

FROM CRISIS TO COMMUNITY DEVELOPMENT

NEEDS AND ASSETS OF OAKLAND'S REFUGEES FROM BURMA



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Burma Refugee Family Network (BRFN)

is a community-based 501(c)3 nonprofit organization established to assist refugees of all ethnic groups from Burma resettling in the wider San Francisco Bay Area.

BRFN provides and advocates for culturally and linguistically appropriate social support services, such as language training, social welfare, education, physical and mental healthcare, employment, housing, and cultural bridging and preservation.

BRFN works in collaboration and partnership with other community organizations in order for the refugees from Burma to achieve self-sufficiency and civic engagement in the community.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
INTRODUCTION	3
A DEAF AND MUTE LIFE LANGUAGE ISOLATION AND ESL	7
LOST WITHOUT TRANSLATION INTERPRETATION SERVICES	10
REFUGEE SECURITY FINANCIAL STRESS, UNEMPLOYMENT AND GOVERNMENT BENEFITS	12
UNLIVEABLE WAGES EMPLOYMENT	15
BLINDED BY AMERICA HEALTH ISSUES	18
COMING HERE AND TRYING TO FORGET THE PAST MENTAL HEALTH CONCERNS AND GENERATIONAL DYNAMICS	21
STILL NO PEACE PUBLIC SAFETY	23
EMPOWERMENT IS WHEN YOU ARE NOT ALONE COMMUNITY ASSETS AND DEVELOPMENT	25
POLICY RECOMMENDATIONS	28
APPENDIX A ACKNOWLEDGEMENTS	30
APPENDIX B COMMUNITY-BASED PARTICIPATORY RESEARCH METHODOLOGY	31

EXECUTIVE SUMMARY

Fleeing brutal political oppression, refugees from Burma have begun to arrive in the San Francisco Bay Area in increasing numbers since 2007. An estimated five hundred have resettled in this area, especially in east Oakland. Based on data from 194 surveys, two focus groups, and 12 in-depth interviews of refugees, this report identifies the needs, strengths and aspirations of the emerging communities of refugees from Burma who have settled in or near the East Bay. All data was collected in Oakland between 2009 and 2011.

BACKGROUND OF REFUGEES

- Karen (43%) made up the largest proportion of this population, followed by Karenni (29%) and Burman (14%). Other groups include Muslims (3%) ; Rakhaing (2%); and Kachin (2%).
- The group is religiously diverse, as respondents affiliated with Protestant Christianity (46%); Buddhism (25%); Roman Catholicism (17%) and Ancestor Veneration (8%).
- Respondents ranged in age as well: 31- 40 year olds (28%) and 41 – 50 year olds (27%) comprised the majority, followed by 51 – 60 years olds (21%) and 21 -30 year olds (13%).
- Four out of five refugees have arrived since 2007. 34% came in 2009; 22% in 2008; and 15% in 2007.

KEY FINDINGS

- English language acquisition is a top priority of the refugees. Almost four out of ten refugees report not speaking any English at all, and another 28% speak poorly.
- Face to face interpretation services are critically needed. Only 29% of refugees are satisfied with the interpretation services they receive over the phone.

- While most refugees have a doctor, 32% state that language barriers prevent them from receiving healthcare despite the availability of Burmese speaking interpreters. Many refugees cannot speak Burmese.
- A staggering 63% of all the refugees remain jobless, with 81% of Karenni unemployed.
- With an average household size of five and reported monthly household income of under \$1000, nearly 60% refugees surveyed lived under the federal threshold for extreme poverty, and most of the remainder lived well under the federal poverty line.
- Job training is essential because of the high rates of unemployment and the refugees' need for marketable skills. One in four refugees has had no formal schooling at all, and only 37% have completed high school.
- Seven out of ten refugees report having stress-related symptoms that affect their ability to work or care for their family.

TOP POLICY RECOMMENDATIONS

- Adult ESL programs need to be reinstated, and should take into account the low levels of formal education of refugees from Burma.
- Face to face interpreters and case managers with appropriate language skills should be trained and supported in order to provide language access and help refugees to navigate the complex health care and social service systems.
- Job training, access to government benefits, and community capacity building are key factors in refugee adaptation.
- Federal and local refugee agencies and non-profits should work together and support grassroots organizations that are formed by people from Burma. They can best assist their community to bridge cultural and language barriers.

INTRODUCTION

THE DOUBLE BIND OF NON-ENGLISH SPEAKING, UNEMPLOYED REFUGEES

Haw Reh¹ lost his parents when he was only eleven years old. Pressed into forced labor and fearful for his life, he finally fled his Karenni village when he was sixteen. He spent nineteen years in a refugee camp, where he married his wife and had three children. He came to Oakland with his wife and two adult sons, but his daughter went to England with her family.

Initially, Haw Reh received Refugee Cash Assistance, but those benefits ended after eight months. He applied for county General Assistance, but only obtains checks on some months, which he must eventually repay.² With so little income, he shares a one bedroom apartment with his wife and three others, and he worries about being evicted. His expectations for his new life in the United States were sorely disappointed. He observes:

Before I came to the US, the [resettlement agencies] said we would have opportunity and we expected to work. But when I got here, we could not get a job because we cannot speak English and we have no education.

