

Bhutanese Refugees

Great Brook Valley Health Center



Photo: www.bhutanese-refugee.com

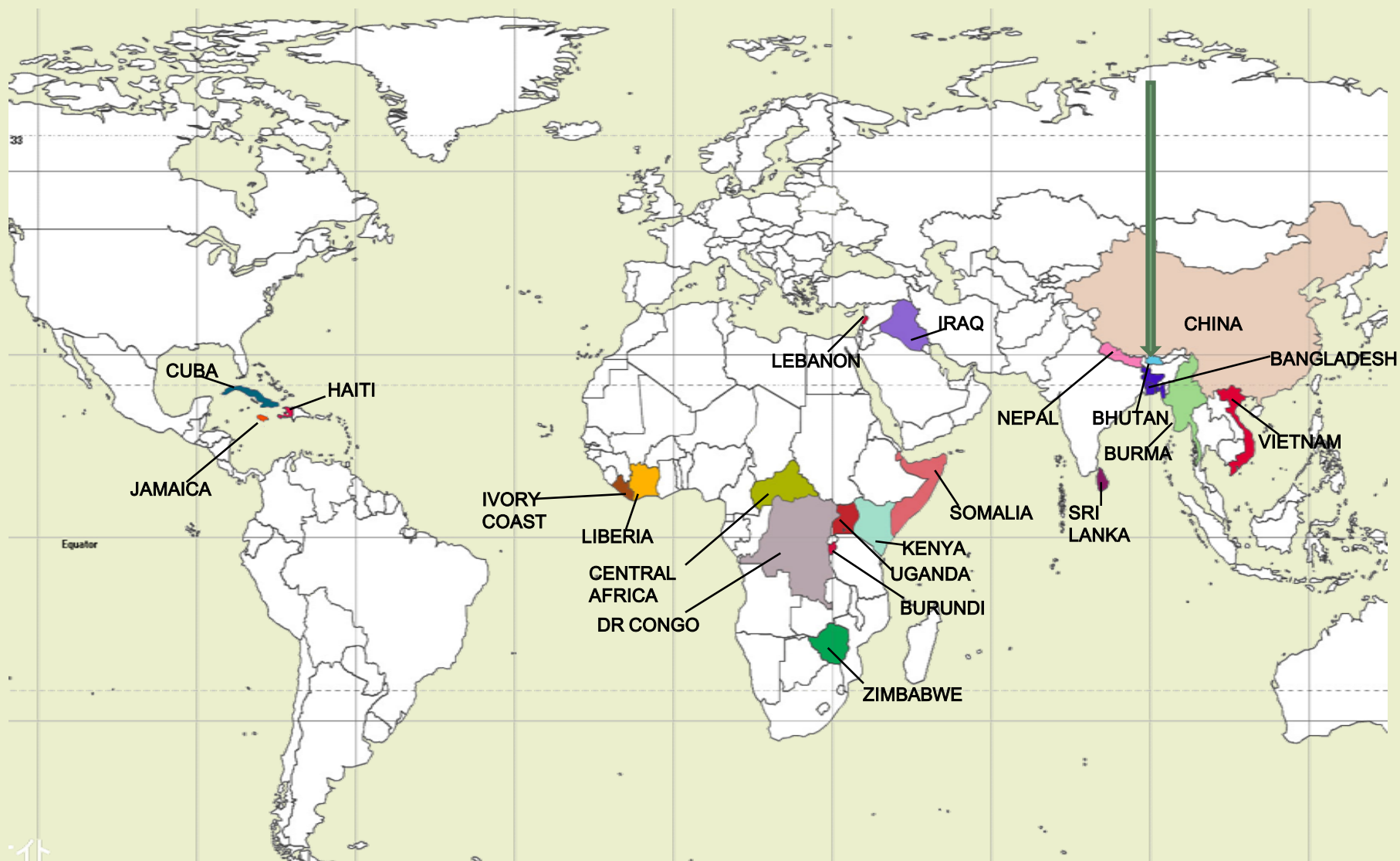
This presentation was developed by Great Brook Valley Health Center Worcester, MA in consultation with Sheela Pradhan, Hari Dhakal, Meena Ghimirey, MORI, and MDPH . Funding was provided by the Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. Resources are listed on the last slide.

