer-speaking low-wage workers, who do not ordinarily respond to online survey invitations or referrals through established community organizations, such as nonprofit agencies. The recruitment process accessed client networks at nonprofit agencies and schools, attendees of services at Buddhist temples, and customers shopping in farmers markets or using laundromat services. The research team included bilingual residents of the community who offered to help interested participants read and fill out print questionnaires or take an online survey. We aimed to reach working people in varied occupations, parents, homemakers, retired persons, and students. Four focus groups and seven individual interviews were conducted from February 2023, through June 2024; the survey was in the field from October 2023, to the first week of January 2024.

From the 222 respondents, we collected 122 print surveys in Khmer, 48 print surveys in English, 52 English online surveys, and no Khmer online surveys.

FOCUS GROUPS

We recruited 31 persons to participate in four focus groups. The participants were invited from networks of clients of a community agency, and student networks of local colleges. We screened prospective participants by asking if they would be willing to confidentially share stories of pandemic hardship and ways of coping with illness, financial loss, and/or experiences of racial discrimination. The first focus group of 21 participants included mostly older persons, who met in two smaller sub-groups; one was conducted in Khmer and the other bilingually in English and Khmer. Among the 21 participants, 15 were aged 55 years or older, and six were 35 to 54 years old. A second focus group included mostly middle-aged participants and was conducted bilingually in English and Khmer: it included six participants, five of whom were 35 to 54, and one 25 to 34 years of age. A third group of younger persons was conducted in English and included four participants all 18 to 25 years of age.

Surveys were collected at the farmers market at Lowell Senior Center circa 2023.

PHOTO COURTESY OF MILL CITY GROWS.



Bilingual members of the research team provided English-Khmer interpretation for participants. All sessions were transcribed from recordings. Participants' comments spoken in Khmer were transcribed to Khmer script and then translated to English; comments in English were transcribed to English text. A bilingual research assistant performed transcriptions and translations, which were checked for accuracy by a second bilingual assistant. A five-person team of researchers coded the transcripts and met to identify themes.

INDIVIDUAL INTERVIEWS

The seven key informants were selected for interviews because of their professional expertise in the fields of community health, secondary school teaching, small business entrepreneurship, performing arts education, and faith leadership. The interviews were conducted in English, transcribed by an assistant, and analyzed for the purpose of identifying themes. In our discussion of the interviews, we include summaries and quotations from transcripts of the conversations with a community health volunteer, a high school teacher, two small business owners, a Buddhist monk, and a leader of a community arts organization.

In our subsequent description of themes from the focus group and individual interviews, we include direct quotes from the transcripts, which have been edited for clarity.

The survey questionnaire is included in Appendix A. The questions that guided semi-structured focus group and individual interviews are included in Appendix B and C, respectively.

Profile of Survey Respondents

Table 1 summarizes demographic features of our survey respondents. A profile of the focus group participants may be found in Appendix D. For background information, Appendix E provides a profile of population characteristics of Cambodian Americans in the City of Lowell from the 2017–2021 American Community Survey (five-year estimates).

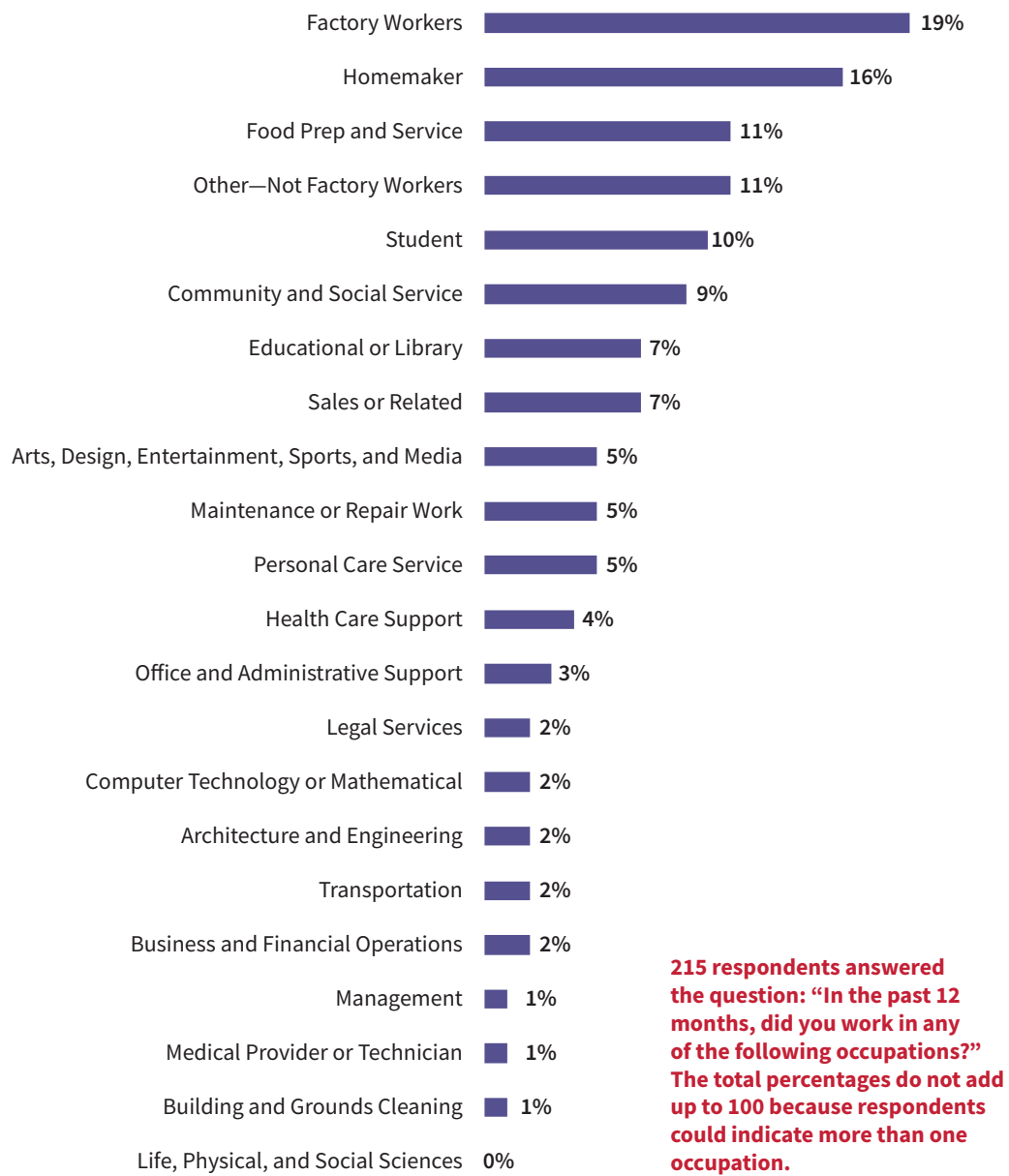
RESPONDENTS' PROFILE					
Age		English Proficiency		Standard of Living	
18–29	22.6%	Very well	32%	Living comfortably	15%
30–39	22.6%	Well	25%	Doing OK	50%
40–54	29.0%	Not well	38%	Just getting by	28%
55+	25.8%	Don't speak English	4%	Difficult to get by	8%
Gender		Born in US		HH Income	
Male	45.0%	Yes	24%	LT \$20K	25%
Female	55.0%	No	76%	\$20K–\$39K	31%
Other	1.0%	Years in US		\$40K–\$74K	26%
Married		2020 or later	32%	\$75K–\$100K	8%
Yes	61%	2015–2019	25%	\$100K +	10%
No	39%	2010–2014	38%	HH Income - Very Low	
Has Children		2009 or before	4%	Yes	29%
No children	50%	Needs Interpreter		No	71%
One	22%	Yes	41%	Employment Status	
Two	20%	No	59%	Self-employed	3%
Three	6%	Education Level		Employee with wage or salary	63%
Four or more	2%	8th grade or less	22%	Unemployed	8%
HH Size		Some HS, didn't graduate	10%	Retired	7%
One	10%	HS grad or GED	23%	Homemaker	6%
Two	16%	Some college or 2 year degree	15%	Student	6%
Three	19%	4 year college	19%	Unable to work	3%
Four or more	55%	More than 4 year college	11%	Other	4%
Ethnicity: Cambodian	100%	Total number of respondents = 222			
Race: Asian	100%				
City: Lowell	92%				

Figure 1: Respondents' Occupations

Among all respondents, 215 individuals reported their occupation during the last 12 months. Respondents could select all occupations that apply to them. The categories for factory workers, homemakers, and food preparation services were the three most common occupations selected: 19 percent of responses indicated the individual was a “factory worker,” 16 percent indicated “homemaker,” and 11 percent indicated “preparation and service.” In addition, 10 percent selected “student,” and 9 percent selected “community and social service.”

FIGURE 1

Occupations of survey respondents



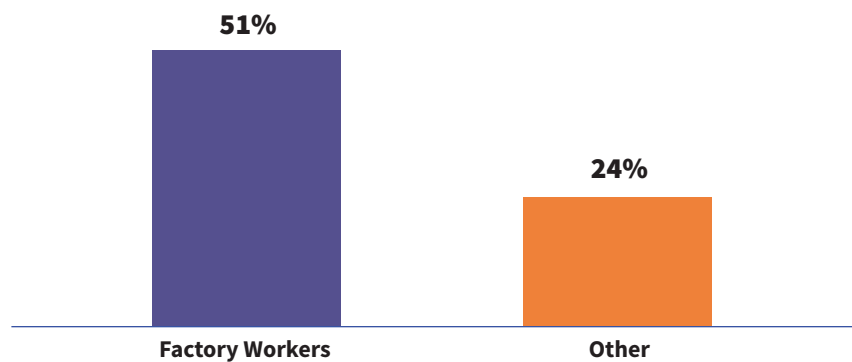
Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

Figure 2

The bar chart shows the percentage of factory workers who lived in a household of four or more persons and with a household income of less than \$40,000. We were interested in learning how many factory workers in our sample lived at this income level in a household of four or more persons because of the financial challenges the family would face during the pandemic. In addition, a large proportion of the Cambodian American adult population works in production occupations in manufacturing.²⁰ Among 41 factory workers surveyed, 51 percent lived in households with four or more members and with a household income less than \$40,000; we classified their status as very low-income. Including these very low-income workers in the sample helps diversify it since we also include respondents in professional occupations, as well as homemakers and students.

FIGURE 2

Many factory workers lived in very low-income households



41 respondents marked Factory Workers as their occupation, 51% of them live in Very Low-Income Households. Very-Low Income Households are those with household income lower than \$40,000, with four or more household members

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

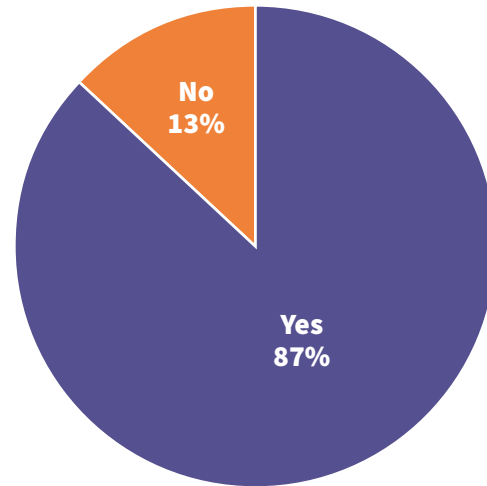
Figure 3

The survey asked if respondents had a stable place to live during the pandemic. Among 220 respondents who answered this question, 87 percent reported having a stable and sheltered place to live.

In Appendix F, more information about the survey respondents' housing situation is shown in Figure App-F-1. Summarizing, among the 209 respondents, 56 percent reported renting a place to live, 35 percent owned a home with a mortgage, and 8 percent owned a home without a mortgage. Only 1 percent reported other housing arrangements.

FIGURE 3

87 percent of persons surveyed had a stable place to live



220 respondents answered the question: “During the peak of the pandemic, from 2020 to 2022, did you have a stable and sheltered place to live in?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

Free distribution of COVID-19 tests at Cambodian Mutual Assistance Association circa 2021.

COURTESY OF THE CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL.



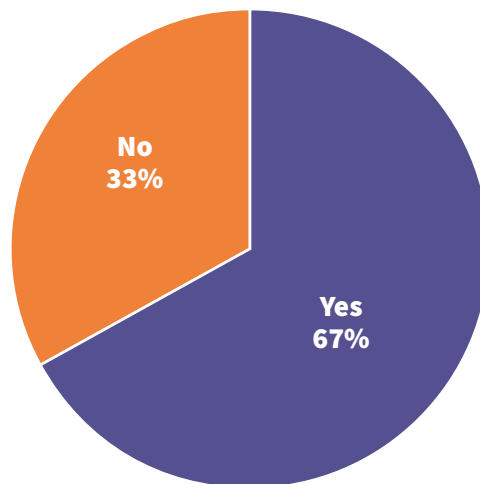
COVID-19 Health Impacts

EVER TESTED POSITIVE FOR COVID-19

Figure 4

Among the 222 individuals who answered a question about testing positive for COVID-19, 67 percent said they had tested positive for COVID-19 at some time in the past, and 33 percent never tested positive.

FIGURE 4
67 percent of respondents tested positive for COVID-19



222 respondents answered the question: "Have you ever tested positive for COVID-19?"

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

Figure 5

This bar chart shows how demographic subgroups tested for COVID-19. The chart breaks out responses according to gender, age, and household income.

Among 145 respondents who reported ever having positive tests, women reported a higher percentage than men, 56 percent vs. 43 percent.²¹

Among the 145 respondents who tested positive, the rates were highest among middle-aged respondents in the 40-54 age range at 28 percent, and ages 30-37, at 27 percent, although the percentages did not greatly differ by age, in general.

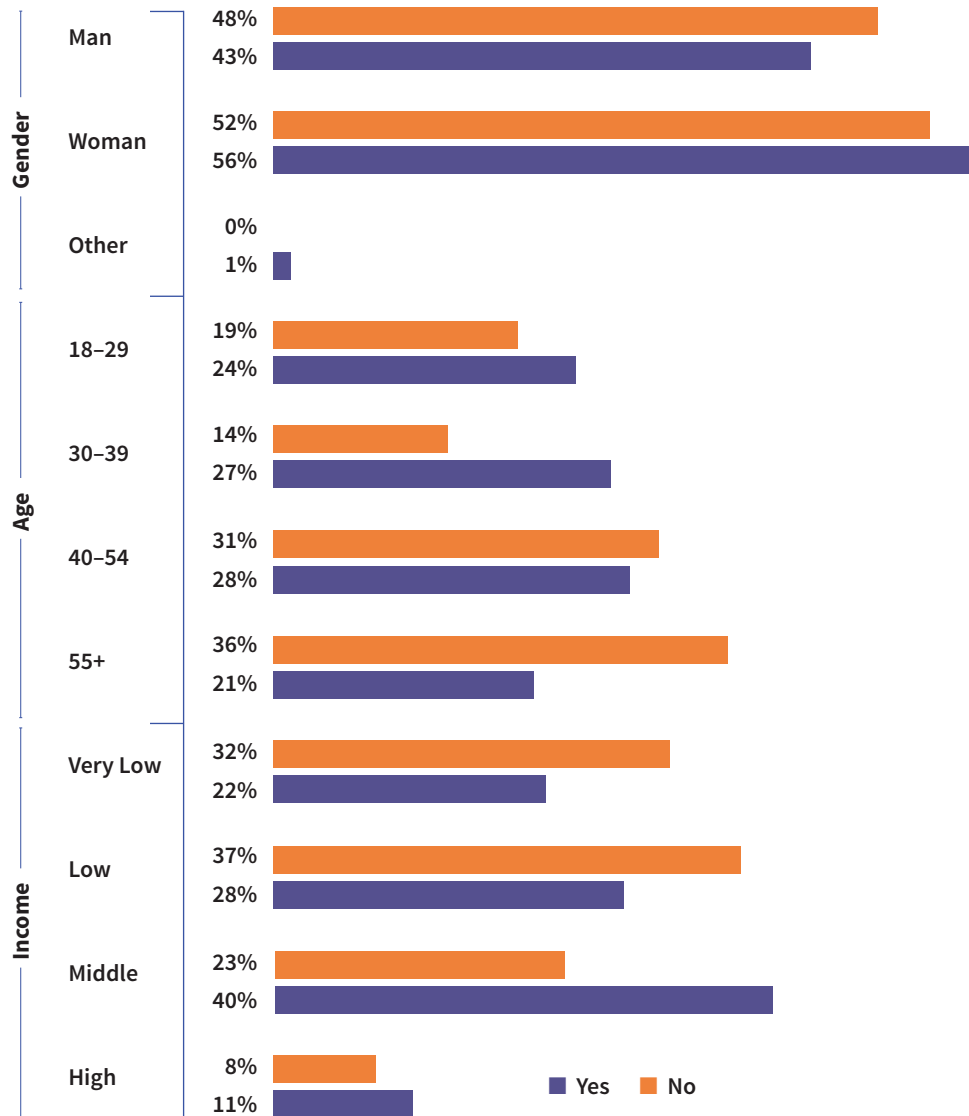
Among 144 respondents tested positive and reported their income, those from middle-income households reported the highest rate of positive tests at 40 percent, followed by low-income and very-low-income households at 28 percent and 22 percent, respectively. Only 11 percent of respondents from high-income households had a positive covid test.