I'm always worried that I might get kicked out. Since I don't have a job here, I really don't want to stay because I worry about rent too much.

To get work, Haw Reh realizes that he needs to learn English. However, learning English without any assistance in Burmese or Karenni languages is slow. As he explains:

I go to school, but I cannot read so I don't know the meaning [of the vocabulary] and I do not know how to spell. I want a teacher who can speak both English and Burmese. It is very hard to learn English, and I have nobody to help me.

Although he has applied for quite a few jobs in bakeries, he has not been able to find work. He asserts that “All Karenni people want to work,” but the opportunities in Oakland are very limited. Consequently, he summarizes the plight of his refugee community:

Since we can't speak English, how can we get a job?

I only worry about the rent. If I had a job, life here would be better than the refugee camp, because we have a house and I could pay the bills. But since I have no job, I would rather go back to living in the refugee camp.



“

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”

1 The names used are pseudonyms to protect the anonymity of the individuals profiled. The photographs are also not those of the individual.

2 The Alameda County General Assistance (GA) loan is limited to only three months out of the year and is at most \$336 per month.

Like Haw Reh, refugees from Burma who have resettled in Oakland face a double bind. They cannot speak English, and few English classes are available due to recent budget cuts that have eliminated most adult education ESL classes. They also need to work to support themselves and their families, but most jobs require English-speaking ability. Consequently, they are trapped, unable to learn English or obtain employment.

Lack of English and unemployment exacerbate other top community problems, such as adjustment to their new community; securing government benefits; and access to healthcare and mental health services. (See Charts 1 and 2, “Top Community Problem” and “Ranked Top Problems”)

This report details this double-bind and the top problems facing the community using data from 194 surveys collected from 2009 to 2011 and from two focus groups held in 2011.³ It also seeks to provide a voice to the refugee communities by offering personal narratives of nine individuals.⁴ In addition to sharing their concerns, this report highlights their hopes and dreams for their new lives in the United States and provides recommendations for policymakers.

HISTORICAL AND POLITICAL BACKGROUND

Burma is an extremely diverse country with over 130 different ethnic groups and tribes with different languages and cultures. The refugee population from Burma in Oakland reflects this diversity with individuals representing Karen, Karenni, Chin, Burman, Rakhine, Shan, Pa-o, and other ethnic groups from Burma.⁵

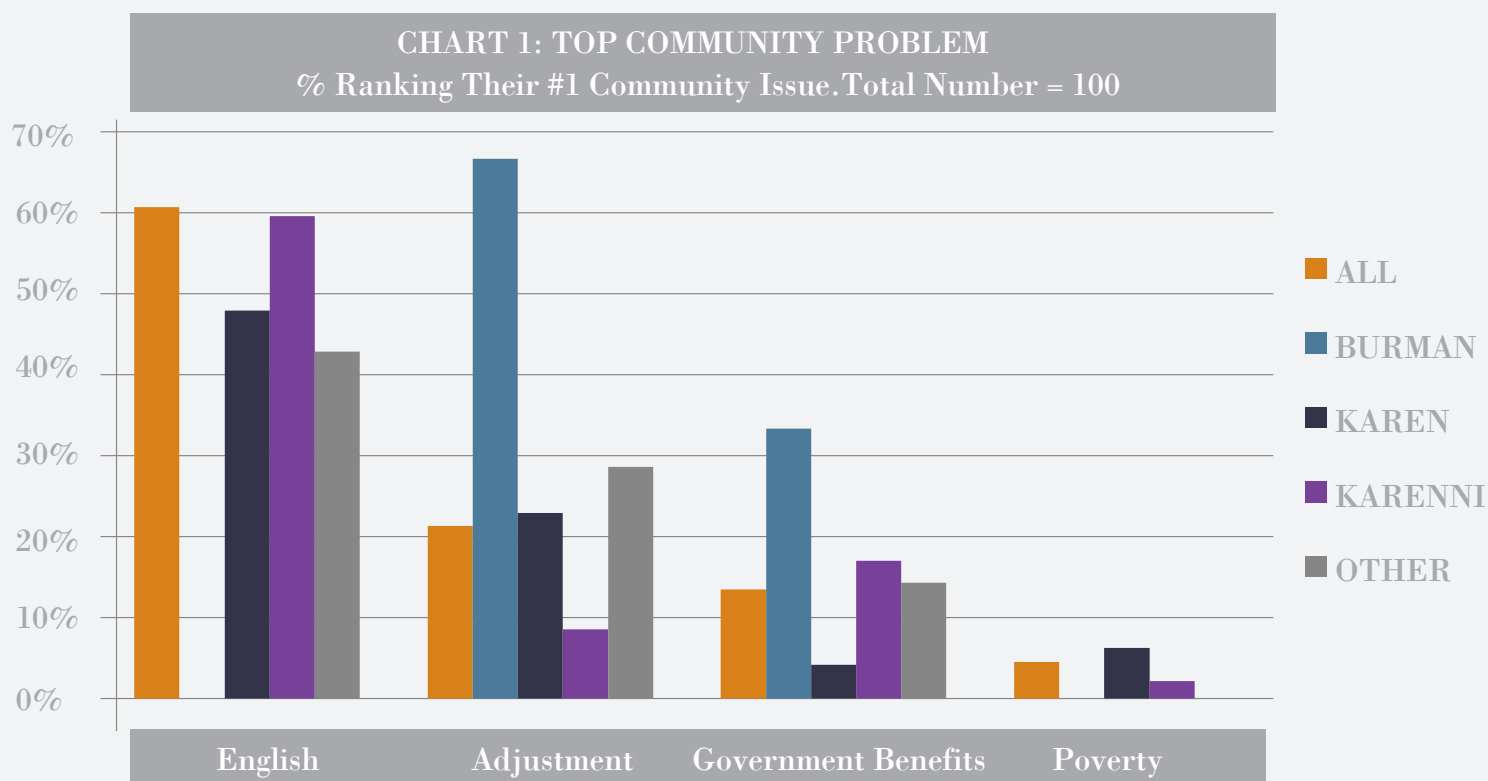
Since Burma’s independence in 1948, the central government has oppressed and fought against Karen, Karenni, Mon, Pa-o and Rakhine insurgent groups. In the 1960s it initiated a brutal counter-insurgency policy called the Four Cuts, in which it sought to cut food, funds, intelligence and recruits from villagers. This policy and national takeover of industries has isolated Burma and made it one of the poorest countries in the world. On August 8, 1988, a student-led, nationwide uprising for democracy sought to overthrow the dictatorship, but was brutally suppressed as over 3,000 were killed. One wave of political asylees left Burma for the United States at this time.