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- Under the United Nations Convention Relating to the Status of Refugees (1951), a **refugee** is a person who (according to the formal definition in article 1A of this Convention), owing to a well-founded fear of being persecuted on account of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of their nationality, and is unable to or, owing to such fear, is unwilling to avail him/herself of the protection of that country.^[1] The concept of a refugee was expanded by the Convention's 1967 Protocol and by regional conventions in Africa and Latin America to include persons who had fled war or other violence in their home country.

Arrivals in Central MA Refugee and Asylee Origin Countries - FY 2009



Source: Massachusetts Office for Refugees and Immigrants

Growth of Refugees in Central MA

(data from MA Office for Refugees and Immigrants (MORI))

Total New Arrivals FY 06-FY09= 1,363

(refugees/asylees and others eligible for services funded by MORI):

- FY 06= 177
- FY 07 = 205
- FY 08 = 361
- FY 09 = 620

New Arrivals Central MA	FY 2006- FY 2007	FY 2007- FY 2008	FY 2008- FY 2009	FY 2006- FY 2009
Increased Growth New Refugees	16 ⁰ %	76 ⁰ %	72 ⁰ %	250 ⁰ %

New Arrivals of Refugees from Bhutan (increased 202⁰% FY 2008-FY 2009):

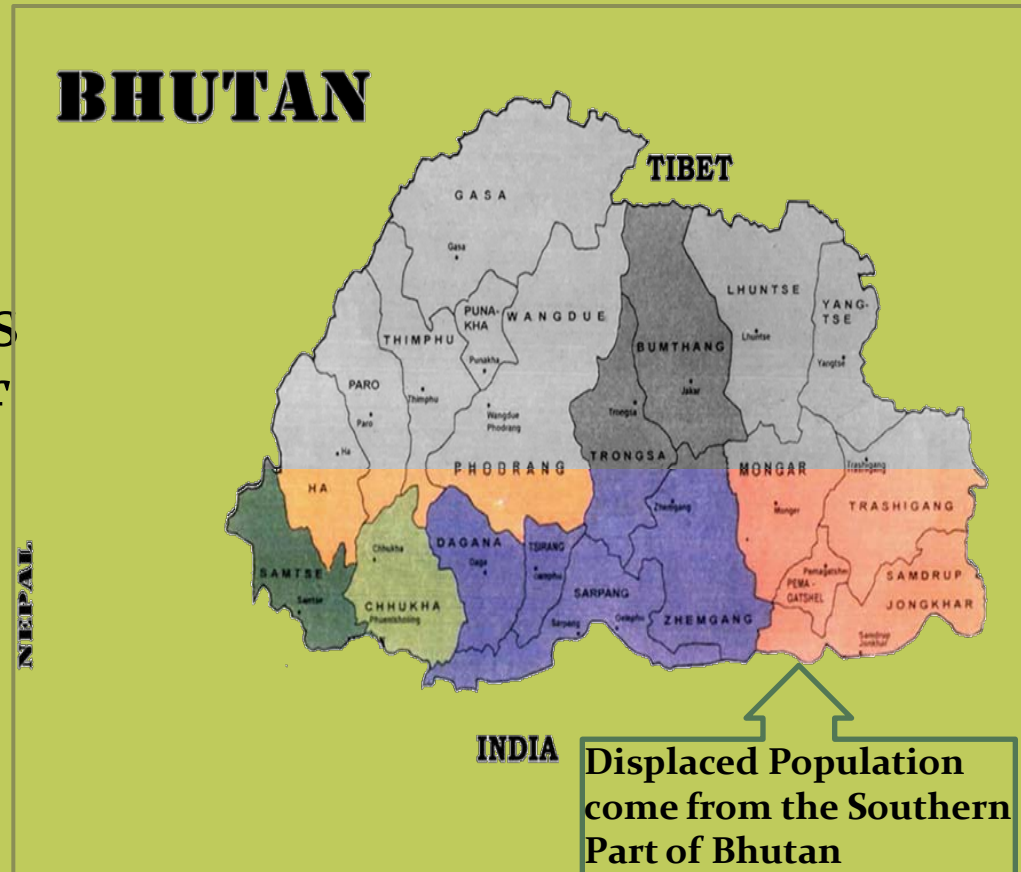
- FY 08=52
- FY 09=157

Where is Bhutan?



Background

- Landlocked country
- Ruled by a hereditary monarch since 1907
- The ruling class belongs to the Drukpa school of Tibetan Buddhism
- Isolated from foreign influence
- 20% Bhutanese population is displaced or lives in refugee camps



Who are Bhutanese Refugees?

- Descendants of Nepalese who immigrated to Southern Bhutan in late 1800s
- Known as Lhotsampas (people of the south)
- Made up 45% (1988 census) of the population of Bhutan
- Retained their Nepali language, culture and religion

Why are there Bhutanese Refugees?

- Bhutan government's concerned over the rapidly growing Lhotsampas
- Lhotsampa's population seen as a threat to the political order
- Citizenship Act of 1985 declared many Bhutanese as non-nationals
- Loss of rights and citizenship due to ancestry
- Introduced "One nation one people" policy in 1987
- Restrictions on ethnic Nepali beliefs, language, practices and attire

Why are there Bhutanese refugees? (continued)

- Nepali language was removed from the school curriculum
