

**UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17**

Niem Nay-kret, Oral History #19.06

CONTENT WARNING: Mentions of weapons, violent situations, and situations that may be distressing

INFORMANT/NARRATOR: NIEM NAY-KRET (NN)

INTERVIEWER: SUE J. KIM (SK)

DATE: SEPTEMBER 15, 2019

**SPEAKER TIME
DETAILS**

SK 00:00:02

Okay, right, so this is Sue Kim, I am the co-director for the Center for Asian American Studies. Today is September 15th 2019, and I am with Niem Nay-Kret at the College of Fine Arts, Humanities and Social Science office at 820 Broadway Street in Lowell, Massachusetts. How are you today?

NN 00:00:34

I'm good thank you.

SK 00:00:37

So today we're going to start with some general questions about you and your life and then we'll go into some questions focusing specifically on healthcare, okay?

SK 00:00:47

So firstly, what is your full name?

NN 00:00:50

My full name is Niem, the English pronunciation is Nie, but actually if it's a French accenté there, it's Niem Nay-Kret.

SK 00:01:01

Oh, and have you gone by any other names?

NN 00:01:08

No, just that. I keep my original name, because you know how when you spell the Cambodian name into the English, or into the French, you kind of lost that pronunciation bit-by-bit.

SK 00:01:26

When were you born? If you are willing to share, also where were you born? You don't have to share that, when were you born, but where were you born?

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:01:35

I'm going to skip when I was born.

SK 00:01:37

Okay.

NN 00:01:38

I want to be 21 forever. So where I was born, I was born in Cambodia, Battambang province, right now they call it Banteay Meanchey province. It's a city at the border, it's at Sisophon and Niemith is exactly the crossing between Thai and Cambodia.

SK 00:02:10

Did you grow up there?

NN 00:02:12

I grew up there before the Pol Pot came in, in 1975.

SK 00:02:19

All right, and so you experienced ...? Were you there during the Khmer Rouge?

NN 00:02:25

Yeah, I was there during the Khmer Rouge. My family was totally believe in the life in Cambodia, born there, grew up there, couldn't leave the country. Help other people who wanted to leave the country, and they left, but for us, we just couldn't leave the country.

SK 00:02:55

You mean even after ...?

NN 00:02:57

Even before.

SK 00:02:58

Or even before ...?

NN 00:02:58

Uh-huh (affirmative).

SK 00:02:59

... as it was-

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ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:02:59

The people who experienced that Mao Zedong, the communist, they immigrate from China to Cambodia, and when they immigrate to Cambodia, they have their life there. Some of the elder who make a very good life for themselves in Cambodia, but have experienced communist in China, when they came and stayed with my families, before they crossed the border, because we were at the border between Thailand and Cambodia, they stay with us, they suggested to my parents, "You guys should leave." Communists is, you know?

SK 00:03:44

Yeah.

NN 00:03:45

It's a hard life, and the life you know is not going to be the same.

SK 00:03:50

This was in the late 60s, early 70s?

NN 00:03:56

Early 70s. Just before, even before the fall in April. April 1975 was the fall into the communist. They stayed with us, many different families came over-

SK 00:04:11

I see.

NN 00:04:11

... to stay with us overnight and then they leave from there to cross the border. So that was a suggestion to my parents, but my parents say, "No, nothing's going to be as bad as that. We will make it through. We have our farming here, we have our business here, we have our life here."

SK 00:04:33

Wow. When did you leave Cambodia?

NN 00:04:47

We stay there. We leave Cambodia for a month, went to Thailand. Just the women, my mom and my sister, we went to Thailand to stay for one month, but then when they have the fall of Phnom Penh, it went into the communists.

SK 00:05:09

Right, April 1975?

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:05:11

Yeah, and they put on the radio that Cambodia is free now, you can come in. They make that announcement, so the moment we hear about that announcement, we think, okay, it's safe.

SK 00:05:24

Oh my God!

NN 00:05:26

We actually went back in, all the women went back to Cambodia. So we went in back in and it's only a week or so, they came to each individual home and tell us to get out and that's when it's really started.

SK 00:05:42

Oh my gosh.

NN 00:05:44

Yeah, so, that's why it's like, we was not as lucky as the other people, my family and the people who knew my father, who actually helped other people to get out of Cambodia. And when they get out, they don't return. But where my mom and my sibling, we actually went back in to the start of the communists.

SK 00:06:07

Oh my God! Oh my goodness. So you were there then through the whole thing?

NN 00:06:12

Yep, through the whole thing, until 1980.

SK 00:06:16

Wow. Do you mind if I ask, how many of your family survived?

NN 00:06:24

Actually my immediate family are lucky, we didn't lose anyone. My mom have any pregnancy she has during that time, I think she had three or four, she lost the pregnancy through that time. But outside of that, no, I didn't lose any immediate family, but my cousins, we lost my cousin, her husband, and then on my husband's side, we lost a lot of ... like the whole families, my father-in-law. So there was more impact on my other side of my husband's family.

UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:07:18

So in 1979, 1980, when the communist's regime falls to the Vietnamese communist regime, so then what? I mean, what happened? Were you refugees or what happened then?

NN 00:07:35

Because I was in Battambang province, I was as Me Chbar. Me Chbar is part of Battambang province. Me Chbar is the city that's close to the ... We call it Khnal Cheate, which is like the main, we call it a highway, the main road going in and out all the way to Phnom Penh. I was there and then you hear the shooting, you hear the shooting. We don't have radio, we don't have any communication.

NN 00:08:12

I think now it's like in 2019, you take so much advantage of the technologies and everything, but back then you just go by what you see and you hear the ... What was it? The missile, the shooting and all that, so that day, that night, I remember what day, what night, but all I know it was in that 79 and I didn't know anything, but you got scared, you're just running. People all got separated and all that. Then because I was separated from my parents, I have to look for my parents. All my siblings was separated.

