

Refugees from Burma (Myanmar)



Photo: UNHCR 2009

This presentation was developed by Great Brook Valley Health Center Worcester, MA in consultation with James Aung, Saisih Nawnkhar, Oo Reh, Elizabeth Hannum, Meredith Walsh, MORI and MDPH. Funding was provided by Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement. Resources are listed on the last slide.

Contents

- Under the United Nations Convention Relating to the Status of Refugees from 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.
- Overview of refugee growth in Central MA
- Background
- Why are there refugees from Burma?
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- Religious and cultural practices
- Physical and mental health
- Health beliefs and practices
- Tips for health care providers
- Strengths and challenges for refugees from Burma in the US
- Resources

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

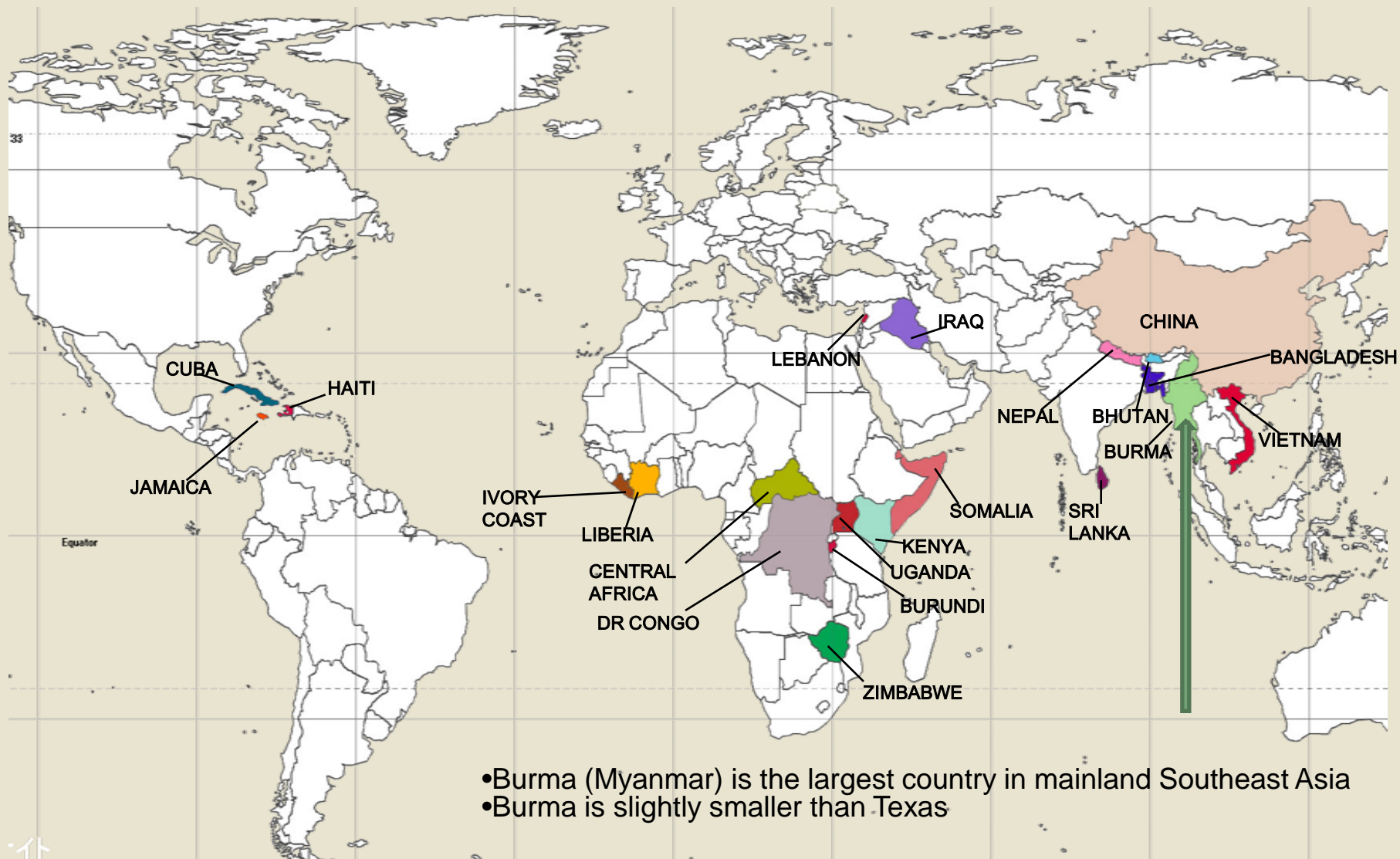
New Arrivals Central MA	FY 2006- FY2007	FY 2007- FY2008	FY 2008- FY2009	FY 2006- FY 2009
Increased Growth of New Refugees	16 ⁰ %	76 ⁰ %	72 ⁰ %	250 ⁰ %