- Subject to fines or imprisonment if wearing anything besides the Druk traditional costume
- Public demonstrations against new policies in 1990's
- Activists branded “anti-nationals”
- Extensive human rights violations
- Random imprisonment, discrimination and torture
- Confiscation of land and citizenship

Why are there Bhutanese refugees? (continued)

- Restricted residence and employment of Bhutanese of Nepali origin
- Needed to produce “No Objection Certificate” to access education, employment and health services
- Began to flee Bhutan in 1990
- Forced to sign “voluntary migration certificates” before being expelled from the country
- Resettlement began in 2007

Why Bhutanese Refugees are coming to the United States?

- Failed bilateral talks between Bhutan and Nepal
- Unable to resettle in Nepal and can't go back to Bhutan
- Uncertainty about future
- Decreasing physical, mental and social health conditions



Photo: UNHCR



Photo: SHEELA PRADHAN

Why Bhutanese Refugees are coming to the United States? (continued)

- Refugees are coming to the US as part of resettlement program by the US government
- Refugees have hopes for better life, freedom and opportunities



Photo: UNHCR



Photo: SHEELA

Refugee Camps in Nepal

- The Bhutanese refugees first entered Nepal at the end of 1990
- The camps are located in the southeastern part of Nepal
- Approx. 107,000 refugees were residing in seven refugee camps

Photo: www.bhutanese-refugee.com



Photo: SHEELA PRADHAN



Refugee Camps in Nepal (continued)

- The structural layout in each camp is very dense
- Average household 8 people (includes elderly, married sons and children)
- Widespread and longstanding sexual and gender based violence existed in the refugee camp
- For an interactive experience of Bhutanese refugee camps in Nepal:

<http://www.bhutanese-refugees.com>



Photo: IOM, Damak



Photo: IOM, Damak

Education in the Refugee Camps

- Literacy rate of Bhutanese refugees is 65%
- Compulsory school enrollment for children
- Free education up to high school/free text books
- Informal education for adults
- School facilities are poor
- Insufficient teaching materials
- Crowded classrooms



Photo: UNHCR



Photo: IOM, Damak

Language, Ethnicity and Religion

- 97% refugees are of Nepali ethnicity
- Primary language is Nepali
- UNHCR estimates 35% have functional knowledge of English
- 60% are Hindu, 27% are Buddhist, 10% are Kirat (indigenous religion) and 1-7% are Christians