Providing further information on the health of respondents, Figures App-F2 and App-F3 in Appendix F show how respondents reported their general health status, including a breakdown of status by gender.

Some established community organizations and Buddhist temples played a vital role in the delivery of food and other supplies and provided sites for vaccinations and COVID-19 testing.

FIGURE 5

How many tested positive for COVID-19: gender, age, and income groups



222 respondents answered the question: “Have you ever tested positive for COVID-19?”

218 respondents who answered the quoted question, indicated their gender.

217 respondents who answered the quoted question, indicated their age.

217 respondents who answered the quoted question, indicated their income.

Where VERY LOW = Less than \$20,000, LOW = \$20,000 - \$39,999, MIDDLE = \$40,000 - \$99,999, and HIGH = \$100,000 or more.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).



CMAA tabling at National Night Out circa 2021.

COURTESY OF THE CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL.

ACCESS TO HEALTH CARE

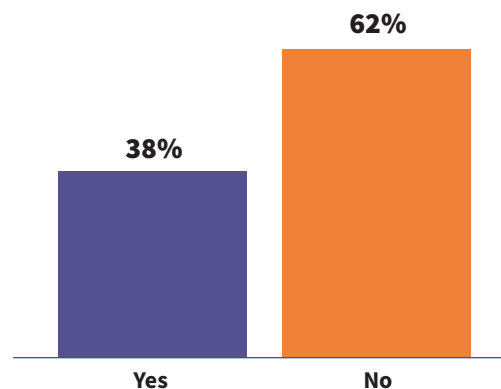
Previous studies in Lowell have identified strong barriers to health care access for racial-ethnic minorities, immigrants, and refugees; these are “language barriers, fear of seeking care due to their documentation status, and experiences of disrespect or mistreatment by medical personnel. Access to transportation and technology were also features of the built environment that impacted people’s ability to access care.” For the general population in Lowell, moreover, daily costs of living and low wages were significant barriers.²²

Figure 6

In our sample of Cambodian Americans in Greater Lowell, 38 percent of respondents reported difficulty communicating with their doctor or nurse because the patient’s preferred language was not spoken. From our study and others, there is clear evidence that language remains a large obstacle to competent and adequate health care for Cambodian Americans, even though 93 percent of our respondents that they had health insurance.²³

FIGURE 6

Had difficulty communicating with a doctor or nurse



Of 222 respondents, 84 answered: “Reported having difficulty communicating with a doctor or a nurse, because their preferred language was not used.”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FOCUS GROUP AND INDIVIDUAL INTERVIEWS

One of our key informants was a community health volunteer, who described challenges everyday people faced in making health care appointments and finding transportation to the medical visits.

There were many people who were not quite comfortable booking appointment online, and when they tried the phone it didn't work. And then finally if they got through, [the person on the phone] said they had to be booked online. It was around the month of February and [the medical facility] was all the way out toward the west, like in Framingham. [People said] "do I have to drive all the way out there?" So we had to arrange the transportation.

The community health volunteer also described the challenges of living in multi-generational households:

It's like usually we live in a three-generation family home . . . and the kids are still all young, not working age yet. . . . It was about three or four months ago I was talking to a woman. She was in her 60s, but then she's taking care of her 90s something-year-old mother. And [that was] when the grand daughter was working She's going out without masks but when she comes back home, they were so careful wearing masks, always except one time. And that was it. The grandma got a positive COVID-19 test. But then they were able to get treatment right away.

“Yeah, my mom's point of view was that mental illnesses were for white people until she actually went out to seek help. And when she started taking her meds, she started feeling better. So, she said, ‘Oh, okay, so mental illness is a real thing.’”

One middle-aged woman in a focus group described similar challenges her family faced protecting one another from spread of the virus in a multi-generational household:

In the house there were four old people including my parents and my parents in law. I had three children too who lived in the house together. We looked after them. We did not let them go out. They were all fine. I went out alone. When we went out, we protected ourselves by wearing masks, spraying. We cleaned up every day. We went out to work and when we returned from work, we cleaned up again.

If the parents were not proficient in English or computer usage, the responsibility to find and gain access to assistance and services often fell on younger family members. A younger English-speaking participant explained how hard it was for many immigrant adults to understand what emergency assistance was available:

I don't think my parents knew about the resources or anything that is available to them. And I feel like they were also scared of getting help because you know, they never know. They think everything costs money. Well, everything does cost money. And like now they really to save their money.

MENTAL HEALTH

Several national studies of mental health among Asian Americans provide background information for our study. For example, one national study found that the prevalence of depression and anxiety prevalence among Asian Americans increased by seven times since 2019.²⁴ Some researchers found that among Asian Americans in 2022, the prevalence of psychological distress was higher for Southeast Asians (29 percent) and South Asian Americans (23 percent), respectively than for non-Hispanic Asian Americans (18 percent).²⁵

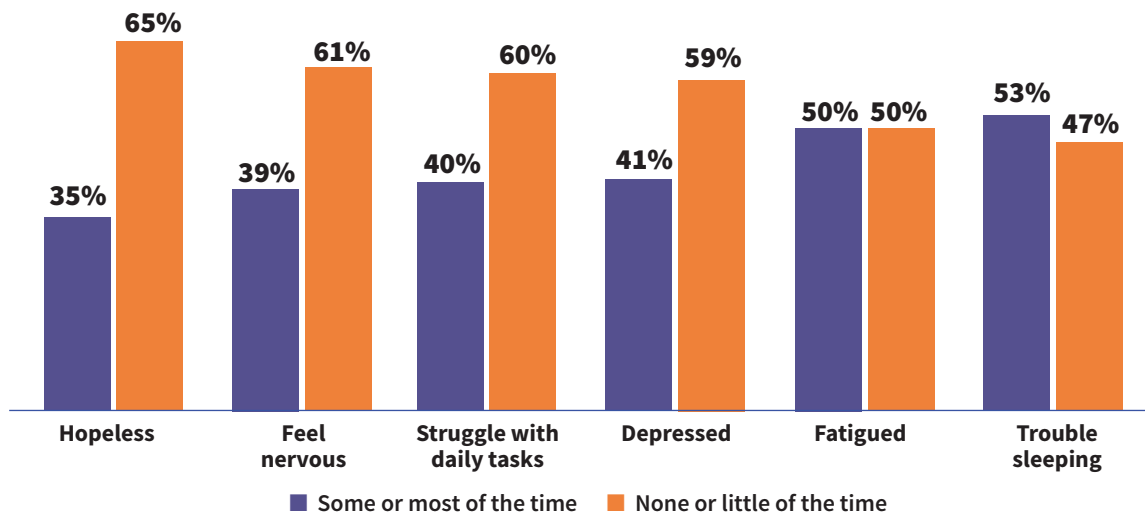
“Oh, people said I ate their dog, that I had COVID and that I had viruses and they didn’t want to go near me and that I should go to a different class.”

Figure 7

One-third or more of survey respondents reported symptoms of mental health distress “some or most of the time” in the 30 days before taking the survey. The survey asked whether respondents felt any of several symptoms of distress during the last 30 days, such as feeling depressed, hopeless, fatigued or nervous; or struggling with daily tasks, or having trouble sleeping. Among the 222 respondents the following are percentages that reported feeling the specified symptoms “some or most of the time”; 35 percent reported feeling hopeless; 39 percent experienced feeling nervous; 40 percent reported struggling with daily tasks; 41 percent reported feeling depressed; 50 percent reported feeling fatigued; and 53 percent reported trouble sleeping.

FIGURE 7

More than one-third of respondents felt symptoms of mental health distress



222 respondents answered whether in the last 30 days they felt these symptoms: Felt so low in mood or depressed that nothing could cheer you up, or felt hopeless, or, felt that everything was an effort, or, felt nervous, felt fatigued, or had trouble sleeping.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

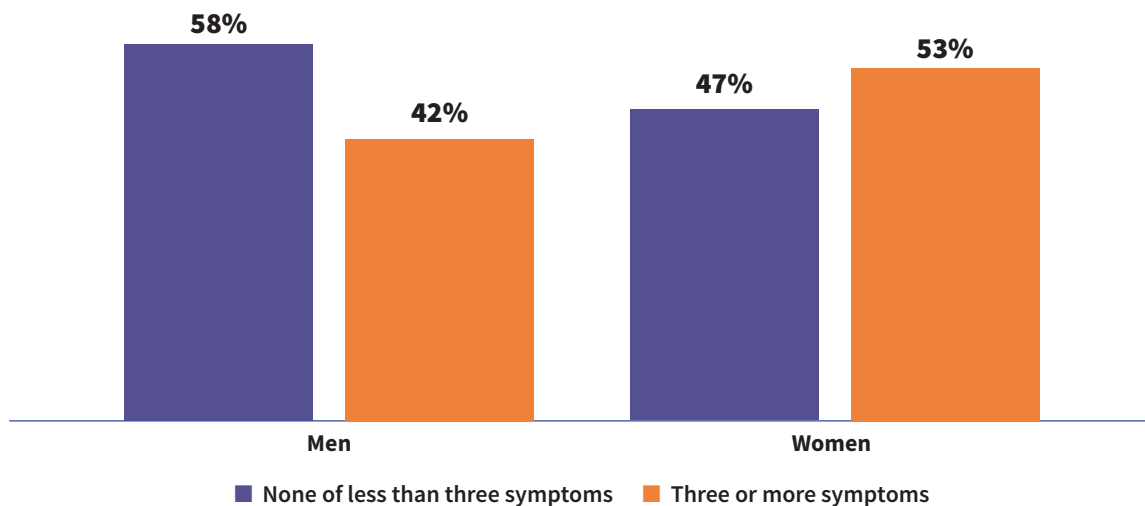
Figure 8

Among women, 53 percent (63 out of 119) of respondents reported experiencing three or more symptoms of mental health distress “some or most of the time” during the last 30 days. This percentage for women compared to 42 percent (41 out of 97) of men who reported three or more symptoms “some or most of the time” in the same time frame.

It is possible that these results from our survey undercounted the actual number of persons in the sample who experienced mental or emotional distress for two reasons. First, mental health problems are stigmatized in traditional Cambodian society and other Asian countries; as a result, some respondents may not feel comfortable answering some of the questions. Second, our questions on mental health did not refer to some Cambodian-specific idioms of psychological distress that would be more familiar to some respondents. Our questions were adapted from the Khmer translation of the validated Kessler Psychological Distress Scale (K-10).²⁶ The answer-choices did not refer to certain Khmer language idioms, such as “*kit chraern*” (thinking too much), which several individuals in our focus groups used to describe a type of psychological distress they felt during the pandemic.²⁷

FIGURE 8

More women than men felt mental health distress



218 respondents answered whether in the last 30 days they felt these symptoms: Felt so low in mood or depressed that nothing could cheer you up, or felt hopeless, or, felt that everything was an effort, or, felt nervous, felt fatigued, or had trouble sleeping and they indicated their gender.”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FOCUS GROUPS

In our focus groups, it was common for elderly adults to describe severe emotional effects of isolation from family, tensions due to fear of COVID, and loss of family time. Two people talked about their emotional pain when they were unable to visit sick family members in Cambodia who ended up passing away. One person spoke about how the pandemic hardships increased tensions with a spouse to the point that the couple was on the verge of divorce.

Some of the elderly participants spoke about how the pandemic brought back memories of the Cambodian genocide. As one woman remarked:

It reminded me of the Pol Pot regime when my son and husband were killed. I realized during the pandemic that we could not tolerate it when we lost someone in the family.

Several young adult participants shared concerns that mental health problems in their family were not understood or treated because strong stigma and taboos are attached to mental health problems, particularly among older generations. In their view, the stigma prevents young and old individuals from seeking the help they need. One of the participants in a focus group of recent high school graduates, for example, recounted experiences with depression and the initial disbelief from their mother:

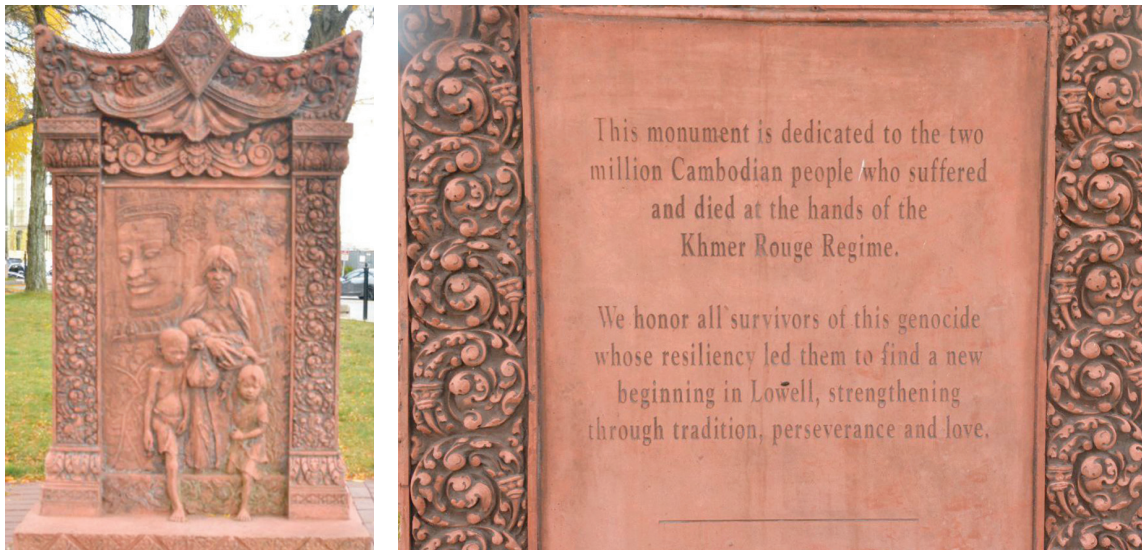
Mental health wise, especially among the Asian American community... it's still taboo I'd say. Like when I was going through like depression . . . my mom didn't want to believe it at first even. She kind of just thought it was because I wasn't going outside but it's really . . . deeper than that. . . . I know a lot of people whose parents felt the same way because in a lot of families, it's just not talked about. If you're struggling with mental health, it's just never like [talked about].

Another participant emphasized the reluctance of the older generation to acknowledge mental health issues, particularly among Cambodian Americans who survived the Khmer Rouge genocide:

Especially during like . . . I don't know if your parents are Cambodian . . . when they moved here . . . they went through so much, so you don't want to say you had this problem. And they're gonna say "Oh, I've gone through worse."

Another student echoed that sentiment, describing the guilt that often accompanies discussions of mental health within families. The guilt affects not only older but also younger family members who may feel their own distress could "be worse:"

Exactly, it's that level of guilt . . . your high level of pain is nothing compared to someone else's.