NN 00:08:56

Then it's like, who is running to come back to look for the parent? And when you look for your parent, will you find your parent? So for me, I wasn't too far away, so I know where my mom was, so I went back home and then after that, you have to wait to get all your family, which is missing my brother, is missing my sister. My father had to look for my sister, and as the Vietnamese came in, some of them the people who are really into the regime, they would ask you to go into fighting, part of the troop, the fighting troop, and they made wherever the troop go, you got to go. That's the worry, is that my brother went with the troop, my sister went with the troop. They went off to different part of the mountain in the rural area, that was a worry.

NN 00:09:52

If you're smart enough, if you know enough how to sneak out or get out, then you do. But if you're so into the cause, the propaganda, then you continue, which is some people do continue to along the border with Thailand, to Vietnam, or to Laos, and along the border in the rural area. You're still part of the troop, you're still fighting with Vietnamese soldier.

SK 00:10:24

Right, so how then did you end up coming to the United States? Or let me put it this way, when did you come to the United States?

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:10:35

Because the invasion was in January, so by the time we found my brothers and my sister, we were trying to come close to the border in Sisophon to cross from Sisophon to Thailand but we couldn't just cross, right?

SK 00:10:58

Right.

NN 00:10:59

And the village that we lived in, that was just outside of Sisophon. When we went back, our home was completely changed, converted and you don't really have your home, you don't really have your garden, your porch or anything like that. Porch, anything like that. So we know we couldn't live there, so we want to get out, you didn't feel safe, and you could still hear fighting between the Khmer Rouge troop and the Vietnamese soldier. So then my father feels that we have to get out.

NN 00:11:32

Finally, we did left, I think, I don't remember the exact month now, because we had only been to ... You know how here, you write down, put the day and the month, right now? Nope, back then it was no, not really, no writing, no tracking. Somewhere in there we actually did went to Thailand and it was ... They didn't even start the refugee camp yet.

SK 00:11:55

Oh wow.

NN 00:11:56

But then what happened was that, when we got there, I don't know how many weeks we stayed, four week, five weeks or whatever and then the Thai who was in charge along the border, they said that they're going to change us, relocate us to a different camp. They wanted to relocate us to a different camp and for everybody to get on the bus. That was when we crossed the border, we crossed in, where was it? In Nong Chan village. I think that's close to Anonh, just across the border, close to Baoybet.

NN 00:12:41

We actually did, we actually get on the bus and I don't know how many buses, there was a lot of buses. They actually took us to Phanom Dong Rak. That was forced repatriations in 1979 and when ... I'm backing up a little bit. When I was talking about the village, I said it was not safe, because they have mine, the have bomb, they have things like that and if you're not careful, you could set off the bomb.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:13:16

So crossing the border, the same thing. Was it? I can remember like seeing body, I remember seeing the body actually die in the water and you needed the waters to drink, that's in the ... It was a poor little pond along the border. I think those are the things that I've seen. And then once you get into the ... It's not a camp yet because they didn't really start a camp yet in Nong Chan. It's just people get there and you make up tents and all that. You're living there and then they said that they have a different camp relocation. That's when they relocated us to Phanom Dong Rak.

SK 00:14:01

I see.

NN 00:14:02

And when we were took to Phanom Dong Rak, but it wasn't really relocation, it was forced repatriation. They have Thai soldier ask us to go into the Phanom Dong Rak and we do went through Phanom Dong Rak, which is, you go in between the mountain ... What do you call it? The slope down ravine, like go down the mountain, but I backup because of the mine bomb and the same thing. So when they force us for repatriation, it was the bomb, the mine that could set us off and it did.

NN 00:14:50

The people who got off the first few buses, and it gets dark, and when the Sun set in Southeast Asia, it set quickly. So as we go down, we were just like getting dusk and then when you go down the mountain, it gets dark even quicker. And you have the Thai soldier shoot off up at the top of the mountain and you have no way, you can't go up, you have to go down. And you go down, then you have the bombs setting off. All I remember is being scared. Scared.

SK 00:15:28

Yeah, I know, you must have been terrified?

NN 00:15:29

Yeah. And it was so dark. It was so dark. That happened, forced repatriations and it took us a long time, because we pretty much ... You lost your home and everything during the communists. You have whatever little that you have. Even an earring or jewelry, you lost more when you crossed the border of Thailand.

NN 00:16:00

Any research or anything like that on war, you always have people who would take opportunity. When you crossed the border, you'd either get mugged, you get people who rob you and like that, so that happened along the way. Even during that mountain time, people felt that if we all gather whatever little possessions we have, it was gold, a bag,

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

money or anything like that, if you give it to the soldier, the soldier might let you back up, but they didn't. But people did gather whatever possessions they had, put it in a bucket, trying to get back up, they wouldn't accept that. The people who actually went back up, actually get killed as well.

NN 00:16:46

So if you go forward, some of them get killed by mines that went off, some people get injury, so we stay overnight in the mountain. At night, people know that the bomb go off, so they try just to settle down where they are, but in the morning, people start moving, then you hear it go off. People need the water, people need this, they need that, and yeah, so that happened.

NN 00:17:17

I think talking about current now, the books [inaudible 00:17:23], Ly Vong from the Buddhist Glory Temple, with some Kakuen and Vong Wit and others, so that kind of related to that experience. And I know that others, elders who are here, who actually went through that experience. I think some of their story isn't, you know, they didn't get to talk, but it's hard to talk about.

SK 00:17:51

Yes, it is.

NN 00:17:58

It only come up now and then when a close getting together and some night that people have the same whatever, it would come up.

SK 00:18:10

Right, right, the same memories or experiences?

NN 00:18:13

Yeah, the same memories, the same experiences. Also, it's just, the time is right or something, like you know, then it comes up. I mentioned this because my friend was talking about it. She knows somebody and then other people say, "I know about it", and talk about it. Even my husband's side, the aunts and all that, we don't talk about it, but there are moments where we have a gathering and we remember things about what happened, then it comes up.