In 1990, the National League for Democracy (NLD) led by Aung San Suu Kyi won a landslide election victory, but the ruling generals instead maintained power. Re-established as the

3. See Methodology in Appendix B.

4. Names of interviewees have been changed to ensure anonymity and confidentiality.

5. For more on the background of refugees from Burma, see Sandy Barron, John Okell, Saw Myat Yin, Kenneth VanBik, Arthur Swain, Emma Larkin, Anna J. Allott, and Kirsten Ewers. *Refugees from Burma: Their Backgrounds and Refugee Experiences*. Washington D.C.: Center for Applied Linguistics, 2007.



State Peace and Development Council (SPDC), the government placed Aung San Suu Kyi under house arrest and continued its policies of high military spending, forced labor, and human rights abuses.⁶ SPDC has since brokered ceasefire deals with several of the ethnic groups, yet persists in attacking ethnic minority villages and seizing lands.

Another pro-democracy movement led to peace marches with Buddhist monks in 2007. These activities were also suppressed, with over 1000 arrested. Cyclone Nargis then hit in 2008, killing 138,000 and displacing 2.4 million. Again, the military junta was criticized for failing to respond appropriately and for initially refusing to receive international aid.

As a result of both political oppression and natural disasters, the United Nations reports that Burma has over 963,000 internally displaced persons or persons without citizenship within its borders. In addition, another 500,000 refugees or asylees originate from Burma, with 107,000 in nine camps in the Thai-Burma border and 81,000 in Malaysia.⁷

In 2010, the United States accepted about 16,000 refugees from Burma, including 10,000 Karen, Karenni, Burman, and other ethnicities from camps along the Thai-Burma border and

about 6,000 Chin in Malaysia.⁸ A similar number is expected to be received in 2011, making refugees from Burma the second largest refugee group entering the United States today and the largest group from Asia.⁹

REFUGEE RESETTLEMENT TO OAKLAND

Since 2007, California has received 39,202 refugees.¹⁰ Alameda County has become home to 912 of them, with 451 from Southeast Asia during this time. Only San Diego, Orange County, Santa Clara, and San Francisco have received more refugees from this region.

Arriving in the midst of the worst recession since the Great Depression, many of these new refugees from Burma have been resettled in low-income East Oakland. Oakland's city budget faces huge deficits, and the school system has been taken over by a state administrator. Exacerbating their situation, adult English as a Second Language classes have been completely cut by the school district, and the Oakland Police Department had to lay off ten percent of its force.¹¹ Within Oakland, refugees have largely moved to the San Antonio/Fruitvale district, a low-income neighborhood with affordable rents.

6. Aung San Suu Kyi, Nobel Peace Prize winner in 1991, was released from house arrest in November 2010.

7. United Nations High Commissioner for Refugees Country Operations Profile- Myanmar. Accessed 9 August 2011. <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e4877d6>; U.S. Department of State, "Proposed Refugee Admissions for the Fiscal Year 2011," p. 44, <http://www.state.gov/documents/organization/148671.pdf> (accessed February 14, 2011).

8. The Karen, Karenni, and Chin are ethnic minority groups in Burma who have faced a fifty year "campaign of brutality" and have been forced out of their native villages. See Free Burma Rangers, "Campaign of Brutality: Report and Analysis of Burma Army Offensive and Ongoing Attacks Against the People of Northern Karen State, Eastern Burma." April 2008.

9. Refugees from Iraq made up 25.23% of the refugees received in the United States in 2009, followed by refugees from Burma (24.38%) and from Bhutan (18.02%). U.S. Department of State, "Proposed Refugee Admissions for the Fiscal Year 2011."