Memorial statue honoring refugee survivors of the genocide in Cambodia, 1975–79. Inaugurated on the grounds of Lowell City Hall in 2017. Created by sculpture artist Yary Livan. 2024.

COURTESY OF KAKRUNNA SORN

The youth participant who originally shared further elaborated on the impact of unresolved trauma among older generations, particularly those who lived through the Khmer Rouge in Cambodia:

I think the older generation has a lot of unresolved mental health issues, especially growing up in Cambodia with the Khmer Rouge. That's incredibly traumatic to go through, and most of our parents went through that as kids and teenagers and growing up in that environment and being so young, it just affects the rest of your life.

Despite the pervasive stigma and denial attached to mental health, some participants noted a gradual shift in attitudes as older family members began to seek and benefit from medical help. One student commented:

Yeah, my mom's point of view was that mental illnesses were for white people until she actually went out to seek help. And when she started taking her meds, she started feeling better. So, she said, "Oh, okay, so mental illness is a real thing."

Similarly, another student mentioned:

Yeah, my grandma did the same thing. She didn't trust [medical professionals], but she got help . . . now that they're showing that they can help, she has more trust.

Challenges in High Schools

Schools had to quickly adjust to the spread of COVID-19 and the stay-at-home mandates. Teachers rushed to learn about remote teaching and move their courses to online platforms. Schools issued vital information about school shutdowns, remote learning, and the availability of different resources. However, few Khmer-speaking staff were available to help translate or interpret.

We interviewed a Cambodian American teacher from a high school as one of our key informants. The teacher described how she worked long hours to compose texts and hold phone conferences with the many Cambodian American families who needed attention. In addition, many working-class families, including many Cambodian Americans, did not have internet access at home. As a result, students were doing work on phones for the first months of remote learning before schools provided students with laptops and helped with obtaining internet access.

The teacher also observed the difficulties students faced in their academic study while caring for other family members and other household responsibilities. It was commonplace for older students to have to serve as the teaching and technology assistant to their younger siblings, not only helping with computers and wi-fi connectivity, but also with schoolwork. This teacher described the remote class space at home:

Some of the students would say, “My grandparent doesn’t understand that I have to be in school and they play music loud.” . . . and then they don’t know how to . . . speak the [Khmer] language clear enough to communicate...to their grandpa. It sounds very disrespectful. And then it turned into . . . [the student being told]: “you’re being disrespectful to your elder.”

One teacher in Lowell shared an observation that many young people seemed to respond in a more open-minded way to racial-ethnic diversity at her school than some adults in the wider community:

So at the high school . . . the students are very good with each other and .. they’re very respectful. So they’re very open with each other and they’re very supportive of each other when this pandemic happened and most of the issues are [with the] adults . . . adults who don’t understand and are making assumptions. And expecting that everything is supposed to go the way [that is normal in] their culture. Normal is . . . not stepping out of their comfort zone to understand other.

“ . . . now we have a group at the high school called “students making change” . . . they go out and they do workshops for other teachers and other students about what is a microaggression and how to speak up.”

... now we have a group at the high school called “students making change” and they ... got trained from a teacher and from a professor. And then they go out and they do workshops for other teachers and other students about understanding what is a microaggression and how to speak up. So coming out of that there’s a lot of nice things coming out of the pandemic, I have to say.

Educators also took the initiative among themselves to address racism:

... we banded together to create a district-wide support for each other. We created an affinity group to teach each other how to deal with those microaggressions in the workplace ... so we can go back ... and support our students ... we also created an anti-bullying anti-racism, reporting system.

Among survey respondents, 28 percent reported experiencing discrimination or being treated unfairly. And 49 percent reported being afraid for their own or family members’ safety because of racism

FOCUS GROUP OF RECENT HIGH SCHOOL GRADUATES

In one focus group, the four participants were all recent graduates from high schools in Greater Lowell. One student who had attended a high school outside the Lowell School District shared her distress after experiencing racial prejudice in a school. Two students who had attended Lowell High School responded with expressions of support and understanding, indicating that the racial climate at their school was comparatively better because the student population is racially and ethnically diverse. In the future, a larger study focused on education and youth could shed light on the comments we heard, including how the racial climate may vary from one school setting to another and why. Part of the conversation in the focus group unfolded in this way:

One young participant was taunted by anti-immigrant slurs and racist fearmongering at a school in a town near Lowell and outside of the Lowell school district:

Oh, people said I ate their dog, that I had COVID and that I had viruses and they didn’t want to go near me and that I should go to a different class.

The same student further explained how another student intentionally coughed in her face without facing any consequences from the teachers or administration. As incidents escalated, she returned to fully remote learning for the rest of the school year. She chose not to report the numerous incidents to school staff, citing fear of retaliation from students. She also shared these observations about staff at her school:

[I] heard a teacher [when] I was going to the nurse’s office today, [when] I didn’t feel good. And ... there was another teacher [who] came in and I heard her talk about [other] Asian students saying, “We’re going to have COVID, it’s going to spread in the school.” We also have teachers, talking bad[ly] about students, sometimes they slip things that they shouldn’t say.

After hearing these very disturbing experiences, the focus group facilitator asked other participants whether they felt supported by teachers, counselors, or department heads. One student responded that she had attended Lowell High School, where there are a large number of Asian students, and “so it is kind of different.” Another student agreed that “because for us it’s very diverse, they understood.”

All of the young people in this focus group shared how they felt emotional distress from social isolation during the pandemic. For one person, mental health problems required medical attention. Another student said:

It did kind of set you in a box where it’s like, it had to be either remote or long-distance or nothing at all. And . . . family events stopped. City events stopped. So it just kept everyone away from each other for such a point of time. . . . It’s slowly coming back now. But like he said, it prevented people from even wanting to talk to each other anymore.

Another student described how his emotional distress became very serious:

It’s worse. I wouldn’t talk to people for like days. Sometimes, I just wouldn’t even leave my room. Because even yeah you can’t really go out anywhere either, but like yeah even through texting or whatever, I just wouldn’t to talk to people. . . . My mental and physical health were probably the worst they had ever been. Like, I started going to therapy. I was on medication. I wasn’t going outside either. Like, I started going to therapy during [inaudible], I was on like medication, I wasn’t going outside either.

Despite these struggles, several of the students spoke about how they worked on maintaining their health and a positive mental outlook. They turned to focus their attention more on the potential advantages of remote learning, such as opportunities to take up new hobbies, or learn new skills:

During that time, . . . I worked on myself, I found hobbies, it was like, self-therapy. I picked up journaling, skating, and all that stuff . . . had a lot of time to myself. So, I had a lot of time to reflect and it made me a better person, I believe. So that was a good impact.

Anti-Asian Racism

A growing number of national surveys show that large percentages of Asian Americans experienced racial incidents since the pandemic began. As noted earlier, the Asian American Foundation’s 2024 STAATUS Index found that among its Southeast Asian respondents, “40% were called a slur” (compared to 32% of all Asian Americans) and “38% faced verbal abuse” (compared to 29% of all Asian Americans).²⁸

Gendered patterns across ethnic groups are also of interest. Among respondents to another survey on racial incidents during the pandemic, Chinese experienced more discrimination than other Asian American ethnic groups, but Cambodian and Vietnamese men experienced more discrimination than Chinese men.²⁹

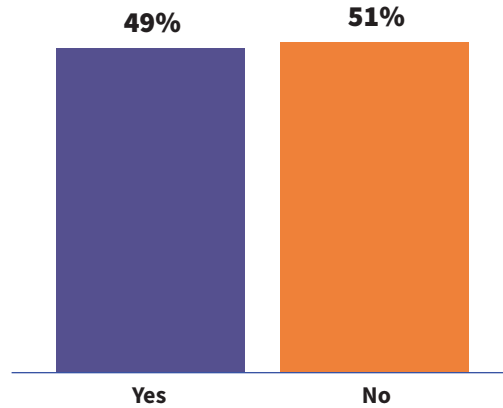
Some methodological limitations of our study should be noted. Among the predominantly Khmer-speaking respondents, the survey likely undercounted the number of racist incidents they experienced. Question-wording referring to “discrimination” may have been understood less readily by respondents who grew up in Cambodia compared to those who grew up in the U.S, or by persons who lived in the U.S. for only a few years. In Cambodia, interracial relations are not the subject of political conflict nor as prominent in public discourse as in the U.S. This seemed evident in our focus groups, where U.S. educated participants seemed more familiar with the concepts of “racism” and “discrimination” than some recent immigrants. In the survey, we first asked respondents if they had experienced “discrimination” or had been treated “unfairly;” if they answered “yes,” then in a branching question we asked if they believed this treatment was because of race, religion, language, gender, or other factors. We suggest study of how alternative wording and structure of such questions may affect results in future research.

Figure 9

Almost half (49 percent, or 100 out of 203) of respondents reported feeling afraid for their own safety or the safety of their family members because of racism during the pandemic.

FIGURE 9

Almost half of survey respondents felt afraid about their own or family members' safety because of racism



203 respondents answered the question: “Since the pandemic began in 2020 until the present time, have you ever felt afraid for your own safety or the safety of your family members because of racism?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

Figure 10

The chart describes how responses to the question about respondents feeling afraid for safety varied according to individuals' standard of living. Those with a lower standard of living felt less safe. For example, 59 percent of respondents (10 out of 17) who indicated that their living standard was “difficult to get by,” and 53 percent (31 out of 58) of those who described their living standard as “just getting by” reported feeling afraid for their own safety or the safety of their family members because of racism. In contrast, somewhat smaller percentages of respondents “doing ok” and “living comfortably” reported feeling afraid for safety because of racism: 46 percent (44 out of 95) and 45 percent (13 out of 29), respectively. While we report percentages, the number in the denominator of some categories is quite small.

Figure 11

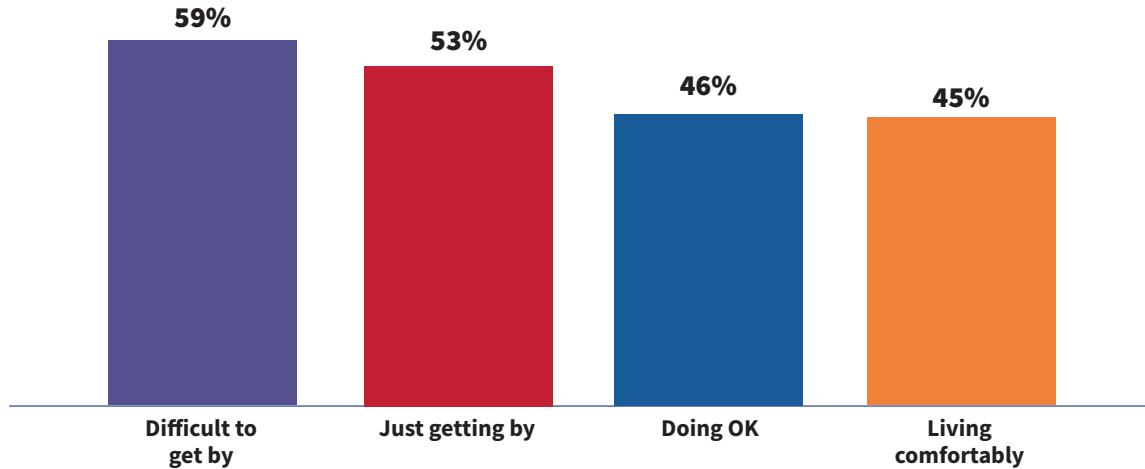
Respondents who experienced three or more indicated symptoms of mental health distress during the last 30 days (57 percent, or 55 out of 97) were more afraid for their safety because of racism than those who experienced fewer symptoms.

Figure 12

Although there were differences across age groups, substantial percentages of respondents of all ages experienced discrimination or unfair treatment. Younger respondents, aged 18-29, had the highest percentage of persons reporting feeling unsafe: 59 percent (27 out of 46). The next largest percentage was among respondents aged 40-54, who had 51 percent (27 out of 53) reporting feeling unsafe. In comparison, 46 percent (25 out of 54) of persons surveyed aged 55 and older and 40 percent (18 out of 45) of persons surveyed aged 30-39 reported feeling unsafe.

FIGURE 10

Respondents with a low standard of living felt more afraid about safety because of racism than others

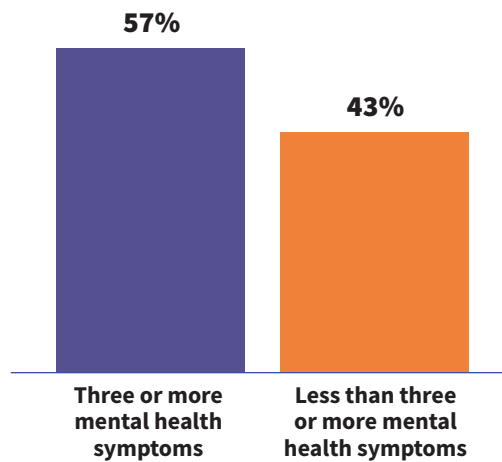


199 respondents answered questions: “Since the pandemic began in 2020 until the present time, have you ever felt afraid for your own safety or the safety of your family members because of racism?” and “What best describes your standard of living?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE 11

Respondents with mental health problems felt more afraid about safety because of racism than others

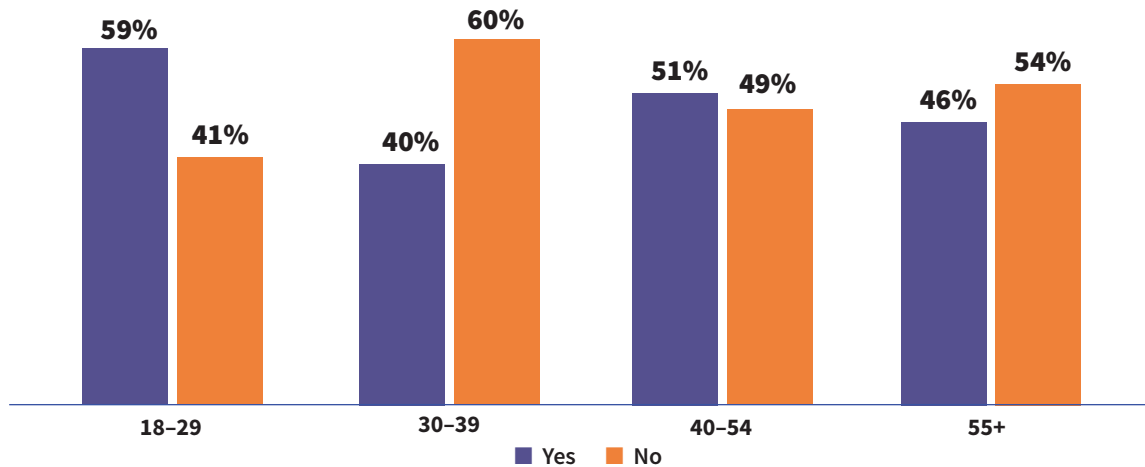


203 respondents answered questions: “Since the pandemic began in 2020 until the present time, have you ever felt afraid for your own safety or the safety of your family members because of racism?” and indicated that In the last 30 days they felt three or more of these symptoms: Felt so low in mood or depressed that nothing could cheer you up, or felt hopeless, or, felt that everything was an effort, or, felt nervous, felt fatigued, or had trouble sleeping.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE 12

Respondents of all ages felt afraid for safety because of racism (age 18–29 more afraid than others)



198 respondents answered questions: “Since the pandemic began in 2020 until the present time, have you ever felt afraid for your own safety or the safety of your family members because of racism?” and about their age.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

INCIDENTS OF UNFAIR TREATMENT OR DISCRIMINATION

Figure 13

Among 222 respondents, 28 percent reported that they or their family member experienced unfair treatment or discrimination.

Figure 14

There was little difference between the percentage of male and female respondents who reported discrimination or unfair treatment. 29 percent of men (28 out of 97) and 26 percent of women (31 out of 119) reported experiencing discrimination of some type or unfair treatment.