SK 00:18:44

And that's why the work that you do is so important, because people have all these trauma and memories, but they don't ... It's so difficult to talk about.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:18:55

Yes, yes, it's difficult to talk about. You can't really talk to the kids about it. You cannot ... It's somebody who has that same knowledge about what happened, that you can bring it up and then you say, oh this, and that, but you bring it in a certain way so that it's not so much of a burden to you or to the others, but more like a memory, sharing our remember things of it, appreciating what we have now and what happened then. I think sometime that conversation come up, where the people who are a little bit older than me, when those come up and say ... example, about the food. That come up a lot, because of the starvation during the communists, right?

SK 00:19:52

Right.

NN 00:19:53

So about the food, but the food here is, you cannot eat too much. When we have plenty, it's plenty. In our culture, our tradition is to be nice, you offer, "Have some of the chicken. Have some of the rice." And they will say, "Why didn't I know you during communist during Pol Pot?" "If you offer me that, it's like you will be my best friend forever, you know?" "Why didn't I know you then?" You know?

SK 00:20:22

Uh-huh (affirmative).

NN 00:20:24

So I think that latent you know, but the one that we share that experience, we know what we're talking about. The people whom did not go through this, might have different perceptions or understandings to it.

NN 00:20:37

But for the older, yeah, uh-huh (affirmative), yeah.

SK 00:20:38

Is that part of why you went into healthcare? I mean ... you know, I mean? Or, I'll put it another way, how did you get into healthcare? Or what started you on-

NN 00:20:53

Well in terms of healthcare, somehow I did, what was it? A summer job at a hospital, at St. Mary hospital and well just, a summer student, to enter data, general accounting, just entering numbers, the general account, and was in a hospital. Then from there, I didn't think much about it, but when I was looking for a job, my husband was working for the Department of Mental Retardation, now which is the ... They changed it, was it in 2007

UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

or 2011? I forgot now, but they changed it from DMR to DDS, Department of Developmental Services.

NN 00:21:56

So my husband was working in that field and I had just met him and he said, "Oh, there's a South East Asian Birthing, Infancy project, which is a pilot project in collaboration with the local community health center and the Department of Public Health, they probably need somebody." And they wanted somebody who speaks multiple language. And I said, "Maybe I'll apply for it", and I applied for another job, they interview me, so I applied for this South East Asian Bilingual Advocates Inc and they hired me for reception, admin front-desk person and that's how I started.

SK 00:22:44

That was in 2007, 2008?

NN 00:22:44

No, that was in 94.

NN 00:22:44

Yeah, and-

SK 00:22:44

That's when they changed, towards-

NN 00:22:44

Yes.

SK 00:22:44

Towards when they changed the name. I see.

NN 00:22:44

Yeah, this was when they changed the name, because it was just like, Infancy Projects and then to the ... Bilingual Advocates Inc, changed to Bilingual later on.

SK 00:23:07

I see.

NN 00:23:08

Yeah, but in 2007 it's changed to Bilingual. Before that, in 94, it was not. And that was directed by Anita Cole, and, who was it?, Bong Paul, was co-director for the program. And back then it was Arthur Shaplin who was the CEO of the Lowell Community Health Center. That was before Dorcas' time.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:23:33
Arthur Shaplin?

NN 00:23:34
Yes.

SK 00:23:35
I see. So were you already in Lowell? So you were already in Lowell at that point in 1994?

NN 00:23:41
Yeah, I was in ... Well working in Lowell, a little company and in Lowell, but I was actually living in Brighton. That's where I first landed was in Brighton and my husband's been in Brighton ever since, because he was teaching-

SK 00:23:57
I see.

NN 00:23:58
... yeah, at the Boston High over there, before he was working for the DMR, DDS or ... yeah.

SK 00:24:07
I see, so initially it was a summer job at St. Mary's Hospital, just data entry and then you learned that SABAI, is it South East Asian Bilingual Advocates Incorporated?

NN 00:24:19
Inc, yes.

SK 00:24:21
... They were looking for someone in 1994. So you started ... Did you say that their initial name was different? Or that-

NN 00:24:29
It was-

SK 00:24:30
Birthing?

NN 00:24:30
... Birthing and Infancy Project.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:24:33

Oh, South East Asian Birthing and Infancy Project?

NN 00:24:36

Yeah, it was only a pilot program.

SK 00:24:38

I see.

NN 00:24:38

Because of the low birth rate or not accessing pre-natal care by a lot of Southeast Asian. They started that because they wanted, you know, here the healthcare is that, when you are pregnant, that first trimester, you want to get people in right?

SK 00:24:57

Right.

NN 00:24:58

The second trimester, third trimester, you're trying to get people in there as soon as possible for pre-natal care. And a lot of Cambodians, they don't access it, unless you have complications, you have problems, issues, then you access. If you have really bad morning sickness, and you're totally not able to function, yes, but if you are a functioning person, you are able to work, and all that, and you don't even want to anybody that you're pregnant ...?

SK 00:25:28

Right, right, right, right.

NN 00:25:28

... So, uh-huh (affirmative), uh-huh (affirmative), and then you may not even mention it until late. If you have a physical check-up, then the doctor said, "Oh, are you pregnant?" You know? All those, the standard American westerner medical care is that you have a physical check-up, right? Any changes that you have, you go see your doctor. But traditionally, we don't.

SK 00:25:55

I see.

NN 00:25:57

And also, if anything then, you know, you do that home culture, like making sure that you're eating good, you're eating healthy foods, things like that. That's what we do, but not necessarily-

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:26:14

Right, right, under a doctor care, right?

NN 00:26:15

Yeah, not under a doctor care. That's why they did the projects.

SK 00:26:22

And this was a collaboration between Lowell Community Health Center and the Department of Public Health?

NN 00:26:27

Yeah, and that program is because we needed that 501(C)(3) thing, so that's why it was under a program, under the local community health center.