New Arrivals of Refugees from Burma (increased 358⁰% FY 2007-FY 2009):

- FY 06=0
- FY 07=26
- FY 08=44
- FY 09=119

Arrivals in Central MA

Refugee and Asylee Origin Countries - FY 2009



Source: Massachusetts Office for Refugees and Immigrants

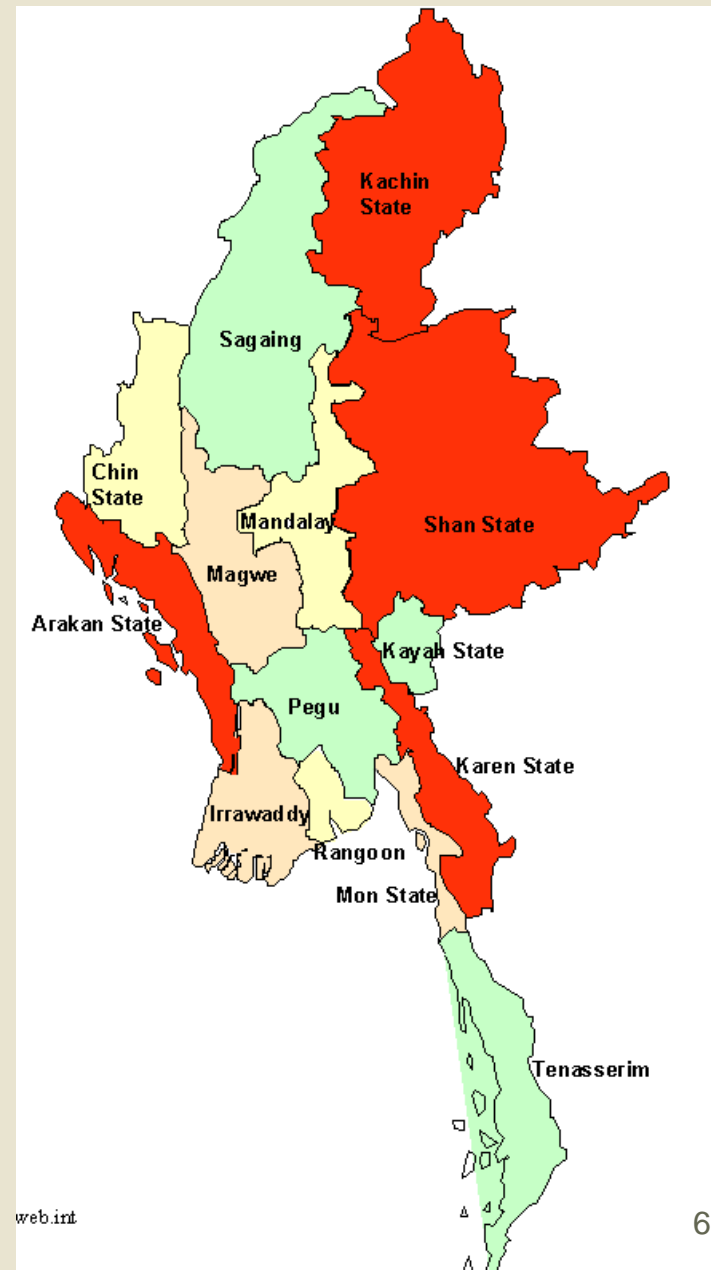
Where is Burma (Myanmar)?

Bordered by Bangladesh, India, China, Laos, and Thailand



Background

- 7 states and 7 divisions which are ethnically divided
- The new capital is called Naypyidaw (previous capital Rangoon)
- 8 major ethnic groups: Burman (majority group), Mon, Kayah, Rakhine, Shan, Chin, Kachin, and Karen, and 145 other ethnic groups



Who are Refugees from Burma?

- Have often lived in camps for many years
- From all walks of life including poor, uneducated farmers forced from their homes, to highly educated lawyers, doctors, or university students forced into hiding for political reasons
- UNHCR estimates that approximately 267,000 live in 9 refugee camps along the border of Thailand and over 500,000 are internally displaced
- Most of the Karen and Burmese are being resettled from refugee camps in Thailand and many of the Chin are being resettled from Malaysia



Photo: UNHCR 2009

Why are there Refugees from Burma?