Photo: IOM, Damak

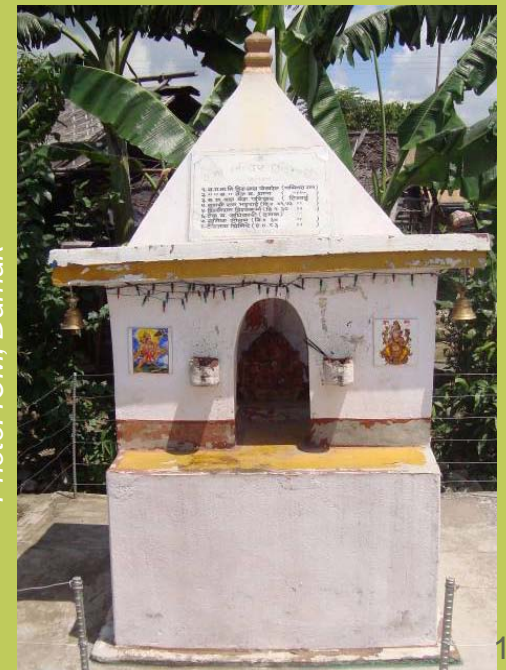


Photo: IOM, Damak

Birth and Wedding Traditions

- Children are named on 11th day after the birth
- Hindu boys perform “BRATABANDHA” (symbolic representation that a boy is mature enough to perform his duties - studying, earning a living and performing religious rites although some time it’s not realistic in the modern age) starting at the age of 8
- Polygamy is not common but it is practiced
- Women move to husband’s house after marriage



Photo: SHEELA



Photo: SHREYA

Cultural Practices Related to Death

- Cremation is practiced and many Bhutanese want information to arrange this in the U.S.
- Hindus mourn for 13 days. Avoid salt, turmeric and oils in food. Only ghee (clarified butter) is used.
- Sons shave heads and wife and son wear white clothes for 1 year. Woman does not wear red after the death of her husband.
- No festivals, no wedding, no social events during this year.
- Remarriage is not common among widows.

Festivals

- Dashain – Biggest and most widely celebrated
 - The main deity worshipped is Goddess Durga and receive TIKA and blessings from elders
 - Sacrifice chicken and goats
 - Falls in late Sept/early Oct and celebrated for 15 days
- Tihar - 2nd biggest festival
 - Worshipped crow, dog, cow, ox and brother in 5 days
 - Also known as festival of lights.
 - Falls in late Oct/early Nov



Photo: SHEELA

Food Habits

- Rice along with lentils, pulses, vegetables and meat is the main staple diet
- Generally eat twice a day (10 am and 7 pm) and tea during the day
- Stir fry or use curries (sauces)
- Many spices – cumin, garlic, ginger, chili, coriander (powder, seeds and leaves) fenugreek seeds, mustard seeds, sesame seeds, black pepper
- Mustard oil and ghee (in the U.S. Bhutanese generally use vegetable oil)



Photos: UNHCR

Food Habits (continued)

- Fruit was a luxury in refugee camp
- A lot of sugar (especially in tea)
- Some people are vegetarian
- Most Hindus do not eat beef, cow is a sacred animal for Hindus
- Goat, chicken, pork, buffalo, and fish are commonly eaten but this may depend on the individual's caste group
- Packets of noodle soup (high in sodium) are common
- Fasting for religious purpose is common



Infant Feeding Practices

- Breastfeeding is universal practice, some mothers' breastfeed for as long as five years.
- Many mothers tend to introduce UNILITO mix (fortified blended foods) and cow's milk very early (in the first 1-2 months).
- Introduce these foods as early as 2-3 weeks of life if do not feel they have enough breast milk.
- Cows' milk is never diluted, even for young babies, dilution is thought to decrease the nutritional value of milk.
- Rice with lentil is introduced at about 6-8 months.