SK 00:26:37

So when you started working there, what was it like? I mean, how big was it? How people respond to it?

NN 00:26:43

It was small. It was small, I'm trying to think how many people, four, five, six caseworkers and I think the other one was the Lead Program, they kind of shared the same building at 280 Appleton Street.

SK 00:26:59

What was it? The Lead?

NN 00:27:00

This was at 280. Lead Program.

SK 00:27:02

What's that?

NN 00:27:02

The Lead Program, when the child, they eat the painting from the house and they get lead poisoning.

SK 00:27:11

Right, like literally lead, right?

NN 00:27:13

Yeah, lead poisoning, yeah. Because there was two programs, and it was shared at the same building.

UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:27:19

Oh, I see. How did it work? How did you get the word out into the community? Did people come?

NN 00:27:29

Back then, I can remember volunteering at the church where we have Project Bread, they bring food, things like that and we give out to the community. We do a home visit, we talk to people at the temple, we talk with people we know, distribute the flyers that is mixed, we have both in English and Khmer, and distribute that, talking to people and it's by word-of-mouth, people came.

NN 00:28:00

Then some of the coworker I know, some of them are assigned to helping at the Lowell General, actually helping with interpreting for the patients. Back then, because the ... What was it? They don't have an interpreter law yet. I think the interpreter law came in, in 2007 I think ... if I remember correctly.

NN 00:28:39

Before that, you don't have it. You don't have somebody who, you know, an interpreter at the Lowell General Hospital. You don't have that.

SK 00:28:48

Part of it was providing basic services, like interpreting?

NN 00:28:50

Yes, basics, yeah, interpreting, uh-huh (affirmative), uh-huh (affirmative), for social services. For us, the pilot program was supposed to be really concentrated on pre-natal care, but then you don't do just pre-natal care. You come across, I can remember an elderly man who didn't understand about utility, and he needed help to translate what it is that, you know, what he's paying, what is due. He didn't have enough, even for food, how he was going to pay for the food, electricity, things like that, and it's become, pre-natal care and social services and getting people connected to Food Pantry.

SK 00:29:38

I see.

NN 00:29:39

And then education, you know? A lot of case management. I say case management because you might be helping the pregnant woman, but then there's the other part of the family, and then the other knowing the other issues that was happening with other marginalized people in the community.

UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:30:02

What do you mean? Like the other ...?

NN 00:30:04

When I said others, it could be like the people who are working and they become unemployed and they're not really not sure how to apply and they get letter, they get the pink slip, what do they do next? Where do they go next? Some know, some don't. It's a lot about word-of-mouth.

NN 00:30:23

Then if they know us, they come to us. If they know somebody who's working at the department assistance center, then they go there. So sometimes you have a different connection and then they came to us with those questions, because the landlord issues, they cannot afford it, they're not able to pay it, then what do they do next?

SK 00:30:55

So it's finding, once people knew that you were there, once people knew SABAI was there as a resource, even though it started as pre-natal, it's like everything else became ... ask for help?

NN 00:31:08

Yeah. And our thinking was, because it was different from the Cambodian Mutual Assistance Association, we was concentrating on women's health and pre-natal care.

SK 00:31:18

I see.

NN 00:31:19

That's what we were thinking. But the people goes to whoever they connects to, they trust and by word-of-mouth, who's telling them about it. So for those who know about the CMAA, they go to CMAA, but for those who know through the woman, they come to us, through the woman and that's how it got built up, we were more concentrating on health, but then for the CMAA, it was concentrating on everything else, helping immigrant and refugee, helping people access social services.

NN 00:32:01

Ours was okay, women's health, pre-natal care, but then all the other things came with it, because when the woman came, it's about the woman issues, the pre-natal, but then, by word-of-mouth getting out that, "Oh this person helped us", "That person helped us", and then they come to us.

**UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17**

Niem Nay-kret, Oral History #19.06

SK 00:32:21

I see. So most of your clients were women at this time?

NN 00:32:26

That was what we thought, that we would do.

SK 00:32:28

I see.

NN 00:32:28

That we would get 99% woman, but in there somewhere I think we get mixed. Sometime the man came, sometime the family came, but our concentration was woman, pregnant woman, reproductive age woman, you know? Any teen pregnant or anything like that, that would be the one that we were working with.

SK 00:32:54

But you still got a lot of other requests though?

NN 00:32:56

Yes.

SK 00:32:58

I see. In terms of working with women, like pre-natal care, or reproductive services and stuff like that, what were some of the biggest challenges? I mean, I would imagine, I mean this is still, this is the 90s, what were some difficulties that you saw often?

NN 00:33:17

The program started a little bit even before the 90s, like late 80s. I don't remember the exact year, it was 87 or 86 they started it. It was really small, just like two or three people. Then by the time I joined in 94, that's when we get more to like the six, seven, eight people.

SK 00:33:41

I see.

NN 00:33:46

And I get in, because one of the, Bong Sambath, she was doing the front desk, but then she was on maternity leave and then I was covering her, so that's how I started working there.

SK 00:33:59

I see.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:34:03

I think back then, they started the pilot program just because of there was, what was the tradition that ...? Why wasn't women not accessing pre-natal care? Why are they not going? What's going on? Why is it the birth rate ...? There was some challenges and also why is it so low birth, the child that was born, was so, underweight-

SK 00:34:33

Birth weight.

NN 00:34:33

... weight was so low?

SK 00:34:34

I see, I see.

NN 00:34:35

Was so low? I think it was looking at six pounds, because back then even the average is more like the seven-something, eight, almost eight pounds. But why the birth weight is so low? I don't remember what the mortality rate was, but there was some mortality as well. So I think that miscarriage and all that, so-

SK 00:34:58

I see.

NN 00:35:01

That remind me go back to my mom, during the communists, she lost, she had so many miscarriages, and I don't know if like just because when we immigrate to here, is that the woman, there's more like on my thinking back now, is it why is that women having that? Is it nutritionally not having enough, the body is not adjusted to living here yet, and they're not accessing the pre-natal care. I think those were the things that the public health wanted to be aware of, and that's what we were doing, was doing that educations and providing information here that you can access pre-natal care.