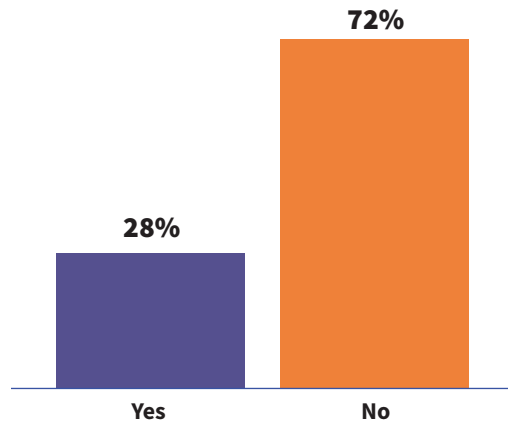
Figure 15

Among 60 respondents who indicated a perceived reason for experiencing discrimination or unfair treatment, the most common answers were: race or ethnicity, which was selected by 75 percent of the 60 respondents; followed by food, language, religion, gender, and sexuality.

A small group of neighborhood residents gathered to aid a Cambodian American woman who was thrown to the ground in a park by a man who yelled racist comments at her. Observers called the police, but officers arrived too late to intervene.

FIGURE 13

28 percent of all respondents experienced discrimination or unfair treatment

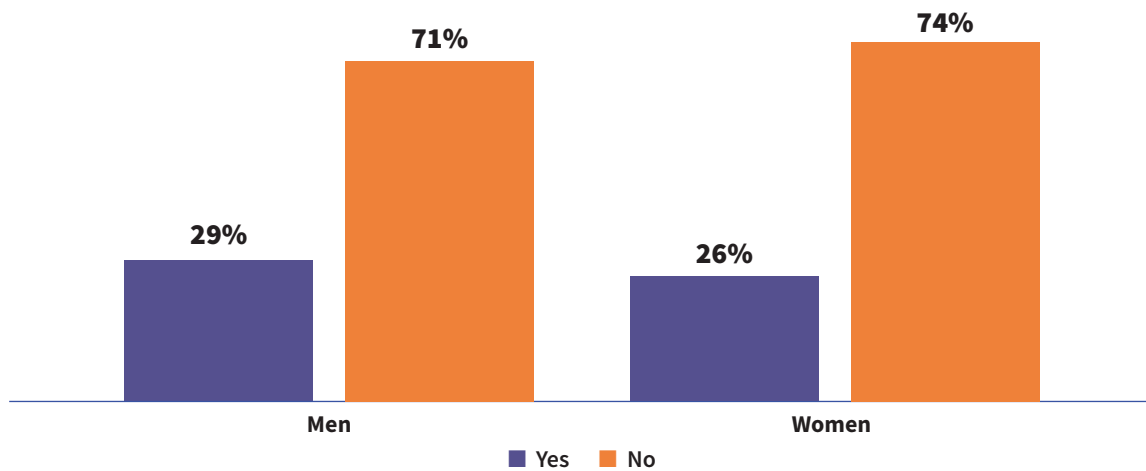


222 respondents answered the question: “Since the pandemic began in 2020 until the present time, did you and/or any of your family members ever experience any kind of unfair treatment or discrimination?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE 14

Men and women experienced unfair treatment and discrimination at similar levels

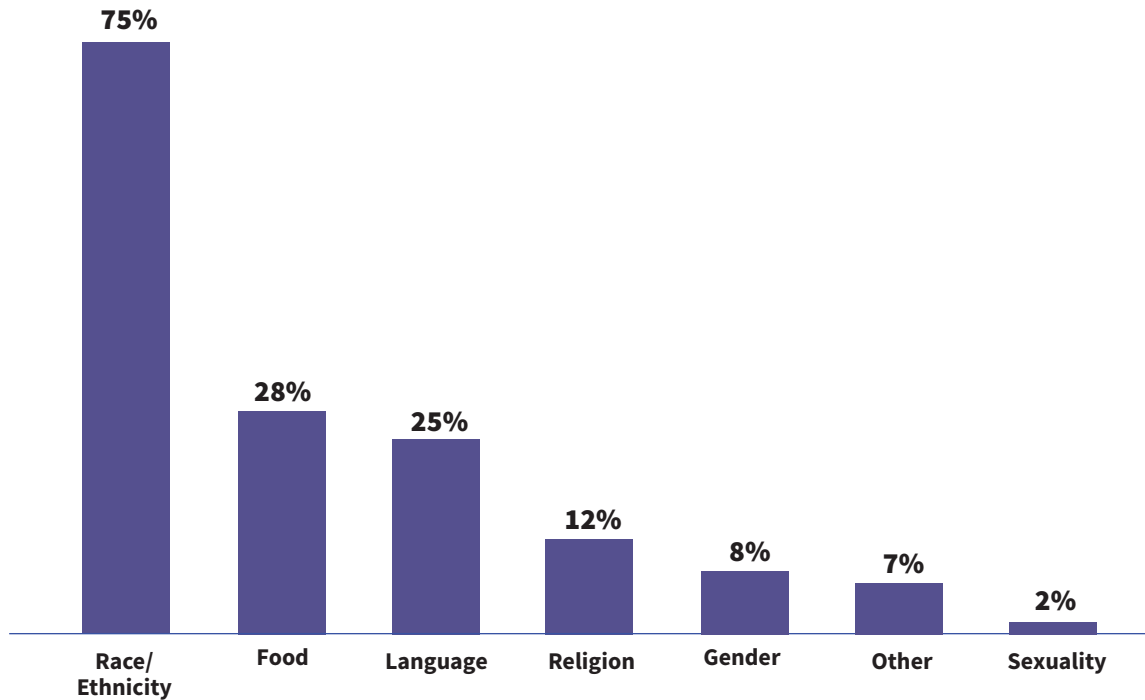


218 respondents answered questions: “Since the pandemic began in 2020 until the present time, did you and/or any of your family members ever experience any kind of unfair treatment or discrimination?” and “What is your gender identity?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE 15

Race and ethnicity were most common reasons for discrimination and unfair treatment



60 respondents indicated a perceived reason for discrimination they experienced, out of 62 respondents who answered yes to the question: “Since the pandemic began in 2020 until the present time, did you and/or any of your family members ever experience any kind of unfair treatment or discrimination?”

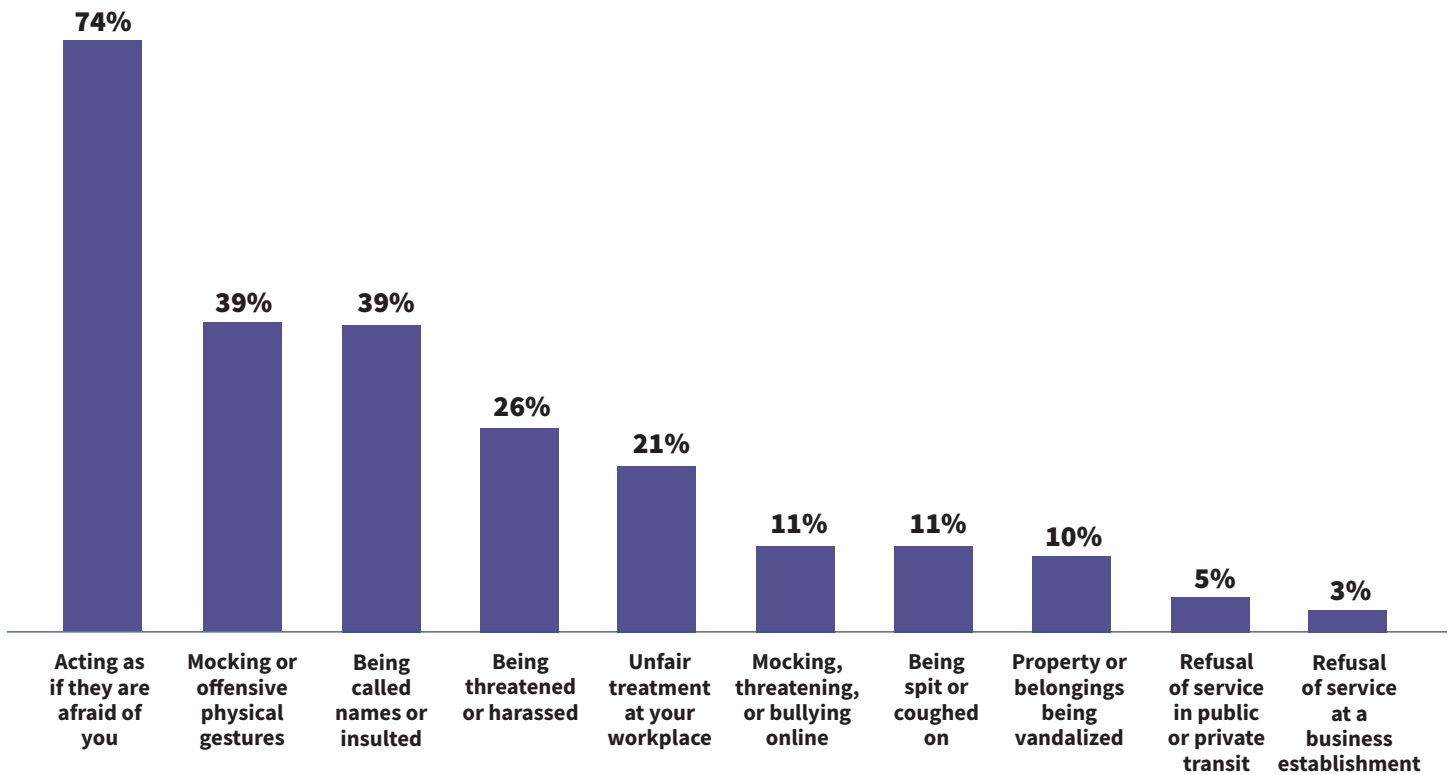
Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

Figure 16

Among 62 respondents who reported experiencing discrimination of some type or unfair treatment, most commonly the incident occurred when others were “acting as if they are afraid of you” (75 percent), followed by “mocking or offensive physical gestures” and “being called names or insulted” (39 percent). Some survey respondents also reported being threatened or harassed (26 percent) and experiencing unfair treatment at the workplace (21 percent).

FIGURE 16

Discrimination took different forms



All 62 respondents who answered yes to the question: “Since the pandemic began in 2020 until the present time, did you and/or any of your family members ever experience any kind of unfair treatment or discrimination?” marked a form of discrimination them or their family members experienced.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

Figure 17

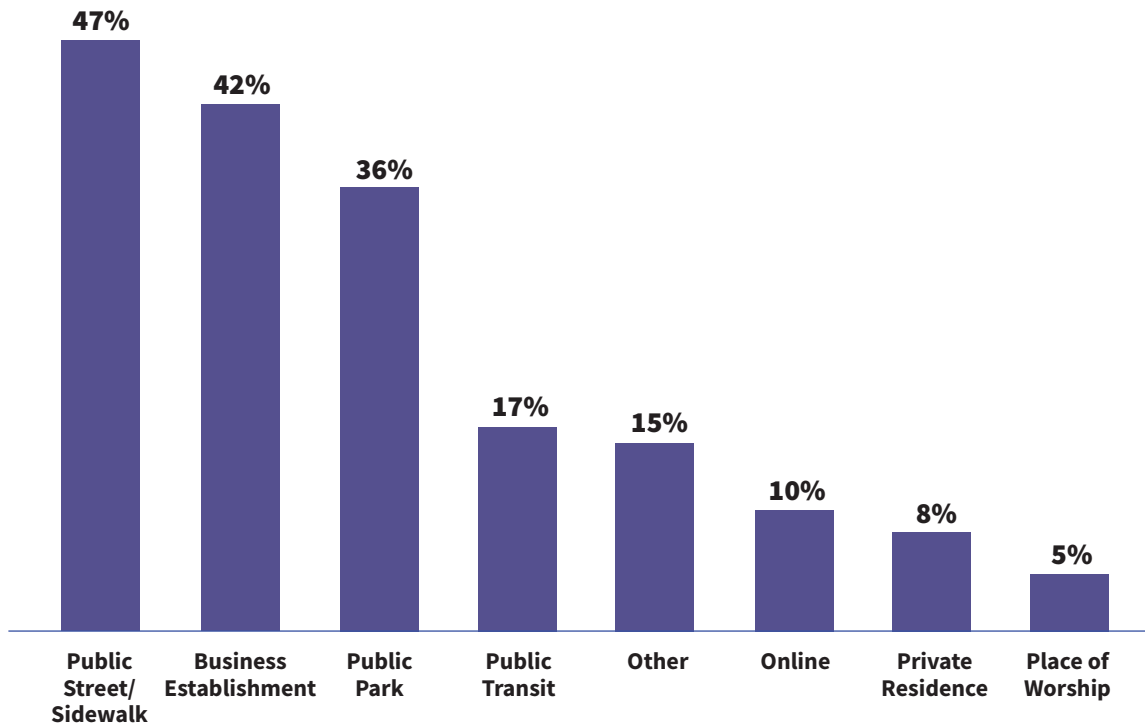
This bar chart shows that public places or sites with public access were the most common locations of incidents of discrimination or unfair treatment. Among 62 respondents who indicated a site, for 47 percent, it was on a public street or sidewalks; for 42 percent it was a business establishment, such as a grocery store or restaurant; and for 36 percent it was a public park. If the site was on public transit, the percentage was 17 percent.

Figure 18

About 38 percent of survey respondents witnessed another Asian person being treated unfairly because of their race, ethnicity, national origin, or cultural background.

FIGURE 17

Most discrimination incidents took place in public places or in places of business

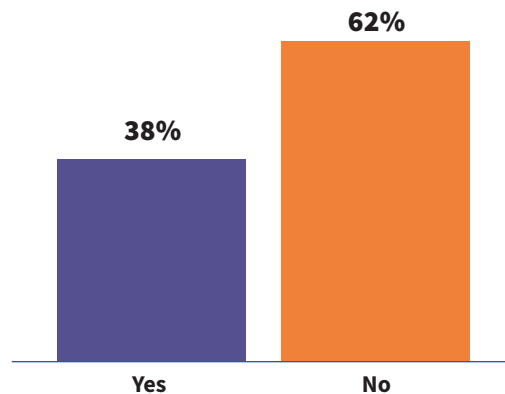


59 respondents indicated in which setting where discrimination they experienced took place, out of 62 respondents who answered yes to the question: “Since the pandemic began in 2020 until the present time, did you and/or any of your family members ever experience any kind of unfair treatment or discrimination?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE 18

38 percent of survey respondents witnessed another asian person being treated unfairly



220 respondents answered question: “I have witnessed another Asian person being treated unfairly due to their race, ethnicity, national origin, or cultural background.?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FOCUS GROUPS

Several participants in the focus groups spoke about experiencing anti-Asian racism at the peak of the COVID-19 pandemic. Racial incidents took many forms, including racial slurs, threats, physical attacks such as property damage, hostile stares, intentional coughing, and throwing of objects at them in schools and public spaces.

In one focus group, a young college graduate recalled a racial incident while she was on a recreational outing in New Hampshire as the pandemic began to subside:

When I decide[d] to go to the beach . . . not during the heavy pandemic—when it started slowing down—a car literally stopped . . . and then drove off. I was the only one who physically looked Asian around . . . I knew it was this hate, like their hate towards my race . . . I don't necessarily remember, but I know at the time I was really feeling like... I could get shot at here because the car had a patriot [sic] flag and a gun. . . . It was like a 'live free or die-hard' kind of thing, with a pistol.

Some focus group participants also described racist encounters in their work environments. One rideshare driver recounted his experience while working:

When I was a Uber or Lyft driver, I didn't know when my clients got in the car [whether] they came with the COVID virus or not. Now [my family's] finances are down, it's not like before. I used to have two jobs, but now have only one. I want to have [an] additional job, but my wife is always afraid of getting infected, and the other thing [we worry about] is discrimination. Like the last time I drove to Boston, there were white people, they looked at me, they thought I was Chinese, and they insulted me [and] they blew their horns.

The younger participants also reflected on how their grandparents are often targeted for verbal racism and hostility. One student shared:

My grandma always gets bad treatment from other people, and it's always grandparents because like [another student just] said, [they are an] easy target, and also, because people think they are . . . more vulnerable to viruses like that because of old age. But [they are] mainly easy targets because . . . they can't really comprehend what anything like that means.