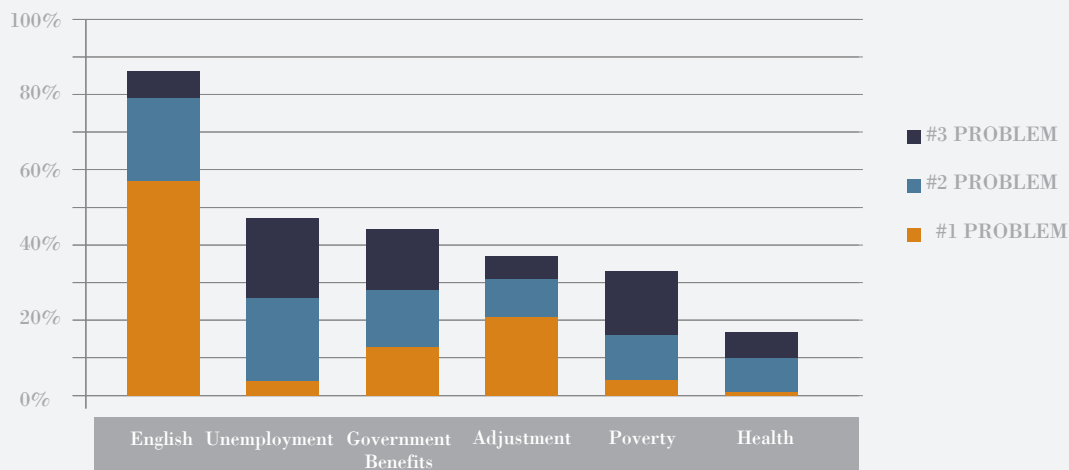
10. California Department of Social Services. 9. August 2011. <http://www.dss.cahwnet.gov/refugeeprogram/res/pdf/RptCtr/ArrivalsData/Comparison-Chart09-11ToDate.pdf>

11. See Whitney Pennington, "Adult Ed, Once Big in Oakland, Now Crippled By Cuts," *Oakland North*, October 19, 2010. <http://oaklandnorth.net/2010/10/19/adult-ed-once-big-in-oakland-now-crippled-by-cuts/> (accessed February 11, 2011) and "Oakland Mayor Cuts Own Salary By 25% As City Struggles With Huge Budget Gap," *International Business Times*, February 9, 2011. <http://uk.ibtimes.com/articles/110628/20110209/oakland-budget-deficit.htm> (accessed February 11, 2011).

CHART 2: RANKED TOP PROBLEM

(totals of the 1st, 2nd, and 3rd top ranked community problems)

Total Number = 320



Although similar to previous waves of refugees from Southeast Asia in the 1980s, the arrival of these refugee groups from Burma is distinct in two major ways. First, the political context has changed in the United States, especially as a result of 9/11 and the creation of the Department of Homeland Security. No longer does the United States expect to receive large scale waves of refugees, but instead “compassion fatigue” has reduced public support of refugees.¹² Often, refugees have remained in the underclass as their local communities have been unable to integrate them into the local job market or to provide adequate education and English training.¹³ Furthermore, United States is less likely to politically incorporate its refugee population, as compared to Canada, due to its relative lack of proactive policies to integrate them.¹⁴

Second, many refugees are the only ones from their extended families to come to the United States. Known as “free cases,” they do not have the benefit of previously established ethnic enclaves or extended family structures.¹⁵ Thus, the refugees not only have to adapt individually, but they need also need to re-establish their social networks. Some institutions do exist, such as churches, temples, and political groups established by the 1988 wave from Burma, but they are not equipped to deal with the linguistic and employment needs of these new ethnic groups.

Recognizing that caseworkers from Burma were overwhelmed by their caseloads and had certain limitations of services and advocacy work that they could do at other organizations, refugees and immigrant volunteers from Burma established the Burma Refugee Family Network (BRFN) in Oakland, California in 2008.¹⁶ They approached the principal investigator to help conduct assessments of community assets and needs in order to advocate for improved services, to help improve understanding about this diverse community among refugee service providers, and to prioritize BRFN’s program development.¹⁷

As demonstrated by the survey results, the ethnic sub-groups from Burma vary in their ability to acquire English and employment, due to pre-migration factors such as educational attainment and context of origin (urban vs. rural).¹⁸ Further, individuals who can speak Burmese are more likely to receive interpretation services in health care or government sites than those who cannot. Thus, successful adaptation to the United States not only depends on the initiative and resilience of individuals, but also on their background, their year of arrival, their support networks, and the resources provided to them. The following report details the top issues facing this community and their hopes and dreams. It concludes with policy recommendations stemming from key findings.

12. Martin, David A. “A New Era for U.S. Refugee Resettlement” Univ. of Virginia School of Law 2005, Paper 27; Aihwa Ong. *Buddha is Hiding: Refugees, Citizenship and the New America*. Berkeley: University of California Press, 2003.

13. Herbert Gans, “First generation decline: downward mobility among refugees and immigrants,” *Ethnic and Racial Studies*, 32: 9, 1658 – 1670 (2009) and Audrey Singer and Jill H. Wilson, “From ‘There’ to ‘Here’: Refugee Resettlement in Metropolitan America,” Washington DC: The Brookings Institute, September 2006. http://www.brookings.edu/metro/pubs/20060925_singer.pdf (accessed 15 August 2011).

14. Irene Bloemraad, *Becoming a Citizen: Incorporating Immigrants and Refugees in the United States and Canada*. Berkeley: University of California Press, 2006.