Cultural Practices and Traditions

- NAMASTE used for greetings means both 'hello' and 'good bye' and for prayer
- Very prevalent and complex caste system
- Separates people into different social levels and influences choice of marriage and other social relationships
- Traditionally people of high caste do not share meals with untouchable caste



Photo: IOM, Damak



Photo: UNHCR

Gender Roles

- Men and women don't touch in public.
- Shaking hands between men and women is not common (but is not restricted).
- Women are considered untouchables during their menstrual period and after given birth.
- Gender roles are distinct. Females responsible for household work.
- Patriarchal society – men earn the money and make decisions.
- Women and daughters eat last and men and male children eat first.

Physical Health in Refugee Camps

- Primary health care centers existed in the camps
- Children under 5 had a 35% rate of malnutrition
- Measles vaccination coverage was 98%

Photo: UNHCR



Photos: WWW.bhutanese refugee.com

Physical Health in Refugee Camps (continued)

- Vitamin deficiencies (particularly vitamin A)
- Night blindness in 2% of children and 10% of mothers (UNHCR)
- Anemia significant with 43.3% in children and 13.6% in women (UNHCR)
- Lack of oral and dental health services
- Exposure to TB

Photo: UNHCR



Photo: WWW.bhutanese refugee.com

Physical Health in Refugee Camps (continued)

Family Planning

- Modern contraceptives – Birth control pills, condoms and Depo-Provera are freely available
- Women can also go to the hospital for IUD placement or Norplant
- Family planning (FP) counseling is widely provided by the traditional birth attendants and Community Health Volunteers



Photos: WWW.bhutanese Refugee.com

Physical Health in Refugee Camps (continued)

Smoking and Alcohol Abuse

- Tobacco consumption - chewing and smoking
- Chewing betel nut is a common habit
- Alcohol abuse –significant problem in the camp

Mental Health

- Mental health burden due to forced displacement
- High incidence of mental illness including depression, anxiety and post-traumatic stress disorder
- Staying alone quietly and idleness
- High traumatic experiences including murder, torture, physical and sexual violence



Photo: WWW.bhutaneserefugee.com

Health Beliefs and Practices in the Camps

- Consultation with traditional healers along with modern medicine
- Use of herbs/home remedy
- Delivery by traditional birth attendant in the home



Photo: WWW.bhutanese-refugee.com

Tips for Health Care Providers

(from literature and our experiences with groups we run at
Great Brook Valley Health Center)

Great Brook Valley Health Center began groups with Bhutanese women in October, 2008 and with Bhutanese men in September 2009. Every month we discuss different topics.

- Not familiar with system of making appointments to get health care
- Not familiar with concept of primary care provider and preventive health care
- Go to the doctor if sick or pregnant (if complications)
- Approach health care from an emergency vs. preventive perspective
- Want female providers for female concerns
- Most refugees have never received dental services

Tips for Health Care Providers (continued)

- Very few medications were available in camps and used to sharing their medications with others (including birth control)
- Believe medications are to “cure” your sickness, important to clearly explain why medications such as those for chronic diseases may need to be taken for years
- Family planning was easily available in camps, more complicated in U.S.
- Patient confidentiality was not practiced. Important to explain this concept

Tips for Health Care Providers (continued)

- Many common items may not be familiar to older Bhutanese (items like lotions, shampoos...)
- Gender roles change when refugees arrive in the U.S., many women may be responsible for own health care for first time in U.S
- Want to understand more about services available for disabled adults, children and the elderly

Photo UNHCR



Tips for Health Care Providers (continued)

- Lots of food taboos when they are sick and pregnant. They want to know if they should avoid some kinds of food, tend to ask interpreter questions.
- Nepali calendar is different in terms of days and months. Most Bhutanese will need to learn their date of birth in U.S. system (important as patient identifier).