When asked about his grandmother's feelings on the matter, he responded:

She's pretty upset, because it's hard when you come from a different country for the majority of your life and you want to fit in and this is the place that you [have] so-called freedom and equality and you don't get that. Because a lot of people in Asia who are here now . . . dreamed of coming here, and what they received in return they don't deserve.



Black Lives Matter march from Father Maguire Park to Lowell City Hall, 6/23/20.

PHOTO BY LOWELL SUN/JULIA MALAKIE.

Another student focus group participant recounted an incident during the early pandemic involving his mother who ran a small business:

So, my mom ran a [small] business. There was one time where it was targeted. It was a group of people at night and they threw stuff and it got so bad that they broke one of the windows.

A Cambodian mother described several incidents of verbal and physical harassment she experienced while walking with her child. While on vacation in Washington, D.C., a group of people yelled at her son in a threatening manner. On a different occasion, a group of people yelled at the mother and son as they were walking on public streets in Lowell.

I was walking with [my son]. We were near a stop light near Market Basket downtown. Then, there was a black car. The person in the car had his head out and yelled at us. There were two or three people in the car. They said loudly, "Take off that mask." They said that we were viruses. We were wearing masks while walking, and they said we were viruses.

Some participants mentioned that they felt safer in situations where they were associating with Cambodian Americans than people of other races. For example, some felt less safe driving to places distant from the Lowell Cambodian American community. However, others reported harassment when walking on the streets of their own neighborhood and in a local park in Lowell. Our study was not large enough to meaningfully compare experiences of racism across different neighborhood environments, or by occupational group, education, or language proficiency.

When racially motivated abusive behavior took a physically threatening and violent turn, several of our research participants said they did not report the incidents because they felt authorities would not remedy the harm. Some participants expressed their feelings that racist incidents were a normalized occurrence.

Sources of Resiliency

During the pandemic, many persons across the U.S. received government aid to meet basic needs. The federal government sent emergency relief checks to many taxpayers to help compensate for income loss from unemployment and for emergency expenditures. Figure App-F-4 in Appendix F shows that 70 percent of the survey respondents received assistance from a government agency; and App-F-5 shows that 56 percent received emergency relief money. The percentage of Cambodian Americans in Lowell who received relief checks may have been higher than reported in our sample.

In crisis and more ordinary times, federal and state governments generally play a critical role in helping fill basic income gaps for low-income individuals, the elderly, and other populations needing assistance. In addition to asking about assistance from government, we wanted to learn from our interview participants about internal sources of social resiliency within the Cambodian American community and families in Lowell.

Small business economy and employment

Small businesses are a crucial source of economic resiliency, employment, and income stability for families and individuals in immigrant communities. During the dual pandemic, business closings greatly disrupted the local economy. Among our key informants were two small business owners from the Cambodian American community in Lowell.

The owner of a local jewelry store described how after the initial business shutdowns in the Lowell Cambodian American community, small restaurants were among the first businesses to reopen for takeout customer orders when larger restaurants stayed closed. Although supply chain disruptions raised prices, local jewelry, and gold-trading businesses fared better than others because some Cambodians practiced a tradition of investing cash savings in gold, which is considered safe. One business owner described the challenges new entrepreneurs face, which include the need for business expertise and versatility in offering business products to the customer base. The businessman's comments point to the need for training and support:

Very few people can survive in their business . . . in terms of a young entrepreneur, lots of young business owners open a business and then lots of them close.

Earning livable wages from employment is requirement for family resiliency. Although our study did not focus on economic trends, the comments of a local small business owner underscore the importance of ensuring fair pay for work as a source of stability and resiliency in the community.

“Lots of young business owners open a business and then lots of them close.”



CMAA COVID-19 outreach circa 2021.

COURTESY OF THE CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL.

He provided his observation of how some Cambodian Americans choose to work in low-wage manufacturing because salaries grow faster in this sector than in other service occupations, such as home health care. Although there is considerable customer demand for home health aides who can speak Khmer with elderly clients, the choices based on salary and benefits are important to note for this study and for future research:

Another thing is the rate—the salary paid in health care compared to manufacturing is growing very slowly. . . . And people go to manufacturing because they get more paid benefits, better benefits. [and] many people choose to work at the manufacturing company because it's less stress [than working in] health care . . . [with] elderly people.

Some participants' comments indicated a need for training new business owners. One young man said that his mother opened a new business during the pandemic. Another woman wanted to start a small business to fill lost income from job loss in the family. Her motivation was shaped by the example set by younger people. However, taking this step was not easy for her because she became ill from COVID-19, and there were also family concerns about online scams in the world of internet business:

When [the pandemic] happened—I had never worked. I just stayed home and took care of my kids alone. I always remember this about [the younger] generation: they were online, they had their own ideas, wanting to learn to run their own business as a salesman. [By earning a living this way, it] has helped some families.

Spiritual sources of resiliency

Some of our focus group participants said that they found inner strength from Buddhist teachings when struggling to cope with fear of COVID-10 illness, the loss of loved ones, financial difficulty, and distress from prolonged isolation in their homes. As one man shared:

My wife and I listened to philosophers and experts in Buddhism said we had to be calm because it was a disease that we could not control.

“I had never worked. I just stayed home and took care of my kids alone. I always remember that [the younger] generation, they were online, as well as having their own ideas, wanting to learn to run their own business as a salesman.”

One woman became very ill and was so overcome by fear of COVID-19 that she could not sleep. Her doctor suggested she listen to lectures on Buddhist Dharma principles:

I called a psychological doctor to ask why I could not sleep. . . . He told me to turn off the TV and asked me not to watch any news anymore. He recommended listening to monks who were giving talks about Dharma.

One of our key informants was a Buddhist monk, who spoke about his work teaching meditation principles and practice to people of many faiths in the Lowell community. In his view, meditation can strengthen resiliency by helping people to be mindful, to relax, and to release tension: “It is the wisdom of the Buddha, it is the wisdom of Jesus, it is the wisdom of others like [the religion of] Muhammad.”

The monk also shared his thoughts about building understanding and mutual respect among people of different faiths. When anti-Asian racism increased in Lowell and other cities, the monk and other faith leaders from Buddhist, Jewish, Hindu, Muslim, and Christian traditions joined a live conversation hosted by the Lowell Telemedia Center to talk about the need to stand in unity against anti-Asian hate and other forms of discrimination.

Community Education

Several of our interview participants shared their vision of strengthening interracial solidarity and social resiliency in the Lowell community by offering innovative educational programs. A teacher described programs at her school to promote mutual respect, understanding, and support among students from diverse backgrounds. She described a candlelight vigil held at a public park in Lowell to honor the lives of six Asian American women who were killed in Atlanta, Georgia, in March, 2021. The six women were killed in a shooting spree at the height of a national wave of anti-Asian hate. The vigil was hosted by the Cambodian American Mutual Assistance Association of Greater Lowell. In attendance were public officials, community leaders, and residents of all ages:

We did come out and stand together. In the city some elected officials did come out . . . to support and say that we are standing against the act of violence against the Asian community. So that was positive at least for the students knowing that the community members were not sitting silent.

Community-based heritage arts programs deepen understanding of Cambodian American culture among young people of Cambodian ancestry and in the wider community. At its community center, the Cambodian Mutual Assistance Association offers instruction to children in Khmer arts and language. A Cambodian performing arts organization teaches children traditional dance as an art form during weekend and after-school programs at its center and in public schools.

The leader of the Cambodian dance troupe, who was one of our key informants, shared a vision about how cultural performance can increase the general public's understanding of the Cambodian American community and improve race relations in Lowell and other cities:

. . . And so, when we go out to perform, we talk about . . . the culture back in Cambodia and the culture here . . . and more people hear about you as a human . . . I believe [it is] ignorance —those who are racist are ignorant people, they don't know any better. So, when we go out and perform, we have dialogues . . . and we explain every dance, and we educate the community. So, we're changing that narrative about the Cambodian people . . . so [it is not] just based on the genocide. There is a culture behind us. . . .

Information-sharing in Families

Families are a foundation for stability and resilience in the Cambodian American community. During the pandemic, family solidarity was critical. Health and well-being depended on willingness and capacity of family members to share information about how to apply for assistance, access health care, and learn about recommended measures to protect family members from illness. Younger family members often carried the responsibility of seeking out information sources for older immigrant family members.

Young people in our focus groups pointed out the need for agencies to send bilingual information directly to households. To reach a diverse audience, bilingual information flyers from reliable sources should be posted in public markets, community centers, educational and health facilities, and sent by direct mailing to households.

As one young woman described:

Yeah, I [am] getting a lot of the burden in terms of . . . look[ing] for housing . . . because I'm a little bit more educated on . . . resources . . . around there . . . [and] I had more support . . . going to school . . . [where] they had . . . financial literacy . . . [a] food pantry and all that stuff.

Facebook and Tik Tok were important sources of health information about the coronavirus and its spread, according to the focus group participants. Our survey confirms their observation but presents a broader picture of varied sources of health information. As shown in Figure App-F-6 in Appendix F, the most common sources were TV news, and friends and family, followed by U.S. social media, online searches, government websites, Cambodian social media, radio, and health care providers.

Two young people explained the advantages of receiving “instantaneous” information about the pandemic on TikTok. They explained how social media was becoming an information source used by older family members. One student commented:

Tik Tok is like a new source [of news]. . . . My grandma, she even uses social media, which is crazy. Our older generations are getting into [what is] new, they are adapting.

However, some of the students commented on the need to be cautious about unreliable or false information spread on social media and in other places about the coronavirus. As one student said:

Yeah, in terms of how reliable the news was, I'd say it's a mix. There'd be like, some things [information] . . . you could trust, like how fast COVID-19 was [spreading] or where the . . . most populated areas were. But then there's . . . some things [about] politics . . . or . . . vaccines [that can't be trusted]. I know my mom is afraid of vaccines. . . . With social media you just can't trust everything you see. I think especially with the older generation, [they] just see something [on social media] and they kind of [say] “okay.”

Another young student expressed concern about some people’s vulnerability to misinformation, which plays on peoples’ fears. At a street intersection by a T-subway stop, a person had been holding a sign spreading fear of vaccines:

Speaking of being afraid of vaccines, have you guys seen these guys? They're at like the intersection and they have these big signs saying, “Vaccines Change Your DNA.” It was very scary and there was definitely a lot of people skeptical. . . . They were like, I don't want to change. I don't want to take it and become a zombie or something. . . .

Based on these young people’s observations, it will be important to find ways in the future to flag misinformation found on social media about vital health matters and disseminate accurate health information in ways accessible to all.



Angkor Dance Troupe dancers performing at the 2014 Khmer New Year celebration, Clemente Park, Lowell, Massachusetts, 2014.

COURTESY OF ANGOR DANCE TROUPE AND CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION.

Summary and Comments on Findings

Language and cultural barriers stand in the way of competent and equitable health care for Cambodian Americans. The dual pandemic only underscored the urgency of investing in solutions to the systemic obstacles. More than a third of survey respondents reported symptoms of mental health distress some or most of the time," such as feeling hopeless, or depressed, or struggling with daily tasks, or feeling fatigued in the 30 days prior to filing out the survey questionnaire. Because of language barriers, about 38 percent of people surveyed found it difficult to communicate with a doctor or nurse. As our focus group interviews made clear, public education on mental health and wellness programs will be effective only when health care programs are adequately staffed by Cambodian American and bilingual professionals. In addition, health communication and treatment must be tailored to the cultural perspective and practices of the Cambodian American population.

Among survey respondents, 28 percent reported experiencing discrimination or being treated unfairly; 49 percent reported being afraid for their own or family members' safety because of racism. In the future, attention needs to be placed on the community safety of Cambodian Americans and other Southeast Asian Americans, who have experienced more racial incidents than other Asian Americans according to a growing number of national surveys we cited. By collecting personal stories through focus groups and follow-up interviews, our study let everyday community residents speak about why their frequent and direct experiences of anti-Asian racism make them fearful and unable to find assistance from authorities or accountability for racial assaults.

Stories of anti-Asian hate crimes committed in Lowell during the 1980s have been largely lost to historical memory. In focus groups, we learned about recent stories of violent racist assaults against Cambodian Americans in Lowell that are not found in the public record. When stories are lost, community members remain voiceless and systemic racism is perpetuated. Still today, there is no effective or accessible system in place for Cambodian Americans to report racist threats, harassment, violent attacks or vandalism in a timely way. Residents are reluctant to file reports because they are not confident any response or remedial action will result.

The pandemic highlighted serious inadequacies in communication between schools and immigrant families. When the pandemic drastically changed public education, many Cambodian American students and families with limited English proficiency were often left to fend for themselves with a deluge of information in English.

In many Cambodian American households, family members had to cope with illness and everyday needs by relying on English speaking family members to navigate systems of government and mutual assistance. Young people in the focus groups expressed the need for direct bilingual and accessible outreach by public agencies, such as mailings to their parents and grandparents.

Cambodian American small businesses are a vital lifeblood in the economic and social life of this community. Our interviews revealed the difficulty of sustaining small business startups. At the same time, some women's efforts to start internet businesses to supplement family income during the pandemic point to a potential source of increased financial stability.

Community-based heritage arts programs deepen understanding of Cambodian American culture among young people of Cambodian ancestry and in the wider community.



Children learning about Cambodian culture and customs. After-school class at the Cambodian Mutual Assistance Association circa 2024.

COURTESY OF CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL.

Recommendations

1. Develop and provide mental health services tailored to Cambodian Americans' cultural concepts of health and wellbeing. These services must be language accessible and made available for Cambodian American individuals and families, including at public schools servicing Cambodian American students and families. In addition, the services should be suitable for Cambodian Americans of different educational, age, and gender backgrounds.
2. Train and recruit Cambodian American staff to fill positions at healthcare institutions, including hospitals, clinics, and health centers. Improve educational programs with community-wide dissemination of bilingual material and in-person workshops. Provide live translators, at least by phone or in person, in medical settings rather than relying on AI tools like Google Translate, which is error-prone.
3. Expand training programs for K-12 teachers to learn how to identify racism of various types and respond in ways that prevent or reduce harm in the moment. Develop educational programs for students to increase inter-racial and multi-cultural understanding and respect.
4. Improve the capacity of schools to communicate with Khmer-speaking parents. As of the 2023–2024 school year, the professional staff in the Lowell Public Schools is about five percent Asian, but the student enrollment is more than 25 percent Asian.³⁰ Our research team identified one example of a communication gap. On the Lowell Public Schools Facebook site, English and Spanish pages will be very active in the fall of 2024, but the Cambodian page will have only a handful of posts and few followers. It is likely that if the page is kept more active, Cambodian American engagement in school life and communication would be improved between teachers, administrators, parents, and students.
5. Improve policy-community relations program to increase staffing positions for Cambodian Americans' family liaison services, focusing on response to safety concerns, education, and counseling. Improve response times and language accessibility when residents report incidents of safety violations or threats.
6. Train officers and other liaison staff to assist in reporting crimes that violate personal or community safety, regardless of evidentiary findings of racial motives.
7. Provide legal counseling services at no cost for individuals who experience anti-Asian prejudice, discrimination, hate, or violence.

8. Make channels accessible for reporting incidents of racial harassment anonymously or by self-identification (depending on individual preference) to state and local authorities. If an individual chooses not to file a police report, there should be an option for reporting to public agencies, including local offices of a human rights commission. Develop systems for collecting and reporting this data.
9. Develop and disseminate educational materials on what laws protect community residents from discrimination and abusive treatment. Provide bilingual information in accessible online venues and in short, online educational formats. Post bilingual flyers in Khmer and English in public places, including in markets, workplaces, and schools. Conduct timely public educational campaigns. The flyers should make clear how incidents of discrimination can be reported to human rights commissions as well as the police, whether individuals decide to press formal charges against perpetrators of racist acts or not.