- Burma gained independence from Britain in 1948
- The Karen insurgency started in 1949 and continues today
- The authoritarian military junta formally gained control of the government in 1962
- “Four-cuts” policy to cut insurgent armies from key sources of survival: food, funds, recruits, and information



- Villages were burned to the ground and civilians were forced from their homes, conscripted into the army, or into forced labor
- Today the authoritarian regime continues to unlawfully confiscate land, kill ethnic minorities, and force labor

Photo: UNHCR 2009

Why are there Refugees from Burma? (continued)

- After decades of economic degradation and authoritarian rule, in August of 1988 there were widespread protests of the government
- On 8/8/88 the government brutally squashed the opposition with about 3,000 people killed and thousands more jailed
- Major uprisings in 2003 and 2007 have flooded the Thai-Burma border with refugees
- Most refugees were in camps in Thailand but were not allowed to permanently stay in Thailand and could not return to Burma



Photo: UNHCR 2009

Experiences in Refugees in Camps



- Food rations were very basic
- Alcohol use was common among adults and youth
- No electricity, controlled amount of water (need to boil)
- Those without proper documentation are forced to live as illegal immigrants

- Health providers in camps did not always have sufficient training
- Many refugees are malnourished, suffer post-traumatic stress and/or depression from separation of family members, and/or are victims of domestic violence or rape

Religious Practices of Refugees from Burma Resettling in Worcester

- Mostly Christian, Buddhist, Muslim, Animist (traditional belief system recognizing spirits in nature-trees, mountains, rocks, rivers)
- Christians – Protestant (Baptists may be most common), Roman Catholic
- Buddhist beliefs include “karma” – the idea that good and bad events can be attributed to actions committed in the past, and “reincarnation” -the rebirth of the soul in another body
- Pictures or statues of the Buddha are highly respected



Cultural Practices and Traditions

- **Do not refer to all people from Burma as Burmese- Please refer to them as their ethnicity or as “people from Burma”**
- Culture groups from Burma may be very different from each other
- Don't expect the Karen, Karenni, Chin, Burman (majority group), Kayah... to have similar beliefs and practices
 - Crossing your arms while talking is a sign of respect
 - Shaking hands or giving things (both men and women) with your left arm holding your right elbow
 - Female to female and male to male physical contact in public (such as arms around shoulders and holding hands) is accepted and welcomed, but not between sexes (greeting each other with hugs is not common)
 - Assume you need to remove your shoes when entering a person's home unless otherwise suggested
 - When invited to eat, it is considered polite to first refuse and when asked repeatedly to gently accept

Cultural Practices and Traditions (Continued)

- It is respectful to walk behind, not in front of people. Walk behind those who are seated. If you must walk in front, lower your head and say “excuse me.”
- Do not step over someone or pass anything over someone’s head.
- Do not sit up higher than elders or point your feet at them or put feet on table.
- Revealing clothing is usually not acceptable, women especially feel uncomfortable with cleavage showing, however breastfeeding in public is acceptable.
- If you are with someone, it is considered rude to run to another appointment and leave the other person behind.
- Eye contact may be considered rude.
- Many people chew betel nut that has a mild sleep inducing and may turn the teeth red.



Cultural Practices and Traditions (Continued)

- It is customary to use a prefix before the person's name (Mr., Mrs., Miss)
- No family name so last names may differ in the family and having the same last name does not mean people are related
- Both men and women tend to wear *longyis* (lon-jee) –ankle-length skirts tied at the waist
- Women and children wear *Thanakha* – a thick paste made of ground *thanakha* tree to block the sun and as make-up



Photos permission from SiSi Aung



Photos permission from SiSi Aung



Languages

- Burmese is the official language of Burma
- Some Karen, Chin and Mon people will understand Burmese, but it is not their first language
- GBVHC is seeing refugees who speak: Burmese, Kayah (Karenni), Karen (Sgaw Karen, Po Karen) Chin, Kachin, Shan
- Many urban people speak English but few people resettling in Worcester arrive speaking English

Greetings:

Burmese – nay kaung ler

Kayah (Karenni)- oh mo oh reh beh or

Sgaw Karen – oh hsu oh clay ah

Po Karen – aung sao aung clai

Chin – na dam maw

Kachin- kaja i

Shan – You le you ka



Food



- RICE
- Many people like food that is very spicy
- Often add fish paste for flavor (high in sodium)
- Dessert with green tea is common especially after meals
- Lunch and dinner are boiled rice with curry
- Foods differ by ethnic group