Photo UNHCR



Strengths of Bhutanese Refugees

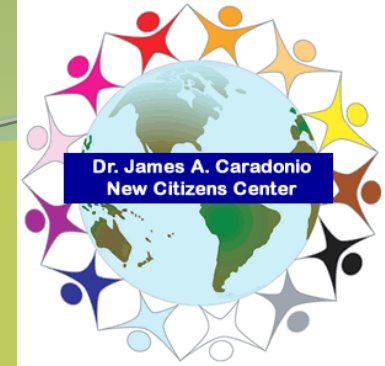
- Community organizing
- Strong desire to work
- Strong sense of family and community
- Take care of elders in the community
- Resilient
- Eager to learn English and learn about the U.S.
- Strong desire to have a safe and good life for their children
- Strong desire for good education
- Skills and work experience in home country may transfer to U.S. (teachers, farmers, tailors, weavers, health professionals..)

Challenges for the Bhutanese Refugees in the US

- Language
- Employment
- Technical skill/education
- Understanding Health System and Insurance
- Exposure to modern amenities and the Western cultures
- Conflict of traditional customs and practices
- Social and cultural adaptation
- Taking care of elderly
- Psychological distress



Photos: UNHCR



Mission Statement, Dr. James A. Caradonio New Citizens Center

“To provide a warm welcome to Worcester Public Schools students who arrive from other countries with significant academic gaps. Our school goal is to teach English Language Learners not only the English language, but also academic and social skills, which will promote successful future academic and social endeavors in their home schools. ”

Resources

www.mass.gov/ori (MA Office for Refugee and Immigrants)

<http://www.acf.hhs.gov/programs/orr/> (Office of Refugee Resettlement)

<http://www.rhin.org/> (Refugee Health Information Network)

<http://ethnomed.org/> (cultural information for clinical practices)

<http://www.cal.org> (Bhutanese Refugees in Nepal. COR Center Refugee Backgrounder No. 4 October 2008)

<http://www.bhutanese-refugees.com> (Bhutanese Refugee: The story of a forgotten people)

<http://www.theIRC.org> (latest updates about refugees)

<http://www.unhcr.org> (Refugee Health in Nepal, April 2005)

<http://www.who.int> (various health conditions of refugees)

<http://www.iom.int> (resettlement process)

http://www.usccb.org/mrs/India_final.pdf (United States Conference of Catholic Bishop) (Bhutanese and Burmese refugees in Nepal and India, other displaced persons, human trafficking victims in Nepal and India)

<http://www.refugeeyouthproject.org.uk> (support for refugees resettled in Europe)

<http://www.lwfnepal.org> (services from Lutheran World Federation in the Bhutanese refugee camps)

<http://www.jrsusa.org> (programs and support by Jesuit Refugee Services)

<http://www.brycs.org/documents/bhutaneseUNHCRfactsheet2008.pdf> (background of the Bhutanese refugee resettled in the U.S)

www.refugees.org/data/wrs/04/pdf/98-105.pdf (Unending Limbo: Warehousing Bhutanese Refugees in Nepal. Belgium. Ruiz, H.A., Berg, Michelle.)

<http://ajp.psychiatryonline.org/cgi/reprint/160/11/2032> (Psychiatric Disability Among Tortured Bhutanese Refugees in Nepal)

Other sources for this presentation included members of the Bhutanese Community in Worcester, MA

CONTACTS

Massachusetts Office for Refugee Resettlement (617) 727-7888

VOLAGS in Worcester:

Lutheran Social Services

(508) 754 -1121

Refugee and Immigrant Assistance Center (RIAC)

(508) 756-7557

Catholic Charities Diocese of Worcester

(508) 860-2237

Lutheran Social Services Unaccompanied Refugee Minor Program

(508) 791-4488

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Thank You!

Office of Refugee Resettlement (ORR)

Massachusetts Office For Refugees and Immigrants (MORI)

Massachusetts Department of Public Health (MDPH)

United Nations Higher Commission for Refugees (UNHCR)

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