In addition, we recommend that future research:

- Develop and pilot test methods to educate Cambodian Americans about mental health.
- Examine racial climate at schools in Greater Lowell, including in the Lowell School districts and other districts in nearby towns.
- Investigate and propose improved information systems that would enable timely reporting of incidents of racism.
- Develop and test improved culturally and linguistically tailored question wording for print and online surveys targeting Cambodian Americans. What wording and formats would make questions about topics such as mental health, racism, and discrimination understood more readily?
- Investigate the growth of small business startups and self-employment by Cambodian Americans. Include a focused study of increased self-employment of Cambodian American women in Lowell during the pandemic, including online and home-based businesses.
 - What types of small businesses formed, what was the business structure, what were the conditions for success or failure, and how can barriers for more startups be lowered?
 - How can newcomers entering into small business enterprises protect themselves from online fraudulent or predatory business practices?
 - What other types of training would be helpful to existing and aspiring small business owners?

Endnotes

- 1 This study was approved by the Institutional Review Board of the University of Massachusetts, Boston, under protocols 3336 and 3553.
- 2 Tello, H., D'Entremont, K., Clermont, A., & Goldberg, D. (2022). *2022 Greater Lowell community health needs assessment*. Greater Lowell Health Alliance. <https://tuftsmedicine.org>
- 3 Department of Planning and Development of the City of Lowell. (2023, March 1). *Cambodia Town neighborhood plan* (p. 5). <https://www.lowellma.gov/AgendaCenter/ViewFile/Item/23310?fileID=48292>

The Cambodian Mutual Assistance Association has placed estimates for the Southeast Asian American population in Lowell, which includes persons of Cambodian, Vietnamese, and Lao ethnicity, in a range from 30,000 to 35,000 persons based on school enrollment data: <https://massserves.org/listing-item/cambodian-mutual-assistance-association/>
- 4 The term “dual pandemic” is discussed by Eboigbe, L. I., Simon, C. B., Wang, Y. S., & Tyrell, F. A. (2023). The compounded effect of the dual pandemic on ethnic-racial minority adolescents’ mental health and psychosocial well-being. *Current Opinion in Psychology*, *52*, 101626. <https://doi.org/10.1016/j.copsyc.2023.101626>
- 5 *2022 Greater Lowell community health needs assessment*. Greater Lowell Health Alliance. <https://tuftsmedicine.org>
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- 7 Bibbins-Domingo, K. (2020). This time must be different: Disparities during the COVID-19 pandemic. *Annals of Internal Medicine*. <https://doi.org/10.7326/M20-2247>
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- 9 TAAF. (2024). *STAATUS Index 2024*. Retrieved from <https://www.taaf.org/our-work/staatus-index-2024#data-playground>

Several other studies provide further information. See in AAPI Data et al. (2023, November), About 2 in 10 Asian Americans and Pacific Islanders (23 percent) say they have experienced being verbally harassed or abused in the last year, and 22 percent have been called a racial or ethnic slur. About 1 in 10 say they have been physically assaulted or threatened physically. *Associated Press*. Retrieved from <https://apnews.com/article/aapi-data-racism-asian-hate-e5e8c8928dd286b48098a94c5e5f184f>

Also see Wang, D., Gee, G., Bahiru, E., Yang, E., & Hsu, J. (2020). Asian-Americans and Pacific Islanders in COVID-19: Emerging disparities amid discrimination. *Journal of General Internal Medicine*, *35*, 3685–3688. <https://doi.org/10.1007/s11606-020-06264-5>; and Ruiz, N. G., Im, C., & Tian, Z. (2023). Discrimination experiences shape most Asian Americans’ lives. *Pew Research Center*.
- 10 See, for example: Islam, J. Y., Awan, I., & Kapadia, F. (2022). Food insecurity, financial hardship, and mental health among multiple Asian American ethnic groups: Findings from the 2020 COVID-19 household impact survey. *Health Equity*, *6*(1), 435–447. <https://doi.org/10.1089/hecq.2021.0120>
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- 11 For a discussion of models of family solidarity, see Beaujot, R. and Ravanera Z. (2008). Family change and implications for family solidarity and social cohesion. *Canadian Studies in Population [ARCHIVES]*, *35*(1), 73-101.
- 12 See Nguyen, N. P., Kim, S. Y., Sanchez, M. R., & Morales, A. (2022). Internalizing symptoms among Asian American language brokers: The moderating role of values enculturation. *Journal of American College Health*, *72*(3), 713–721. <https://doi.org/10.1080/07448481.2022.2055433>

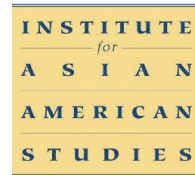
- 13 Murphy, E. (2020, November 9). Pandemic spotlights inequitable student access to resources in Lowell. *Lowell Sun*. E-edition.
- 14 Kiang, P. N. (1993). Education and community development among nineteenth-century Irish and contemporary Cambodians in Lowell, Massachusetts. *New England Journal of Public Policy*, 9(1), Article 6. <https://scholarworks.umb.edu/nejpp/vol9/iss1/6>
- 15 Nou, L. (2006). A qualitative examination of the psychosocial adjustment of Khmer refugees in three Massachusetts communities. *Journal of Southeast Asian American Education & Advancement*, 1(1), 1–26. <https://doi.org/10.7771/2153-8999.1002>
- See also:
- Cook et al (2009), who wrote that “Faith affects coping. When asked what keeps them going in the face of difficulties, six Cambodian-American Buddhists talked about perseverance (e.g., “push aside the obstacle and focus”), and six talked about going to the temple and about studying (e.g., “going to the temple makes me calm,” “my mind connects to Buddha and gives me energy”).”
- Cook, K. V., Sandage, S. J., Hill, P. C., & Strawn, B. D. (2009). Hermeneutic analysis of virtuous exemplar narratives of Cambodian-American Buddhists and Christians. *Mental Health, Religion & Culture*, 12(4), 315–338. <https://doi.org/10.1080/13674670902773403>
- 16 Grigg-Saito, D., Toof, R., Silka, L., Liang, S., Sou, L., Najarian, L., Peou, S., & Och, S. (2010). Long-term development of a “whole community” best practice model to address health disparities in the Cambodian refugee and immigrant community of Lowell, Massachusetts. *American Journal of Public Health*, 100(11), 2026–2029. <https://doi.org/10.2105/AJPH.2009.177030>
- 17 Than, V., Doroud, N., & O’Brien, L. (2024). Mental health service utilization and help-seeking behaviors of adult Cambodians living in Western countries: A systematic scoping review. *International Journal of Social Psychiatry*, 70(4), 778–791. <https://doi.org/10.1177/00207640241230848>
- 18 Fikri, K., & Newman, D. (2024). How the pandemic rebooted business entrepreneurship in the U.S. *Harvard Business Review*, January 17. <https://hbr.org/2024/01/how-the-pandemic-rebooted-entrepreneurship-in-the-u-s>
- 19 2017–2021 American Community Survey five-year estimates suggest that self-employment rates among Cambodian Americans in Lowell increased between 2015 and 2021. Gendered patterns in the data are of interest and should be carefully investigated because sample sizes are small and do not allow stable estimates. For example, in 2015, among Cambodian American males in Lowell, the percentage of self-employed persons was estimated at 3.34 percent; among Cambodian American females in Lowell, the percentage of self-employed persons was estimate at 1.01 percent. By 2021, about one year after the start of the pandemic, about 2.47 percent of Cambodian American males in Lowell were self-employed, compared to 4.91 percent of Cambodian American females in the city.
- 20 According to the 2017–2021 American Community Survey five-year estimates, 37 percent of the civilian employed population of Cambodian Americans in Lowell, including only those 16 years of age or older, work in production occupations. Looking at employment by industry, the 2021 ACS further reports that among civilian employed Cambodian Americans, including only persons 16 years of age or older, 46 percent work in the manufacturing industry. Among persons employed in the manufacturing industry, their occupations are varied. For example, employees in this industry may work in production, transportation, management, office, or various other occupations.
- 21 Because of missing values, the number of responses indicating a positive COVID-19 test is smaller than in Figure 5, which shows results of a crosstabulation with gender, age, and income variables.
- 22 2022 *Greater Lowell community health needs assessment*. Greater Lowell Health Alliance. <https://tuftsmedicine.org>
- 23 Data collected from this survey on respondents’ health insurance and various sources of assistance are available upon request from the authors.
- 24 Woo, B., & Jun, J. (2022). COVID-19 racial discrimination and depressive symptoms among Asian Americans: Does communication about the incident matter? *Journal of Immigrant and Minority Health*, 24, 78–85. <https://doi.org/10.1007/s10903-021-01181-6>
- 25 Tiwari, B. B., & Zhang, D. S. (2022). Differences in mental health status among Asian Americans during the COVID-19 pandemic: Findings from the Health, Ethnicity, and Pandemic Study. *Health Equity*, 6(1). <https://doi.org/10.1089/heap.2022.0029>
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- 27 Hinton et al. describe a culturally-sensitive assessment tool for mental health of Cambodians, the Cambodian Symptom and Syndrome Inventory (C-SSI), which include Cambodia-specific expressions of distress, including “*gaeut khyâl*” (*wind attack*), “*kit chraern*” (*thinking too much*), and sleep paralysis (or in Cambodia, “*khmaoch sangot*” (*a ghost pushing you down*)).
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- 29 Palmer, R. M., Saw, A., Tsoh, J. Y., & Yellow Horse, A. J. (2024). Trends in racial discrimination experiences for Asian Americans during the COVID-19 pandemic. *Journal of Racial and Ethnic Health Disparities*, 11, 168–183. <https://doi.org/10.1007/s40615-022-01508-y>
- 30 Massachusetts Department of Education. (n.d.). *School and district profiles: Lowell*. Retrieved from <https://profiles.doe.mass.edu/general/general.aspx?topNavID=1&leftNavId=100&orgcode=01600000&orgtypecode=5>

APPENDIX A

Survey Questionnaire

For a copy of this questionnaire translated to Khmer, please contact the authors.



Cambodian Americans and the COVID-19 Pandemic in Lowell, Massachusetts Survey

- This survey aims to understand the experiences of Cambodian American and Cambodian immigrants Greater Lowell during the COVID-19 pandemic.
- Your answers are confidential. No information will be presented or published in any way that would permit other people to identify you. Your name and answers will not be shared with anyone other than the researcher.
- Your participation in this study is voluntary. If you come across a question that you would rather not answer, please feel free to skip it and go to the next question.
- Thank you for taking the time to complete this survey. After you complete the survey you will be eligible to receive a gift card worth **\$25.00**.

You may sometimes be asked to skip some questions in this survey. When this happens, you will see an arrow with instructions about what question to answer next. For example:

Yes → **If Yes, go to #1 on page 1**

No

You are eligible to participate in the survey if you are 18 years or older; identify your ethnicity as Cambodian, Cambodian American, Khmer, Cambodian combined with another ethnicity, or have Cambodian ancestry; and if you live in Greater Lowell, Massachusetts.

Are you 18 years of age or older?

Yes

No → **If No, please do not continue this survey. Thank you.**

Do you live in any of the cities or towns listed below?

Lowell

Chelmsford

Dracut

Others (Billerica, Dunstable, Groton, Pepperell, Tewksbury, Tyngsborough or Westford)

None of these → **If None of these, please do not continue this survey. Thank you.**

Did you live in Massachusetts at time during any of these years: 2020, 2021, 2022, or 2023?

Yes

No → **If No, please do not continue this survey. Thank you.**

Experiences During COVID-19

These first questions are about your experiences during the peak of the COVID-19 pandemic from January 2020 to December 2022. For answers with multiple options, please check all that apply.

1. Thinking back to the peak of the COVID-19 pandemic from 2020 to 2022, **how was your life affected?** Please check all that apply.

I was unable to access some basic needs (such as food, house, and health care).

I lost my job, income, and/or had financial setbacks.

I started to work from home.

I became sick with COVID-19.

I had to take care of sick loved ones.

I experienced the death of a loved one.

I experienced racism.

My health and wellness worsened.

My social or religious activities were disrupted.

I lost connections with close relatives and friends.

I experienced something else. Please describe _____

None of these

2. During the peak of the COVID-19 pandemic from 2020 to 2022, did you or your family receive any assistance (such as financial, healthcare, transportation, housing, supplies, or medical) from a **government agency?**

Yes

No

Don't know or Prefer not to answer

3. During the peak of the COVID-19 pandemic from 2020 to 2022, did a **community organization(s)** help you or your family with **basic needs** (such as, food, health care, housing, transportation...)?

- Yes
- No → **If No, go to #6 on page 3**
- Don't know. → **If Don't know, go to #6 on page 3**

4. During the peak of the COVID-19 pandemic from 2020 to 2022, which **community organization(s)** helped you or your family? *Please check all that apply.*

- American Red Cross
- Cambodian Mutual Assistance Association (CMAA)
- Coalition for a Better Acre
- Community Teamwork, Inc. (CTI)
- Dwelling House of Hope
- Greater Boston Food Bank
- Greater Lowell Family YMCA or Lowell YMCA
- House of Hope
- Lowell Community Health Center
- Lowell Primary Care Center
- Lowell Transitional Living Center
- Merrimack Valley Food Bank
- Metta Health Center
- Mill City Grows
- Salvation Army
- The Wish Project
- Tufts Medicine (Lowell General Hospital)
- UTEC, Inc.
- Other: Please specify _____

5. During the peak of the COVID-19 pandemic from 2020-2022, what **basic needs** did you and your family receive from community organizations? *Please check all that apply.*

- Meal delivery (food pantry, nutrition assistance programs)
- Financial assistance (such as paying utility bills, or business loss)
- Applying for government assistance
- Housing, emergency shelter
- Medical care (Such as vaccinations or physical health checkups)
- Unemployment services
- Academic assistance for your child
- Information and resources
- Language assistance (translation and interpretation services)
- Emotional health or wellness
- Transportation
- Group support
- Other, please specify _____

6. During the peak of the COVID-19 pandemic from 2020-2022, did you or your family **seek help** from a **community organization**?

- Yes → **If Yes, go to #8 on page 4**
- No
- Don't know → **If Don't know, go to #8 on page 4**

7. Please tell us **why** you **did not seek help** from a local community organization during the peak of the pandemic, 2020-2022. *Please check all that apply.*

- My family and friends provided the help that I needed.
- I did not know what services were available by local community organizations in Lowell.
- I was interested in requesting assistance but had trouble reaching an organization that could help.
- It was hard for me to communicate because of language barriers.
- Other reason, please describe:

8. During the peak of the COVID-19 pandemic from 2020 to 2022, did you receive **emergency relief Money or Financial Assistance** from the government?

- Yes
- No → **If No, go to #10 page 4**
- I don't know → **If Don't know, go to #10 page 4**

9. How did you or your family use the emergency relief money? Please check all that apply.

- Rent/Mortgage
- Essentials like food or childcare
- Paying off debts, including credit cards
- Other bills, such as car payments, insurance, or utilities payments
- Vacation, leisure, or recreation
- Savings
- Other. Please describe:

- Prefer not to answer.

We'd like to learn about your HOUSING experiences.

10. Do you **currently** rent or own your home?

- Rent
- Own with a mortgage
- Own without a mortgage
- Some other arrangement (e.g., shelter...)
- Don't know

The next questions are about your housing or living situation during the peak of the COVID-19 pandemic from January 2020 to December 2022.

11. During the peak of the pandemic, from 2020 to 2022, did you have a **stable and sheltered place to live in?**

- Yes
- No
- Don't know

12. During the peak of the pandemic, from 2020 to 2022, did you ever **fall behind** on paying rent or mortgage?

- Yes
- No
- Did not pay rent or mortgage during the peak of COVID-19 pandemic.

13. During the peak of the pandemic, from 2020 to 2022, **were you forced to leave your home** by your landlord?

- Yes
- No
- I did not rent a home to live during the peak of the COVID-19 pandemic

14. During the peak of the pandemic, from 2020 to 2022, did you experience overcrowding in your house (more than three people sleep in one room)?

- Yes
- No
- Not sure or Don't know

15. During the peak of the pandemic, from 2020 to 2022, **did you live in unsafe** living conditions, such as with broken appliances, no electric or gas, mold, or water leaks?