15. The Intergenerational Center, *Needs Assessment of Refugee Communities*

from Bhutan and Burma. Washington DC: Southeast Asian Resource Action Center, May 2011.

16. BRFN aims to “assist refugees of all ethnic groups from Burma resettling in the wider San Francisco Bay Area, “as it provides and advocates for culturally and linguistically appropriate social support services.” Burma Refugee Family Network Mission Statement, <http://www.facebook.com/#!/pages/Burmese-Refugee-Family-Network/106958659335040?v=info> (accessed February 9, 2010).

17. BRFN members knew the principal investigator, Dr. Russell Jeung, from his previous advocacy around human rights in Burma.

18. Also, those who entered the United States before 2007 clearly have different issues and concerns, as they have had more time to adjust and acculturate.



DEAF AND MUTE LIFE

LANGUAGE ISOLATION AND ESL

Saw Khu Gey came from Kawthoolei, a remote area in the Karen state of Burma three years ago. Recounting his life in Burma, he explained:

We were living in constant fear because the military and government would torture us. Our village got burned. We were forced to do jobs for them. We could not stay in one place; we had to escape from the military government. Sometimes if we got caught, we got beaten by the military government.

He, his wife and his six children spent ten years in a refugee camp before coming to Oakland, CA. They had to leave behind one adult child. Once in the United States, they found that communication without English language skills was very difficult.

When we get here, the most difficult thing that we face is the language barrier because we don't understand or speak English. Everywhere we go we have to go with someone that speaks or can translate for us. It is tough for us, the language barrier and transportation. Sometimes we don't know how to get from one place to another.

Everywhere we go--social services or the hospital or anywhere we go--we worry about interpretation because sometimes they don't provide interpreters. Everywhere we go, we have to get someone to go with us and translate for us.

This language barrier continues to isolate Saw Khu Gey from broader American society even though he has been here longer than most refugees from Burma. Not only are work opportunities limited for Saw Khu Gey, but also his lack of English keeps him from engaging in simple, day-to-day interactions at stores, schools, and even on public transportation.

When I take the bus, I just get on the bus and I show the bus ticket and I just sit there. I don't speak at all. That's it. We don't talk.

Everywhere I go, I have a language problem; for example, when I go to the Food Stamp offices. Generally I have a problem anywhere I go. I feel like sometimes it's awkward. For example, someone says, "Would you like a drink of water?" I know I want to, I know but I don't know how to reply. I am not able to reply. I feel embarrassed.

“My ambition is simply to be able to speak and learn English more. One day, I want to understand people even though I can't read or write anything. I hope one day, I can reply to people.”

Although he wants to learn English and recognizes its importance to his survival in the United States, Saw Khu Gey takes class only once a week when a tutor comes to his home. He cannot attend English classes more regularly because of their lack of availability and accessibility. The one adult ESL class available is two miles from his home, and he cannot afford daily bus fare. Unfortunately, Saw Khu Gey also has knee problems that prevent him from being able to walk to class:

I also used to go to the Lao Family [agency], where they have ESL classes and I attended the class. But I don't go there anymore because I am not able to walk there; I have a problem walking.

Besides the lack of accessible classes, Saw Khu Gey also finds that, at the age of 52, learning is difficult.

I go to school--to those ESL classes-- but it's hard for me to learn because I'm getting old. I always tell my kids it's not too late to study and get an education. But for people like me, who are getting old, we can't get that education because it's harder for us to learn at our age.

Nevertheless, Saw Khu Gey perseveres in his desire to speak English and to be able to work and interact in his adopted home. He is grateful for others' help, and appreciates the opportunity to live in political freedom:

Back in Burma or Thailand, we have to worry about getting caught, or getting beaten, or tortured. We have to worry about our life. When we got here, we've no more fear. When we told our daughter about this, she wants to come here as well.

My ambition is simply to be able to speak and learn English more. One day, I want to understand people even though I can't read or write anything. I hope one day I can reply to people.

As Saw Khu Gey’s story illustrates, learning to speak English is the highest need for refugees from Burma, as it is necessary to integrate into American society.¹⁹ In order to obtain employment, to secure healthcare, and to access critical services, such as public safety, basic English skills are required for survival and eventual self-sufficiency.²⁰ For example, one refugee wants to move out of his apartment because the ceiling leaked and mold covered his walls. However, he explained why he remained in substandard housing:

It’s very difficult for me to live here. I want to move to another apartment but I can’t speak English. I don’t know how to look, find, or sign for it. I don’t know who can help me but we need a translator.

Refugees from Burma face severe linguistic isolation, in that they lack household members or others in their networks that can assist them in English. Overall, 38% of this population does not speak English at all, and another 28% speak poorly. Only 11% report speaking English well and just 3% state that they can speak excellently.

Ethnic groups from Burma vary greatly in their rates of English-speaking ability. While over two thirds of Burmans speak English fairly, well, or excellently, only 40% of Karen and a scant 5% of Karenni do. In fact, 94% of Karenni self-report either speaking English poorly or not at all (See Chart 3, “English Speaking Ability”).

The refugees recognize their need to learn English and overwhelmingly identify English classes as the top service that they need. Over 60% of the respondents ranked lack of English

as the top problem of their community. (see Chart 4, “Top Ranked Services Needed”).