NN 00:35:51

That first trimester, and then you go on until you actually give birth, because normally we don't, so that culture, that perceptions, that understanding, from there. So that was, you know, when you say was it a challenge? I would have said increase understanding and also then the traditional practice, after you give birth, is that in Cambodia, we always have when you give birth, you loss blood, so you have that hot and cold. What was it Yin and Yang? Right?

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:36:30

Mm-hmm (affirmative).

NN 00:36:31

So after you give birth, you're supposed to stay warm, and to stay warm in Cambodia, you have that, in Cambodia, in the Cambodian tradition houses, you have the low part of the house on the ground, but you can actually have a fire in a wooden bed or what you call it, that you can have fire under, and you will stay over that bed and it will heat it up. I'm trying to find a word, it's not really a "Bed" bed, because it's-

SK 00:37:12

But yeah, no, it's like something over the fire that can be heated?

NN 00:37:14

Yes.

SK 00:37:17

Not too hot, but warm enough.

NN 00:37:18

Yeah, not too hot, but warm enough. And then, that helped you after you give birth and that's always been the tradition, but then you come here, we don't have that. We don't have an outdoor, we don't have an under the house ... because the house over there is on a stilt that you can have it, or even have in an extra, what do you call it? Structure that connects to the house that you can still have that outside.

SK 00:37:57

So what were women here doing?

NN 00:37:59

That was the thing is, what do the women do? How did they do that thing? The other one would be like, was it steam, like using the hot steam. You will boil the water with the different herbs from lemongrass, to basil, to other things, and then there are herbs that are from China or from Cambodia, they cure for 100 things. That you use it to boil, but you drink it or you use it so that you can use the steam. To-

SK 00:38:39

To breathe it in?

NN 00:38:40

Yeah. Then I think as time goes by, as people are trying to figure out ways to do things, they use the bricks where they heat up the brick in the oven, and you wrap it around with

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

the towel and you put on your stomach, just to give you that warmth and drinking hot drink, but with the ginger. When I'm talking about the hots and cold, some of the food is cold and some of the food is hot, ginger being hot, then you might be drinking the ginger. That and then, what was it? The cupping and coining, those are another tradition. That's more like for the aches and pains and all that.

NN 00:39:34

Oh yeah, the drink, after giving the birth, they brew the herbs. What is it? Balai? It's almost like ginger, but it's not ginger, but it's not Galangal either. But it's yellow and what you do is, you brew it and then you drink it. When you brew it, you brew it with alcohol. So that was the other concern, what are the women doing in term of the Asian traditions?

SK 00:40:12

Right, because could they get those herbs and those things here?

NN 00:40:22

There are some that was imported from Thailand that was frozen or dry. Some of the herbs that are from China, that was imported here. So they would try to find that and use that to brew it.

SK 00:40:39

What was the attitude of the doctors? The non-Asian or the non-Cambodian doctors in things like that at Lowell General or Lowell Community Health? Did they understand that they were ...? Like were they trying to understand? Or were they confused? Or were they just saying like, "This is what you have to do"? What was that ...? I know that the caseworkers and you are trying to interpret both, interpret language, as well as interpret culture, right?

NN 00:41:16

Yeah.

SK 00:41:16

But what was the-

NN 00:41:20

The client doesn't want us to tell or say anything. They just know that the perception, they just feel that the perception of the western doctors, medical provider, would not understand it. They have a sense of that, and usually they don't tell. But they might, because we are the caseworker, bi-cultural and anything like that, they might have said, "I'm just doing some, you know, drink and that's it. You know about that, but don't tell them."

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:41:58

Yay.

NN 00:41:59

We're trying to say what we ... "Don't tell anything unless you ask, want to tell." "We are supposed to tell the doctors, so the doctor can treat you." I can give one example, when I mentioned Balai root and brewing, and that is yellow. It's not turmeric okay? But that's supposed to really help after the delivery.

NN 00:42:33

And what you do is you drink a lot of that and then beside drinking, she put it on, you put it on like a lotion on your skin, but it will make your skin yellow, and she went to the doctor, and the doctor see that, it's like, "What is going on?" Did you have-

SK 00:42:55

Jaundice?

NN 00:42:56

Yeah, jaundice. "What's going on?" And you say, "Oh nothing." Just like, "No, it's nothing." "Oh, we need some testing." She's like, "I don't know what happened." But they order testing on me and until later, one of the girls at the Lowell General, talked to us later, they were asking what was on my skin, we go through the whole thing and then they think I have kaet lueng jaundice.

NN 00:43:30

I was telling them, "No, it was a lotion", but it was not a lotion. But then, because it was brew and alcohol, so that was kind of, finally, and she said, "I think they understand after explaining again and again and telling them don't, and I'm okay, and not need to lab, but they actually took the lab. I don't like anybody taking my blood, but they did it."

NN 00:43:57

I think sometimes, that little, western medical doctor, they go by what they, what they practice, but the mother and the grandmother, who's helping with the daughter who give birth, is saying, "It's our thing." They say, "Don't tell them, it's ours. We do it, this is the tradition." That's what her grandparents did.

SK 00:44:23

How did you feel? Because you're in between, how did that make you feel when you're in the situation like this?

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ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:44:30

When that thing happened, I wasn't there at the Lowell General, I was hearing it afterward when I was doing home visits. So I would kind of listen and was asking them how they feel and do they understand why? And they said, "No, I was upset when it was happening." But then I'm... you know. "But it's okay, it's okay, but you just tell them you know?"

NN 00:44:57

She said she drinks the ... I was afraid that there was a community of drinking too much alcohol and they might do something and it seems wording was going around. So, especially in the early 90s, because in Boston, an agency called MICAS, connected with the DDS, no, DSS, I'm forgetting the acronym-

SK 00:45:24

What is it?