- Yes
- No
- Not sure or Do not know

16. I faced another difficulty not listed here.

Please describe _____

The next question asks about your housing situation in the **Present Time and during the past six months.**

17. **At the present** time or during the past six months, do/did you have a **stable and sheltered** place to live?

- Yes
- No
- Don't know

The next questions are about any LANGUAGE you may speak.

18. What languages do you speak at home? *Check all that apply.*

- English
- Khmer
- Other, please specify: _____

19. Would you say you speak English...

- Very well
- Well
- Not well
- Not speaking English at all

20. Does **anyone** other than yourself in your household over the age of 14 speak English?

- Yes
- No
- I live alone

21. Have you had difficulty communicating because your **preferred language** [e.g., Khmer language] was not used?

- Yes
- No → **If No, go to #23 on page 6**

22. **In what setting** have you experienced difficulty communicating with others because **your preferred language was not used**? *Please check all that apply.*

- I had difficulty talking to a doctor or nurse.
- I had difficulty getting testing or treatment for COVID-19.
- I had difficulty getting or understanding health information about COVID-19.
- I had difficulty helping **my children** with **remote learning**, schools, and childcare.
- I had difficulty finding information on available resources and where to seek support.
- Other, please specify:

Your NEIGHBORHOOD

The next questions ask about your neighborhood during the peak of the COVID-19 pandemic, from January 2020 to December 2022.

23. During the peak of the pandemic, from 2020 to 2022, **were people** in your neighborhood **willing to help** each other?

- Yes, always
- Often times
- Sometimes
- No, never
- I do not know

24. During the peak of the pandemic, from 2020 to 2022, **how safe did you feel** in your neighborhood?

- Extremely safe
- More or less safe
- Not safe at all
- I do not know

Now, we want to know about your neighborhood during the Present Time.

25. At the present time, are people in your neighborhood **willing to help** each other?

- Yes, always
- Often times
- Sometimes
- No, never
- I do not know

26. At the present time, **how safe do you feel** in your neighborhood?

- Extremely safe
- More or less safe
- Not safe at all
- I do not know

HEALTH

These next questions are about your health, healthcare you need or receive, and general wellness.

27. In general, how would you rate your **overall health**?

- Excellent
- Very good
- Good
- Fair
- Poor

28. Have you ever tested **positive for COVID-19**?

- Yes
- No → **If No, go to #30 on page 6**

29. After you tested positive for COVID-19, did you continue to experience any of the following **symptoms** one month or longer after your positive test? *Please check all that apply.*

- Fatigue
- Symptoms that get worse after physical or mental effort
- Fever
- Lung (respiratory) symptoms, e.g., difficulty breathing or shortness of breath and cough.
- None of these

30. Have you ever received a **Covid-19 vaccine**?

- Yes
- No

31. Did you have **difficulty** getting the Covid-19 vaccine?

- Yes
- No → **if No, go to #33 on page 7**
- Prefer not to answer → **If prefer not to answer, go to #33 on page 7**

32. Please select the **reasons it was difficult** for you to get vaccinated. *Please check all that apply*

- I did not know where to get the vaccine.
- I did not understand how to sign up to get the vaccine.
- I had problems scheduling the vaccine appointment at a convenient time.
- I had problems traveling to get to the location where vaccines were available.
- I needed but could not find a person to accompany me to get the vaccine.
- Other reason (please describe):

33. **What place(s) do you go** for healthcare services? *Please check all that apply.*

- Private doctor's practice
- Community clinic or Hospital clinic
- Emergency Room
- Some other place, please specify:

- No particular place

34. Do you have **health insurance**?

- Yes
- No → **If No, go to #36 on page 7**
- Don't know, → **If don't know go to #36 on page 7**

35. What kind of health insurance do you have? *Please check all that apply.*

- Mass Health or Medicaid (government insurance for some persons with low-income, disabilities, or the elderly).
- Medicare (government insurance for people 65 and older or persons with disabilities).
- Private insurance, Work or Company insurance
- Other type (Please specify: _____)
- Don't know

36. **In what ways** has the COVID-19 pandemic affected your **access to healthcare services**? *Please check all that apply.*

- My healthcare provider canceled appointments
- My healthcare provider changed to phone or online visits
- I could not get appointments for non-COVID-19 medical issues
- My healthcare provider told me to self-isolate or quarantine
- I lost my health insurance
- I was worried about cost of healthcare
- I had a hard time getting my prescriptions
- I did not go to healthcare appointments because I was concerned about getting COVID-19 at my healthcare provider's office
- I am worried about seeking healthcare because of my citizenship/immigration status or the impact on my family's citizenship/immigration status
- None of these apply

The following questions ask about **how you have been feeling during the past 30 days**. For each question, please mark the category that **best describes** how often you had this feeling.

37. During the last 30 days, about how often did you **feel so LOW in MOOD** or **depressed** that nothing could cheer you up?

- Most of the time
- Some of the time
- A little of the time
- None of the time

38. During the last 30 days, about how often did **you** feel hopeless?

- Most of the time
- Some of the time
- A little of the time
- None of the time

39. During the last 30 days, about how often did **you** feel that everything was an effort?

- Most of the time
- Some of the time
- A little of the time
- None of the time

40. During the last 30 days, about how often did **you** feel nervous?

- Most of the time
- Some of the time
- A little of the time
- None of the time

41. During the last 30 days, about how often did **you** feel fatigued? (So tired it was hard to do normal things)

- Most of the time
- Some of the time
- A little of the time
- None of the time

42. During the last 30 days, about how often did **you** have trouble sleeping?

- Most of the time
- Some of the time
- A little of the time
- None of the time

Experience of RACIAL PREJUDICE

The next questions ask about experiences of racism that you may have had. This is a sensitive topic, and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer.

43. Since the pandemic began in 2020 until the present time, have you ever felt afraid for your **own safety** or the **safety of your family members** because of racism?

- Yes
- No
- I do not know.

44. Since the pandemic began in 2020 until the present time, did **you and/or any of your family members** ever experience any kind of unfair treatment or discrimination?

- Yes
- No → If No, go to # 48 on page 9

45. Since the pandemic began in 2020 until the present time have you or your family member experienced...

people acting as if they are afraid of you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
being called names or insulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
being threatened or harassed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
being spit or coughed on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
mocking or offensive physical gestures made towards you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
unfair treatment at your workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
your property or belongings being vandalized or graffitied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
refusal of service in public transit or private transportation (e.g. rideshare services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
refusal of service at a business establishment (e.g., restaurants, shops)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
mocking, threatening, or bullying online?	<input type="checkbox"/> Yes <input type="checkbox"/> No

46. Do you think you were targeted for unfair treatment because of your ...? Please check all that apply.

- RACE/Ethnicity - Where I'm perceived to be from, my race, ethnic background, or culture
- GENDER - The gender I identify with or how I believe people see me
- SEXUALITY - Who I am attracted to or who my attraction is perceived to be directed towards
- LANGUAGE - I was not speaking English
- RELIGION - What I believe in / where I worship
- FOOD - What I was eating, purchasing
- Other reason

47. In what **setting or location** did the incident(s) happen? Please check all that apply.

- School
- Public Transit
- Place of Worship
- Online
- Public Park
- Private Residence
- Business Establishment (Grocery Stores, restaurant...)
- Public Street/Sidewalk
- Other

48. I have **witnessed** another **Asian person** being **treated unfairly** due to their race, ethnicity, national origin, or cultural background.

- Yes
- No

Next questions ask about where you received INFORMATION about Health

49. Generally, where did you get **information about health during pandemic**? Please *check all that apply*.

Television news _____ ↓

Which TV news channel(s) did you watch to get health information? (*Check all that apply*)

- FOX News*
- MSNBC*
- CNN*
- ABC News*
- CMAA-News Weekly (LTC)*
- Voice of Democracy (LTC)*
- Other, please specify* _____

Radio _____ ↓

Which Radio news channel(s) did you listen to get health information? (*Check all that apply*)

- Khmer Sentimental Show*
- Voice of Cambodian Children?*
- Voice of America*
- Other, please specify* _____

Newspapers or magazines

Please name the newspaper or magazine _____

- Cambodia-based social media (Facebook, Twitter, Instagram.....)**
- US-based social media, US-based (Facebook, twitter, Instagram tiktok...)**
- Government health websites (such as the CDC or Department of Health)**
- Searching on the computer for information (such as Google)**
- Family/Friends**
- Health care providers (such as health centers, doctor's office)**
- Community or faith leaders**
- Community-based organizations. Please provide names:** _____
- Flyers or advertisements in my neighborhood**
- Other, please specify** _____

The next set of questions ask about your BACKGROUND.

50. Your age: _____

51. What is your gender identify?

- Man
- Woman
- Nonbinary
- Tran woman (male to female)
- Trans man (female to male)
- In some other way
- Prefer not to answer

52. What is the **highest grade** or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

53. Are you married?

- Yes
- No

54. How many **children 17 years old or younger**, if any, usually live in your home with you?

- 0
- 1
- 2
- 3
- 4 or more

55. Including you, how many **adults 18 years of age or older** usually live or stay in your home?

- 1
- 2
- 3
- 4 or more

56. What is your race or ethnic origin? *Please check all that apply.*

- Asian or Asian American (branch to next question)**
Examples: Cambodian, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on
- White**
Examples: German, Irish, English, Italian, Lebanese, Egyptian, and so on
- Hispanic, Latino, or Spanish origin**
Examples: Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, and so on
- African American or Black**
Examples: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, and so on
- American Indian or Alaska Native**
Examples: Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on
- Native Hawaiian or Other Pacific Islander**
Examples: Native Hawaiian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Marshallese, and so on
- Some other race or origin**
List race(s) and/or origin(s)

57. If you identify as **Asian or Asian American**, please indicate your **ethnicity or ethnic ancestry**. Please check all that apply.

- Cambodian, Cambodian American, or Khmer
- Chinese or Chinese American
- Asian Indian or Indian American
- Vietnamese or Vietnamese American
- Korean or Korean American
- Japanese or Japanese American
- Filipino or Filipino American
- Pakistani or Pakistani American
- Nepalese or Nepalese American
- Other _____

58. What best describes **your standard of living**?

- Living comfortably
- Doing okay
- Just getting by
- Finding it is difficult to get by

59. Your **household income**, before taxes, last year (2022)

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or \$199,999
- \$200,000 or more

60. Were you born in the United States?

- Yes → **If Yes, go to # 62 on page 12**
- No
- Don't know → **if Don't know, go to # 62 on page 12**

61. **What year** did you move to the U.S.?

_____ Year (First came to live in U.S.)

62. Do you need language interpreters or translators?

- Yes
- No → **if No, go to #65 on page 13**

63. **In what setting** do you need a language interpreter or translator? *Please check all that apply.*

- Health care settings
- Phone or visiting government agencies or offices
- Communicating with staff in service organizations
- Public transportation services
- My own school or classes
- My children's school
- Grocery stores
- Other

64. Were you able to find a language interpreter or translator?

- Yes
- No

65. Are you currently...?

- Self-employed
- Employee (receive wage or salary) from government agency, private employer, agency or non-profit organization)
- Unemployed
- Retired
- A homemaker
- A student
- Unable to work
- Other (please specify) _____

66. In the past 12 months, did you work in any of the following occupations? Please check all that apply.

- Food Preparation and Service (such as cook, wait-staff, server)
- Personal Care and Service (such as hairdresser, nail salon, childcare)
- Medical Provider or Technician (such as physician, nurse, radiologist, acupuncturist)
- Health Care Support (such as health aide, nurse assistant)
- Transportation and Material Moving (such as driver)
- Computer Technology or Mathematical (such as programmer, statistical or risk analyst)
- Educational or Library (such a teacher, librarian)
- Sales or Related (such as cashier, salesclerk, insurance broker)
- Community and Social Service
- Business and Financial Operations
- Maintenance or Repair Worker, Installing Equipment
- Building and Grounds Cleaning and Maintenance (such as hotel housekeeping, groundskeeper)
- Office and Administrative Support
- Legal Services
- Management
- Architecture and Engineering
- Life, Physical, and Social Sciences
- Student
- Homemaker
- Arts, Design, Entertainment, Sports, and Media
- Other: (Please specify _____)

Thank you!

How do you like to receive your gift card (\$25)? *Check one answer:*

I would like to receive an **electronic gift card**
Please give us your name: _____. Email address: _____

I will **pick up my gift card in person** at the Cambodian Mutual Assistance Association (CMAA)
Address: 465 School St, Lowell, 01851
Please give us your name: _____ Telephone number: _____

APPENDIX B

Focus Group Questions

Focus group questions

Date: June 02, 2023

1. Can you briefly tell us how your day to day life routine in the peak of the pandemic? How about now?
 ១. តើអ្នកអាចរៀននូវរបៀបរស់នៅប្រចាំថ្ងៃខ្លះៗរបស់អ្នកនៅក្នុងកំឡុងពេលជម្ងឺរាតត្បាត? ចុះឥឡូវវិញ?
 - a. i.e. If you are comfortable sharing, has your financial security changed for the better or the worst?
 - ក. បើសិនជាអ្នកអាចចែករំលែកបាន តើស្ថានភាពហិរញ្ញវត្ថុរបស់អ្នកបានផ្លាស់ប្តូរយ៉ាងដូចម្តេចដែរ តើវាប្រសើរ ឬលំបាកជាងមុន?
 - b. Has your ability to enjoy day to day life has changed?
 - ខ. តើការរស់នៅប្រចាំថ្ងៃរបស់អ្នកមានការផ្លាស់ប្តូរដែរឬទេ?
 - a) Are there events or actives you enjoyed before that you enjoy less now?
 ១. តើមានសកម្មភាពណាមួយ ដែលអ្នកធ្លាប់ចូលចិត្តពីមុន ហើយមិនសូវចូលចិត្តឥឡូវ?
 1. Hanging out with friends etc.?
ក. ងើរលេងជាមួយមិត្តភក្តិ
 2. Sports
ខ. លេងកីឡា
 3. Art
គ. គំនូរសិល្បៈ
 4. Socializing (temples, bars, restaurants, etc.)
ឃ. ការចូលរួមក្នុងសកម្មភាពសង្គម (ទៅព្រះវិហារ ទៅបារ ទៅភោជនីយដ្ឋាន។ល។)
 - b) Are there events or actives you enjoy now that you enjoy less before?
 ២. តើមានសកម្មភាពណាមួយ ដែលអ្នកចូលចិត្តឥឡូវ ប៉ុន្តែមិនចូលចិត្តពីមុន?
 - c) When did you realize these changes?
 ៣. នៅពេលណា ដែលអ្នកសង្កេតឃើញថាសកម្មភាពទាំងនេះមានការផ្លាស់ប្តូរ?
 - d) etc.
 ៤. ផ្សេងៗ
2. Are there any hardships you face today that you feel is caused by the long covid?
 ២. នៅពេលបច្ចុប្បន្ន តើមានផលលំបាកណាមួយដែលអ្នកគិតថា វាបណ្តាលមកពីជម្ងឺរាតត្បាត ឬកូរីដ១៩?
 - a. Health
ក. សុខភាព
 - b. Finance
ខ. ស្ថានភាពប្រាក់ហិរញ្ញវត្ថុ
 - c. Sadness/broken heart/low energy
គ. ឆាប់បាក់ទឹកចិត្ត/ឆាប់អស់កម្លាំង
 - d. Distant relationships with family, friends, work environments
ឃ. បាក់ដក់ភាពស្និទ្ធស្នាលរវាងគ្រួសារ មិត្តភក្តិ និងនៅកន្លែងធ្វើការ
 - e. Children facing hardships in school or getting along in their lives
ង. កុមារប្រឈមមុខនឹងផលលំបាកនៅក្នុងសាលា និងភាពចុះសម្រុងនៅក្នុងការរស់នៅរបស់ពួកគេ?