Unfortunately, as of spring 2011, only one English as a Second Language (ESL) class is offered by Oakland’s Adult Education program due to recent budget cuts. As a result, the refugees’ opportunity to obtain basic English skills is severely limited, especially if they have to work. As one explained:

Before there was an adult school and it was really helpful. Even people who went to work in the afternoon went back at night to school and it was beneficial. But now, there are no English classes available. I don’t know where to go for English classes for me to learn after work.

Acquiring English skills is difficult for these refugees, because few have received any formal schooling in Burma or in refugee camps.²¹ About one in four had no schooling, and over half the Karenni (55%) never received an education.²² Additionally, 63% of the refugees have not graduated from high school. (See Chart 5, “Educational Attainment”). Consequently, learning English takes much time and effort, as one woman explained:

I go to school four times a week. We have many people in our class. For us, we have to go to the “abcd” level class. I tried to talk to people in class but I cannot fully talk comfortably or thoroughly.

English language acquisition is the top barrier to refugees’ adaptation and integration into American society, yet opportunities to overcome this obstacle are very limited.

19. J. Lynn McBrien, “Educational Needs and Barriers for Refugee Students in the United States: A Review of the Literature,” *Review of Educational Research*, Fall 2005, vol. 75 no. 3 329-364.

20. Sandy, Barron, John, Okell, Saw, Myat Yin, Kenneth VanBik, Arthur Swain, Emma Larkin, Anna J. Allott, and Kirsten Ewers, *Refugees from Burma*. June 2007. <<http://www.cal.org/co/pdffiles/refugeesfromburma.pdf>>. Pg 64-67.

21. Su-Ann Oh, “Education Survey 2010” Mae Sot, Thailand: ZOA Refugee Care, 2010. http://www.burmalibrary.org/docs11/ZOA-Edu_Survey_2010.pdf (accessed 11 November 2011).

22. J. McBrien, J. “Educational needs and barriers for refugee students in the United States: A review of the literature” *Review of Educational Research*, 2006, 75(3), 329-364.

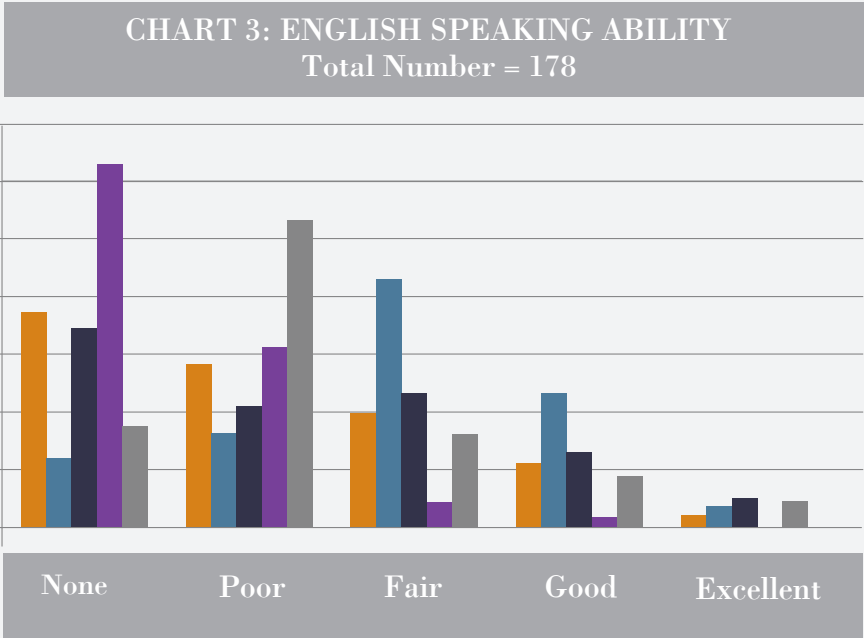




CHART 4: TOP RANKED SERVICES NEEDED
(totals of the 1st, 2nd, and 3rd top ranked services)
Total Number = 344