NN 00:45:25

The Department of Social Services.

SK 00:45:26

And what is MICAS?

NN 00:45:28

MICAS, they work with the Department of Social Services.

SK 00:45:32

How do you spell that? M-A- ?

NN 00:45:35

M-I-C-A-S, was it, MICAS? Yeah.

SK 00:45:38

M-I-C-A-S.

NN 00:45:39

Oh my God! That's the whole thing, Pu Sanith know more. Pu Sanith work there. He worked with all the other people. But the thing is, when you work with the Department of Social Services, DCF, now, it's DCF.

SK 00:45:56

I see.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:45:57

It is, you get reporting for child negligence or issues and problems, things like that.

SK 00:46:05

I read an earlier interview with you from 2006 where you talk about like the cupping, and then sometimes if children get reported to-

NN 00:46:12

Yes, yes. That go with that, okay?

SK 00:46:17

I see.

NN 00:46:20

If you're working, right, in Cambodia it's like you go to the farm, the kid might be at the house, but you don't have ... You know, you cannot leave a six years old at home by themselves here.

NN 00:46:35

But, over there, you do and you have the neighbors keep an eye on them or whatever. Or if anything happened, you already tell the kid and the kid is knowledgeable enough to go over to the neighbors, right?

SK 00:46:46

Yes.

NN 00:46:47

But here it's completely different, and even the medical treatment, going back into the cupping and coining, it's like when a child is not feeling well, because of the Yin and Yang, you want to get that hot, blood circulation, things like that, then you do the cupping, you do the coining. To get rid of, whether it's the headaches or the dizzy spell or whatever, that's what you do.

SK 00:47:15

My aunt does it all the time.

NN 00:47:17

Yeah, and I was just speaking with my friend, whose mom is now 80, and she wants cupping all the time. She wants cupping all the time. And you're thinking like, when you do too much, it's not good. You want to do something to make you feel better, but not too much.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:47:40

But the fact that she's 80, she's like, you know, sometimes she's having onset dementia, you know, she'll forget and she'll still want it again.

SK 00:47:48

Oh! Oh.

NN 00:47:49

Yeah, and she'll want it again, and that becomes like, how much do you give and how much are you arguing with your mother, who's having onset dementia and she's not feeling well and you want her to feel well? It's always tradition that she's doing it. So how much do you want to give?

SK 00:48:11

So SABAI started maybe early on, like later 80s?

NN 00:48:16

Yes.

SK 00:48:17

And then you started there in 1994 and then it changed to South East Asian-

NN 00:48:24

Bilingual Advocates.

SK 00:48:25

... Bilingual Advocates in 2007 or so?

NN 00:48:29

No, that was in 2000.

SK 00:48:30

2000?

NN 00:48:31

No, yeah, in 2000. So I was in... In 94, I was the South East Asian Birthing and Infancy project for a year and then I went to work with the Harvard Program in Refugee Trauma. Doctor Richard Mallika and Doctor Kathleen Alder and the social worker Jim Lavelle, which is providing mental health services. The Indo-Chinese Psychiatry Clinic, which is including providing services for the Southeast Asian from Cambodia, from Laos, and from Vietnam.

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:49:18

So is that when your work with mental health started or ...?

NN 00:49:21

Yes. That's more my work on mental health. So from pregnancy to mental health, and even that, I was more in front-desk receptions. But I did some group with Doctor Kathleen doing a medication group, just helping integrate a little bit, and helping with the elders that came for the services.

SK 00:49:50

And this is with the mental health ... The Harvard Refugee Trauma Group or the SABAI?

NN 00:49:54

The Indo-Chinese Psychiatry Clinic.

SK 00:49:57

Indo-Chinese Psychiatry Clinic, and was that in Cambridge or ...?

NN 00:50:02

That was at the Deaconess Hospital. Deaconess Hospital later merged with ... What was it? Merged with Beth Israel Deaconess Medical Center, it became B-I, Beth Israel-

SK 00:50:29

Oh yeah. Beth Israel something-

NN 00:50:32

Deaconess, right. It's in my mind it's like, B-I-D-M-C, Beth Israel Deaconess Medical Center.

SK 00:50:41

I see.

NN 00:50:42

So when they merged.

SK 00:50:45

So there you were helping with trauma?

NN 00:50:52

Mm-hmm (affirmative).

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:50:52

Was it mostly elders or all ages?

NN 00:50:55

It was elders. See it's called the Indo-Chinese Psychiatry Clinic, Indo-Chinese Psychiatry Clinic.

SK 00:51:09

And this is like in the mid-90s, right?

NN 00:51:11

Yeah.

SK 00:51:11

1995 or so?

NN 00:51:12

Uh-huh (affirmative), yeah. And the Indo-Chinese Psychiatry Clinic, is part of the Harvard Program in Refugee Trauma.

SK 00:51:19

I see, I see.

NN 00:51:21

You see? And the one that if you search now, you will find that the Harvard Program in Refugee Trauma, which is up in Cambridge now.

SK 00:51:31

I see.

NN 00:51:31

Okay? It was between Cambridge and then it was in the Beth Israel Deaconess Medical Center, when it was in there, it's the Indo-Chinese Psychiatry Clinic.

SK 00:51:45

I see.

NN 00:51:47

So changes over the years.

SK 00:51:49

And what was that like? I mean, if-

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 00:51:52

That one, it was people who came in with trauma, people who go through during the war. It was all different ... It's an adult clinic, so it was adult only. I think it was a lot of older women, or the soldier who had gone through the war. I am not, because we have social workers that do therapy, they go through the screening. They have the Harvard Program Refugee Trauma checklist questionnaire screening that they use to screen doing its intake. I know we have up to 750 people so ...

SK 00:53:05

And were the clients usually referred by someone else, or did they just find it by word-of-mouth? How did they come? How did they find you?