3. Did your family or friends have it better, worse, or shared the same type of experiences as you?
៣. តើគ្រួសារ ឬមិត្តភក្តិរបស់អ្នកជួបប្រទះនឹងបទពិសោធន៍ ប្រសើរជាង លំបាកជាង ឬក៏ដូចនឹងអ្នក?

4. Can you recall how much help you received during the pandemic?
៤. តើអ្នកអាចចាំបានទេថា តើអ្នកទទួលបានជំនួយ និងការយកចិត្តទុកដាក់កម្រិតណាដែរ នៅក្នុងពេលជម្លឹកកក្កាត?

a. Did anyone help share information, supplies, and/or services with you?
ក. តើមាននរណាម្នាក់ បានចែករំលែកព័ត៌មាននេះមកកាន់អ្នកដែរឬទេ?

- a) Family
១. គ្រួសារ
- b) Friends
២. មិត្តភក្តិ
- c) Community person
៣. មនុស្សនៅក្នុងសហគមន៍

b. Were you able to help others with this information?
ខ. តើអ្នកបានជួយអ្នកដទៃដែរឬទេ ជាមួយព័ត៌មានទាំងនេះ?

c. Do you feel community organizations, temples or churches, and healthcare clinics played a helpful role for you?
គ. តើអ្នកគិតថាអង្គការសហគមន៍ វត្តឬវិហារគ្រិស្ត និងគ្លីនិកថែទាំសុខភាព បានជួយជាប្រយោជន៍ទៅកាន់អ្នកដែរឬទេ?

- a) If yes, how so?
១. បើពិតមែន, តើបែបណាដែរ?
- b) Do you think their services have been improved?
២. តើអ្នកគិតថាសេវាកម្ម របស់ពួកគេមានការអភិវឌ្ឍដែរឬទេ?

5. Did you feel you had to worry about discrimination against Cambodian people and other Asian Americans that were blamed for the virus?
៥. តើអ្នកមានការព្រួយបារម្ភដែរឬទេ ចំពោះការរើសអើងមកលើប្រជាជនខ្មែរ និងជនជាតិអាស៊ីដទៃទៀតដែលសំនៅក្នុងសហរដ្ឋអាមេរិក ត្រូវបានចោទប្រកាន់ថាជាអ្នកបង្កឱ្យមានជម្លឹកកក្កាតមួយនេះ?

a. Did you feel afraid? Angry? Disappointed?
ក. តើអ្នកមានអារម្មណ៍ថា ខ្លាច ខឹងសម្បារ ឬខកចិត្តដែរឬទេ?

- a) Can you please talk more about that?
១. តើអ្នកអាចនិយាយបន្ថែមអំពីវាបានដែរឬទេ?

APPENDIX C

Interview Questions for Key Informants

Please tell us about yourself. Your background, professional roles, and engagement in Cambodian American community affairs during the pandemic.

Many people described what Asian Americans experienced starting in 2020 as a dual or twin pandemic. There were two public health crises -- COVID-19 and the spread of anti-Asian racism.

1. Is there a story or two you can share about how racism affected residents of the Cambodian American community in Lowell during this time?
2. Are there memorable examples of how the community came together to respond to racism? Community conversations? Public actions or collective expressions of concern and solidarity?
3. Can you share your thoughts on community efforts to build strength and resiliency in the longer term? We are interested in your general thoughts, and more particularly, what role do community arts and cultural heritage programs play in building resiliency? Are there stories or examples to illustrate?
4. Anything you would like to add?

APPENDIX D

Profile of Focus Group Participants

TABLE APP-D1

Participants by Gender

Gender	Frequency	Percent
Man	13	41.94
Woman	18	58.06
Total	31	100

TABLE APP-D2

Participants by Age

Age	Frequency	Percent
18-24	4	12.9
25-34	1	3.23
35-44	5	16.13
45-54	6	19.35
55-64	4	12.9
65-74	7	22.58
75 and older	4	12.9
Total	31	100

TABLE APP-D3

Participants by Occupations

Occupation of participants (Check all that apply)	Frequency
Health Care Practitioner or Technician	3
Health Care Support (for example, health aide, nurse assistant)	1
Transportation and Material Moving (for example, driver)	1
Computer Technology or Mathematical	1
Educational or Library (for example, teacher, librarian)	1
Community and Social Service	4
Business and Financial Operations	1
Office and Administrative Support	3
Student	4
Homemaker	7
Retired	3
Unable to work due to elderly, disability and/or sick	5
Stay home	3
Other	1

APPENDIX E

Profile of Cambodian American Residents in Lowell

TABLE APP-E1
Residents by Gender

Total in Lowell Cambodians 18 and older	11,705
Women	51%
Men	49%

TABLE APP-E2
Residents by Age Group

Total Cambodian in Lowell 18 and older	11,705
18-29	25%
30-39	24%
40-54	22%
55 and above	29%

TABLE APP-E3
Residents by Household Income

Total households	3,968
Less than \$10,000	3.70%
\$10,000 to \$14,999	2.30%
\$15,000 to \$24,999	10.30%
\$25,000 to \$34,999	1.80%
\$35,000 to \$49,999	9.20%
\$50,000 to \$74,999	15.50%
\$75,000 to \$99,999	19.90%
\$100,000 to \$149,999	22.30%
\$150,000 to \$199,999	6.80%
\$200,000 or more	8.30%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates
<https://data.census.gov/table/ACSDP5YSPT2021.DP03?q=Cambodian%20American%20in%20Lowell%202021&t=04:012:Class%20of%20Worker:Employment:Employment%20and%20Labor%20Force%20Status:Families%20and%20Living%20Arrangements:Income%20and%20Poverty:Industry&tp=false>

FIGURE APP-E4

Residents by Industry/Employment

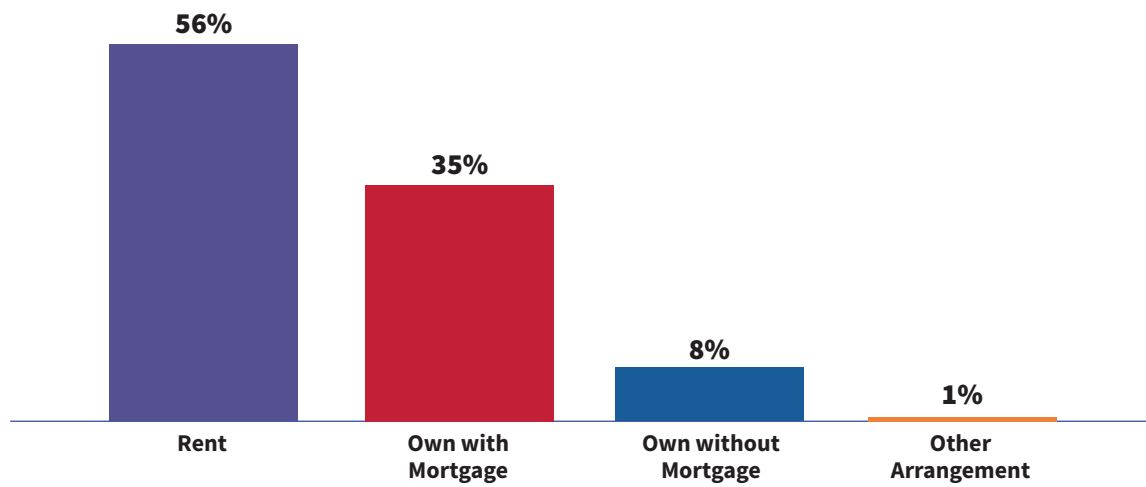
Civilian employed population 16 years and over	7,470
Agriculture, forestry, fishing and hunting, and mining	1.0%
Construction	6.2%
Manufacturing	45.9%
Wholesale trade	1.3%
Retail trade	5.9%
Transportation and warehousing, and utilities	2.0%
Information	0.4%
Finance and insurance, and real estate and rental and leasing	3.3%
Professional, scientific, and management, and administrative and waste management services	8.5%
Educational services, and health care and social assistance	14.7%
Arts, entertainment, and recreation, and accommodation and food services	6.3%
Other services, except public administration	3.3%
Public administration	1.3%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates
<https://data.census.gov/table/ACSDP5SYSPT2021.DP03?q=Cambodian%20American%20in%20Lowell%202021&t=04:012:Class%20of%20Worker:Employment:Employment%20and%20Labor%20Force%20Status:Families%20and%20Living%20Arrangements:Income%20and%20Poverty:Industry&tp=false>

APPENDIX F

Supplementary Survey Results

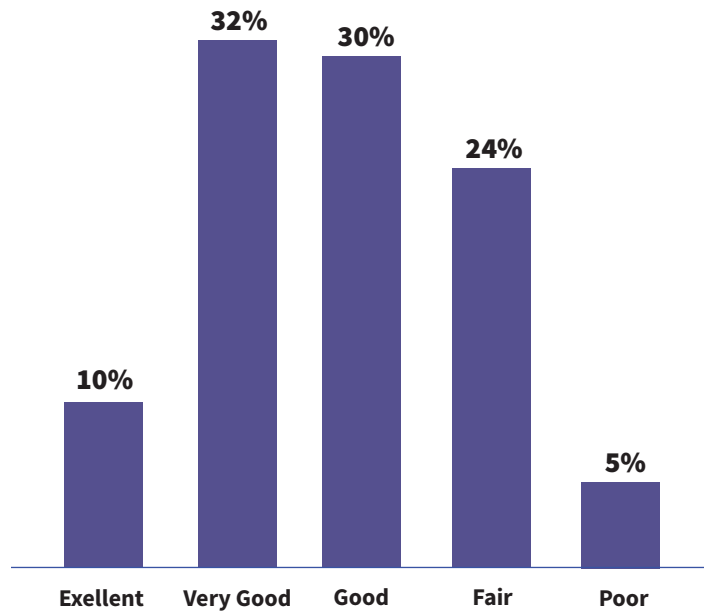
FIGURE APP-F1
Renters are 56 percent of all respondents



209 respondents answered the question: “Do you currently rent or own your home?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

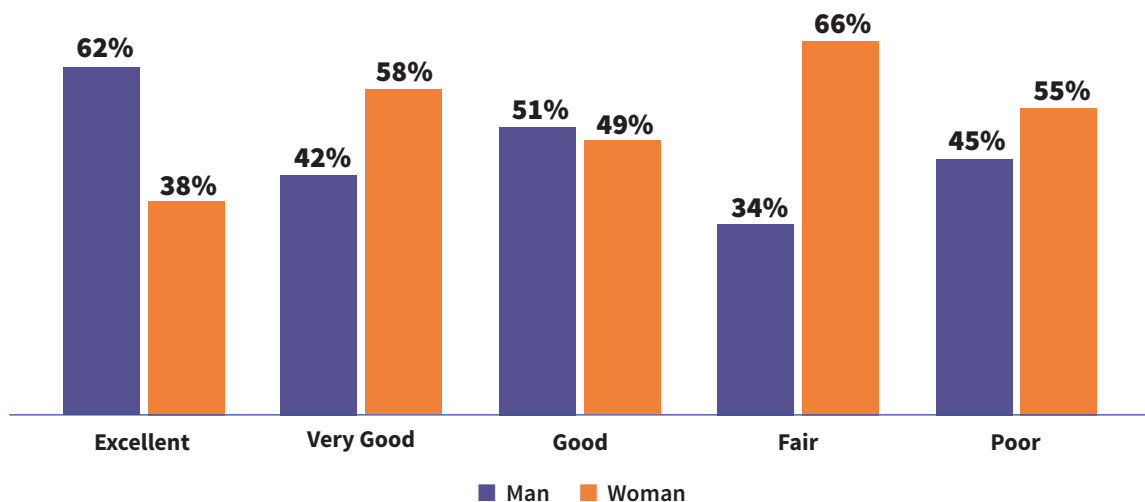
FIGURE APP-F2
General health



222 respondents answered the question: “In general, how would you rate your overall health?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE APP-F3
General Health by Gender

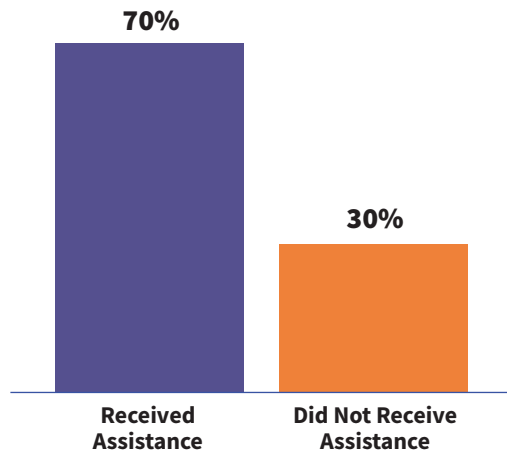


216 respondents answered the question: “In general, how would you rate your overall health?” and the question about gender identity.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE APP-F4

Received assistance from a government agency

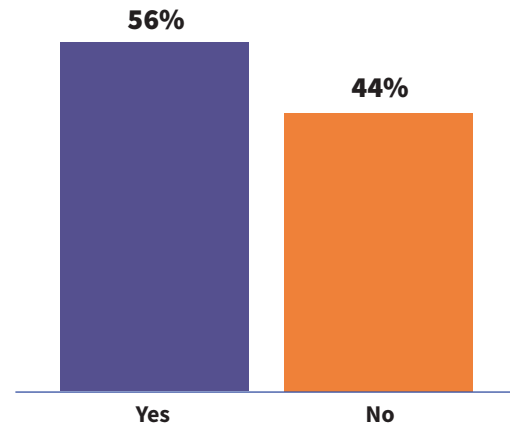


208 respondents said that they did or did not receive assistance from a government agency. 8 responded “I don’t know” and they were excluded from the total number of respondents.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE APP-F5

Received emergency relief money from the government

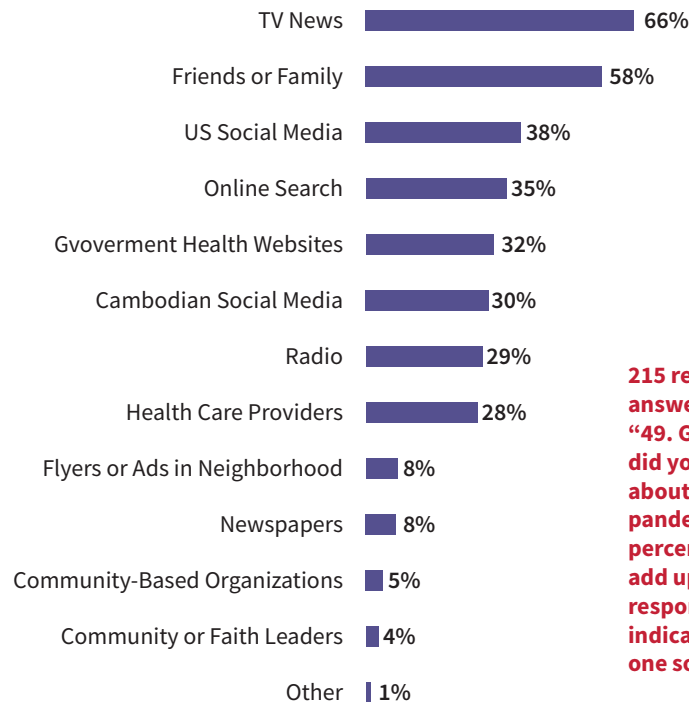


209 respondents answered the question: “During the peak of the COVID-19 pandemic from 2020 to 2022, did you receive emergency relief money or financial assistance from the government?”

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).

FIGURE APP-F6

Sources of health information during the pandemic



215 respondents answered the question: “49. Generally, where did you get information about health during pandemic?” The total percentages do not add up to 100 because respondents could indicate more than one source.

Source: Survey on Dual Pandemic: Cambodian Americans in Lowell, MA (UMass Boston, Institute for Asian American Studies & Cambodian Mutual Assistance Association of Greater Lowell).



GETTING THROUGH A DUAL PANDEMIC

Hardship and Social Resiliency in a Cambodian American Community

Report of a research study conducted in Lowell, Massachusetts by the
Institute for Asian American Studies, University of Massachusetts Boston,
and the Cambodian Mutual Assistance Association of Greater Lowell



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