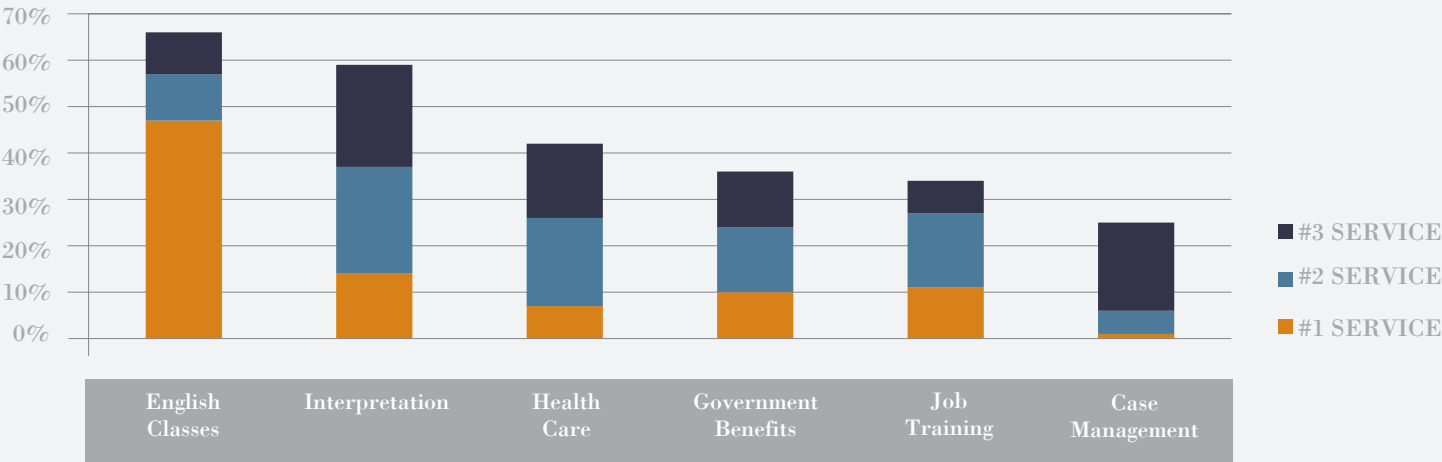
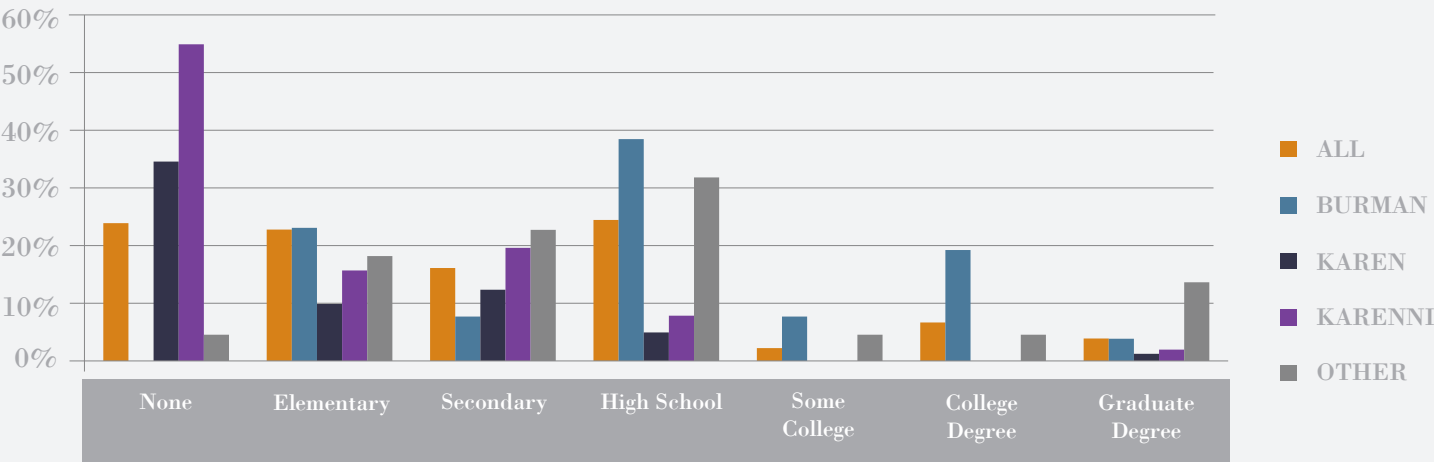


CHART 5: EDUCATIONAL ATTAINMENT
Total Number = 180



LOST WITHOUT TRANSLATION

INTERPRETATION SERVICES

Even though his English is much better than his fellow refugees, Moe Reh still cites the need for English interpretation as a top issue facing his community. Moe Reh is Karenni, and fled as a teen by himself when the Burmese military attacked his village in 2003. He lived with cousins along the Thai border until he was able to arrive in Oakland in 2009. He explains that while few Burmese interpreters are available, Karenni speaking interpreters are even more scarce:

Language has always been a problem—I can't speak English very well. Sometimes it's still hard for me even with a Burmese interpreter because I am Karenni. When I lived in Burma I didn't graduate high school so I only spoke Karenni. I couldn't speak Burmese, until I moved to Thailand and I learned to speak Burmese a little bit.

There aren't many Karenni interpreters in person or over the phone. I'm not even sure if they are even in America because I never called them before.

The availability of face-to-face interpretation is critical for refugees to obtain adequate healthcare. Moe Reh describes the long waits for interpreters at clinics or hospitals that discourage refugees from seeking medical care:

The interpreters are very busy so we need to be patient. If I go in the morning, I might be waiting until the evening. Sometimes I have to wait all day!

Along with having to receive interpretation in Burmese, his second language, sometimes Moe Reh has to receive interpretation services over the telephone. Without being able to view the interpreter's body language and gestures, Moe Reh sometimes finds the interpretation to be unclear:

I think they should have some Karenni interpreters. It wouldn't be better just for me, but for all of the Karenni people. Sometimes the Karenni families can't speak Burmese, so how can they understand Burmese interpreters? It's very hard for them so I think we should have Karenni interpreters for us at hospitals and at social welfare office.

They have some on the phone, but it's not clear for us. I



“ Sometimes the Karenni families can't speak Burmese, so how can they understand Burmese interpreters? It's very hard for them so I think we should have Karenni interpreters for us at hospitals and at the social welfare office.

”

can call the interpreters, but it would be better if I met them face to face. I have to keep asking them to repeat themselves. I want an interpreter that will talk face to face so I can see body language because it makes it easier. If I don't understand he or she can show me with body language or draw pictures for me.