Health: pre-flight from home country, during flight and in refugee camps

- Avian Influenza
- HIV/AIDS
- Malaria
- Reproductive Health
- Tuberculosis
- Polio
- Dengue
- Malnutrition
- Alcoholism
- Parasitic Diseases
- Mental Health
- Hepatitis
- Oral Health
- Scabies
- Diarrheal Diseases

(Burma has the highest HIV and malaria rates in Southeast Asia)

(Health of Refugees from Burma IRC 2009)

Causes of Health Concerns

- The WHO has ranked Burma's health sector as one of the lowest (190 of 191 countries)
- Lack of resources and services, poor living conditions
- Malaria screening and treatment is not readily available for most refugees
- Malnutrition and vitamin deficiencies contribute to diminished immune systems



Photo: UNHCR 2009

- Extensive traumatic experiences cause substantial mental health burdens
- Lack of oral and dental health care, as well as deteriorated oral and dental health due to constant chewing of tamarind fruit with high content of acid and sugar

Traditional Medicine

- Depends on ethnicity and rural/urban and culture group
- Some medicinal beliefs are imported from India and neighboring countries: yoga, meditation, and massage
- Herbal medicines are common



- When illness cannot be explained, working with traditional healers is very common

Tips for Health Care Providers

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

- GBVHC began groups with women from Burma in January 2010
- These refugees are experiencing challenges in :
 - Knowing where to go for care if they are sick
 - People assuming everyone from Burma speaks Burmese and having Burmese interpreters that some from Burma don't understand
 - Understanding concept of PCP when tradition is to visit doctors only in emergency situations



Photo: UNHCR 2009

Tips for Health Care Providers (continued)

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

- Important to assess emotional health (most refugees have experienced traumatic experiences including murder of loved ones, torture, forced labor, and sexual violence)
- Be sensitive in discussing family planning
- Generally refugees from Burma are very polite and modest, it may take time to assess needs
- Dental hygiene and education is important

Photo from Meredith Walsh





Worcester Refugee Assistance Project

- Mentoring and advocacy
 - Family mentorship
 - Youth organization
- Community building
 - Karenni National Day
 - Soccer team
- Economic self-reliance
 - Weaving
 - Job placement

Contact us:

WRAP Resource Center
44 Vernon St, Worcester

wrap.2010@yahoo.com

508-688-5500

Strengths of Refugees

- Strong desire to work
- Resilient
- Eager to learn English and learn about the U.S.
- Rich cultural backgrounds (remember that refugees from Burma are coming from many different cultures and may not feel connected to each other)
- Strong sense of family and community
- Strong desire to have a safe and good life for their children
- Skills and work experience in home country may transfer to U.S. (teachers, farmers, tailors, weavers, health professionals...)

Challenges for Refugees from Burma in the U.S.



Photo: UNHCR 2009

- Adjustment from rural to urban life
- Culture and language barriers
- Most refugees have experienced violence
- Mental health issues (high rates of depression, PTSD and some psychiatric disorders that are common with traumatic pre and post-migration experiences)
- Alcohol abuse
- Adjustment to cold weather
- Changes in acceptable child discipline techniques
- Inadequate understanding of American health care system
- Job skills- while most refugees are eager to work, they do not understand the application and interview process

Challenges (continued)

- Fear of police is common due to restricted movement in Burma and experiences in Thailand and fear may transfer to U.S.
- Inadequate understanding of American laws- particularly drinking while driving, underage drinking, smoking, domestic violence, hunting and fishing laws, use of public space.
- Teacher's role (in respect to discipline) is different in Burma and they need assistance in understanding our school system



Photo: UNHCR 2009



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

- MA Office for Refugee and Immigrants www.mass.gov/ori
- Office of Refugee Resettlement <http://www.acf.hhs.gov/programs/orr/>
- Refugee Health Information Network <http://www.rhin.org/>
- <http://ethnomed.org/> (cultural information for clinical practices)
- http://www.bu.edu/bhlp/pages/country_index/asia/burma/burma_index.html (Boston Healing Landscape Project)
- BurmaLibrary.org
- TheIRC.org
- UNHCR.org
- World Health Organization –WHO.int
- RefugeesInternational.org
- Center for Applied Linguistics –culturalorientation.net
- Burmese Phrases –salika.co.jp/buruseword.html
- Charles Kemp- “Refugee Health” http://www3.baylor.edu/~Charles_Kemp/burman.htm
- Human Rights Watch –HRW.org

Other sources for this presentation included members of the Iraqi Community

Massachusetts Office for Refugee Resettlement (617) 727-7888

Voluntary Agencies (VOLAGS) resettling refugees 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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