NN 00:53:14

It was referred from different people, by word-of-mouth, the family that have problems. I can think of a family who have a young man, because he, the young man was not doing well and he was supposed to attend school, but he's not attending and it was having, you know, create problem for the parents. The sister who was doing well was finishing her high school, going into college. I was trying to help the parents, so I brought him in, he needed psychiatric services, while they're having schizophrenia symptoms and all that, get him to services.

NN 00:54:12

Then there was, a Vietnamese man who, he was not able to function, he was not able to sleep, he's going to work, but not able to work and the family brought him in. I heard by other people, and brought him in, see if they can help him. He was having bad back flash into what he was doing, as a soldier, and that's how he get into services. So by word-of-mouth, by the family knowing somebody who knows somebody and talking to other people. That and by the doctors who know that needing that ... because of the language and they know that it's hard for them to see that patient, then they heard about the Indo-Chinese Psychiatry Clinic then they refer them always.

SK 00:55:23

I see.

NN 00:55:25

And also the psychiatrist working with the international institute, working with the Dorchester Health, the Lynn Health Center, different parts of the city. Even get connected to the local community health center. I know we did, was it, and doing advocacy with the Department of Mental Health. Even back then, the department of mental health had the bi-cultural, bilingual directory. They have it way back, starting in, I think even in the 80s. They listed all their services across the state. Right now, I can remember one where Doctor Edwin as working at the DMH. All I can remember, one was Mary-Lou Sutter,

UNIVERSITY OF MASSACHUSETTS LOWELL
SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

who else? Who was the commissioner for DMH, the Department of Mental Health. There was different people who was ... You know how the term of the commissioner changes?

SK 00:56:54

Yes.

NN 00:56:55

It's depending on who was on at that time and if they were connected to different social services, even with the CMAA. I believe it was in 97 that we did a screening here in Lowell, 97, 98. Did a screening on mental health depression, just so that we can reach out to the Cambodian community. The Southeast Asian community in Lowell, before the Metta Health Center.

SK 00:57:32

I see, so this was the Indo-Chinese Psychiatry Clinic, did like a screening or an assessment of Lowell? I see. And that was before, did that help inform the Metta Health Center when it was forming?

NN 00:57:46

For me, because I actually went when the psychiatrist went to advocates for the Southeast Asian community, they wanted somebody who looked Asian to be-

SK 00:58:00

Yes, of course.

NN 00:58:00

... because the Doctor Richard Mallika and Doctor Kathleen Alder was the one who was meeting with all the different agency right?

SK 00:58:09

Mm-hmm (affirmative).

NN 00:58:12

And then everyone went with them and that was the idea, that can we have agency that really provides mental health services for Southeast Asians. The Indo-Chinese Psychiatry Clinic is right there in Boston, but I was saying that for me, I was living in Brighton, but then later, I came to live out here closer to Lowell and actually went back and worked over there at the Deaconess in Boston.

NN 00:58:45

The majority of the Cambodian Americans was living here in Lowell, right?

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

SK 00:58:50

Mm-hmm (affirmative).

NN 00:58:50

And then the others in Lynn, and Revere. So the people in Lynn and Revere, they don't go to the Deaconess Medical Center. But then, if they go over there, what about the people here? Do they always able to get there or not? And that's where for me and for other people in the community, was like, "What are we providing services for the people who have traumas and who are Southeast Asians, whether they actually access mental health services?" If you are out here in Lowell and then if you are in Lynn or in Revere and you're not able to go into Boston, then what happened?

NN 00:59:32

I think those were the questions that was coming up and also medically, back then we was advocating how we will have more services in medical services encouraging Asian Americans to really, especially Southeast Asian, to get into medical field, because for myself, it was just a caseworker, we're doing it bilingual, like social workers, we're doing community health education, so we are not professionally trained as a ... We're just trained as a community health worker and doing education, but not totally professional license in that area. But how do we get more nurses or-

SK 01:00:22

Doctors, clinicians?

NN 01:00:22

Right, doctors, clinicians, yeah, so that was the questions. That was the advocates, for that and then while we was having talk back then, the Lowell Community Health Center was changing and later Dorcas came in, and the Indo-Chinese Psychiatry Clinic was changing as well, because of the merge, before the Deaconess and Beth Israel, and then the question is also because it was on a grant, then what do you do after such amount of grant, what is the sustainability, what do you do? And so that changes. But this is a lot of history.

SK 01:01:18

Yeah, no, that's good, that's good.

NN 01:01:22

And then I left, but by the time I left the Deaconess, it became Beth Israel Deaconess Medical Center already in 99, 2000. So because the advocates for a health center that really provides services for Southeast Asians was before that, it's like two or three years before that. Even doing, what do you call it? These research into ... Trying to find

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

information, data gathering in terms of getting depression screening, things like that, to get information. When CMAA was doing it, it was before the open of Metta.

SK 01:02:07

I see.

NN 01:02:10

And that was then, meeting with the DMH commissioners and all that, so that they're aware of the need of the community. Then, because by then, I left the BIDMC and I was looking for a job, also they was doing wanting more peoples to enroll in getting health ... you know, the people who don't have health insurance, they are not buying health insurance, are they eligible for Medicaid? That was the question. And if you are eligible, will you even go?

NN 01:02:49

So they was finding a lot of people who are uninsured, and also because I left the SABAI to go to work at the Deaconess, and then there was somebody I was ... There were one or two persons that was still doing it, but then were just doing Medicaid enrollments, just to help people by word-of-mouth. We don't really have much money or anything like that, but people said between volunteering and helping people and finally we get a little grant from the Boston Women's Fund-

SK 01:03:30

This is SABAI?

NN 01:03:31

Yeah SABAI, in 2000. So I came back to work under SABAI-

SK 01:03:35

Great.

NN 01:03:36.

.. in 2000 and that's when Metta started, and I did a presentation. Oh, what was that? What is it? Michael Cole, was it Doctor Michael Cole I think? He was the commissioner for DPH before he went ... during Obama's for ... Michael Cole, I think that was his name. In 2000, if you look in 2000 you will see. Yeah, I think it was Michael Cole. 2000, you will seem that it was Michael Cole was the commissioner back then I think. I don't think it was John. John Auerbach was after. John Auerbach is after, as commissioner for DPH. Okay, I don't want to remember so ...

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

NN 01:04:30

But anyway, that was what was happening. Then so I did a presentation when Metta opened, about tradition and culture the Cambodian women practice. That you practice the hot and cold, the Yin and Yang, the traditional food, the beliefs, using herbs, using different brewing herbs, those was the presentation I was doing. And in the culture from the cuppings to the coinings, to there are others like the holy water when you're not feeling well or changes, you go and get the blessing at the temple that help you spiritually.

NN 01:05:40

If you are changing mentally, it might be possessions or part of somebody is walking over your grave or somebody who is putting a spell on you, so that's why you're getting the blessing. So that was some of the presentation I was doing and then I started with SABAI, because we got a little grant to do that, increase some monies to do enrolling people in Medicaid and also providing some women's health educations.

NN 01:06:23

Then when I came there, that's when we had a collaboration with Massachusetts AIDS Projects.

SK 01:06:33

I see.

NN 01:06:35

Jacob Jan. Who was it before Jacob? The director? Emmet's, oh I forgot Emmet's last name. Massachusetts AIDS Projects, if you look up they're still in Boston. Right now, all I can remember is Emmet who was the board member who was in everything I was, he is the long-term one that is part of that project and we did some collaborations. When I say collaboration with them, we did women's health education or HIV/AIDS and that was still an issue in the community, HIV/AIDS. And then they did a bit of women's health education group presentations, group educations. That allowed us to go to actually home and get women to train and then to do the extra education at their home, hosting.

SK 01:07:41

I see.

NN 01:07:42

Hosting a house party. They just like, we provide them some stipend, like \$150 and you just gather in the women you know, you come to the home and then you provide information and then as being helping them, taking all the information on HIV. How does the HIV transmitted? How would you know? Where will you get testing? I think that

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

was, it's part public health education as well. So we did some of that and we signed whatever they need, that extra social services information.

SK 01:08:30

So you were working at SABAI, but collaborating with Metta and then on the various initiatives?

NN 01:08:37

Yes.

SK 01:08:37

So SABAI at this point was Bilingual Advocates ...?

NN 01:08:40

Inc.

SK 01:08:40

All right, and then also partnering with the Mass AIDS project, particularly HIV/AIDS?

NN 01:08:45

Yep, Mm-hmm (affirmative).

SK 01:08:45

All right. I want to be mindful of the time. It's 2:30, but maybe we can ...? I mean I know that you have to go, but maybe we can schedule another time to ... because I want to ask you more about the HIV/AIDS stuff, you know? I mean if you worked, if ever like things like contraception, those kinds of issues?

NN 01:09:05

Yes, those that was part of the education.

SK 01:09:06

Also, if abortion ever came up and those kinds of things right? I mean I'm sure those are complicated things, but before we finish, just thinking back on those times, is there anything, like we're talking about the period from mid-90s to 2000, what sticks out most in your mind about that time? Just in terms of your feelings. I mean, did you enjoy the work? Was it difficult? I mean as someone who had been through the Khmer Rouge, was it difficult when you were working with trauma survivors and ...?

NN 01:09:45

What stick the most at this moment was I could remember, people who do, you know, having a job, able to work and do develop and you have that family whose really

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SOUTHEAST ASIAN DIGITAL ARCHIVE
ORAL HISTORY PROJECT, 2019-ONGOING
UML 17

Niem Nay-kret, Oral History #19.06

marginalized and they have a hard time getting jobs, paying their bills and you're thinking when you get here, is that you're never going to go without the necessities of life, which is that you have water, you have a house, you have food, you have the things that you needed.

NN 01:10:30

And that pride in the people, they want to work for themselves, they want to do for themselves. They don't want to ask for help. You have those people who are like that, that they will never ask you for help. And then those who will always ask for help and they're never going to do anything, getting a job, things like that.

NN 01:10:56

I feel bad that I still come across family who was, feel that they don't have enough to eat here, in America. To me that was hard and those are the ones who don't ask. You can see the ripped shoes or old clothes that they're wearing, you pick up little things like that, that you feel really bad. I can think about another man, that he is working, he's like if he doesn't work, his family might starve or his children might not do well, but he has to work, but he's mentally stressed-out.

NN 01:11:44

At work can be really stressful. He's doing assembly job, but then,

NN 01:11:49

his other coworkers having music on, and he is needing to concentrate on work. He feels mentally stressed. That story of that man stick out with me, just because you have so much stress, the trauma that he went through in the war and then now he come here, he still feels stressed. If he was to get a new job, he's over the age of 50, almost 60, how he's going to do it? Things like that.

NN 01:12:21

To me some of those things stick out and stay with you. You feel good that you're able to help. But suffering or the hardship, the challenges they go through, stay with you. I think it changes. The housing back then. Whoa, housing was more run-down back then. Even when I see the downtown, I can remember I could see garbage, paper thing that they had flying around and in the downtown street. I think in the 2000, it was talking more about the City of Lowell is being revitalized, and those immigrants and refugees come in, it's revitalized in the city.

NN 01:13:26

Talking with the Vietnamese Association in Worcester, the same thing. I feel that, they feel revitalized, because when I was in the Indo-Chinese Psychiatry Clinic, we have connections to over there. And they feel that way, so to me, yeah.

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UML 17**

Niem Nay-kret, Oral History #19.06

SK 01:13:56

I know it's going to be busy for the next couple of months, but maybe we can make another date at some point to talk more about what happened to SABAI, work with the mental health forum and things like that?

NN 01:14:07

Mm-hmm (affirmative).

SK 01:14:08

Okay, thank you.

Interview ends