Moe Reh is currently training to serve as an interpreter himself, and he knows the stakes of providing accurate and clear translation, especially in healthcare settings:

I only actually talked to the doctors [as an interpreter] one or two times. I brought a family to the hospital and I called the interpreter on the phone because I didn't want to interpret for them wrong.

Fortunately, the Karenni community has young leaders such as Moe Reh who are willing to serve their community and advocate for greater language access for health and public services.

Moe Reh’s struggle with the inadequate interpretation provided to him is shared by many of his peers. While the refugees from Burma acquire English skills themselves, professional and accessible English interpretation services are still necessary for them to function in this society. They rank interpretation as the second highest need for their communities.

Ethnic groups differ in their need for interpretation, because not every group speaks Burmese, the primary language spoken by their interpreters in health care and social service settings. Furthermore, because certain groups, such as the Karenni, have been in the United States for a shorter period of time, they have fewer interpreters than earlier arriving groups.

This need is especially acute in health settings, where accurate interpretation may result in life or death.²³ For example, in one case reported by a Karen research assistant, a pregnant woman was given a referral for an abortion even though the family desired to keep the pregnancy. The provider made the referral out of the mistaken belief that the woman had taken medications in her first trimester that could potentially cause birth defects. In fact, she had not taken the medication in over a year. This Karen woman and her physician had not been able to communicate clearly because the interpretation had been conducted in Burmese instead of the Karen language.

Similarly, multiple participants of the focus groups shared that communication difficulties due to lack of appropriate interpretation services led to the persistence of debilitating symptoms. Sadly, they found no relief despite multiple visits to health care providers.

In another case, a woman resorted to utilizing her children as translators when she visited the hospital. This use of minors is

problematic because parents may not divulge confidential information as readily in front of their children. She shares:

When we go to hospital it is very difficult to talk to the doctor. We need a translator. In the hospital we have a translator who can speak Burmese but not Karenni. I cannot speak English or Burmese. My children speak for me.

Because of their need for interpretation of services and the lack of interpreters, the refugees complain of long waits at clinics, government offices, and other appointments. Yet without translators, they cannot negotiate American society.

Not only is translation in the appropriate language critical, but the type of interpretation service is also crucial. Often, interpretation service is only offered over the telephone, but the translation may be unclear or inaccurate. Instead, the respondents much prefer face to face interpretation, where they can better understand an interpreter’s body language or drawings. Only 13% of the refugees were dissatisfied with face to face interpretation they received, but 80% were dissatisfied with phone interpretation. (See Chart 6, “Evaluation of Interpretation Services”).

23 “Background on Potential Health Issues for Burmese Refugees,” Global Health, 21 May 2010. <http://www.globalhealth.gov/refugee/refugees_health_burmese.html>. See also Glenn Flores, “The Impact of Medical Interpreter Services,” SAGE Publications, 2005. Web. 19 May 2011. <http://mighealth.net/eu/images/3/3b/Flores2.pdf>; Mara Youdelman and Jane Perkins. “Providing Language Interpretation Services,” The Commonwealth Fund, May 2002. <http://www.hawaii.edu/hivandaids/Providing%20Language%20Interpretation%20Services%20in%20Health%20Care%20Settings%20%20%20%20Examples%20from%20the%20Field.pdf>>.

CHART 6: EVALUATION OF INTERPRETATION SERVICES

Total Number = 66



REFUGEE SECURITY

FINANCIAL STRESS, UNEMPLOYMENT AND GOVERNMENT BENEFITS

When a Burmese soldier demanded that she give him some rice, Naw Eh Mwe had none to offer because she was too poor. He became irritated with her and insulted her. This event was that final straw that led her to leave the Karen state with her six children.

After twelve years at No Poe refugee camp, she and her family were finally able to come to the United States. She expressed her joy and hope that her children might finally have some opportunity:

We came to America due to the reason that we were oppressed. I felt happy to come, because we are hoping for our kids to go to school and graduate. We are planning and hoping for our kids.

Since we grew up on the mountains and in jungles, it made us feel good after seeing the city with many cars and trains here. It was scary, exciting, and nice.

Despite her hopes for more stability and a better future, Naw Eh Mwe still leads a precarious life. Currently, Naw Eh Mwe lives with her husband and five of her children in a three bedroom apartment that rents for \$1,055. However, her family only receives \$1,125 in CalWorks benefits each month. She worries constantly about bills in her new land:

The biggest challenges are that we have to pay for the house rent, the water bill, utility bill, and phone bill, but we don't have jobs. That's a big challenge for us. Will we have enough? The money that the government gives us is not enough.

The clothes, school supplies, and furniture that they have are all donated because they have no income to afford these items. Any extra expense, such as a quarterly water bill, is a major strain:

We do worry about our finances since we have to pay for the airplane tickets bill,²⁴ the house rent, and everything else once a month. If we use the washing machine a lot then the water bill is high. We do not even wash our clothes often. But even last time, the water bill came out to be \$270. We had to bring our clothes and wash them at my sister's house [to not run up the bill]. We have to go back and forth to carry our clothes since we do not have car.

Knowing that she and her husband cannot earn a living wage because of their lack of English and skills, and because of their poor health, Naw Eh Mwe places a lot of hope in her children. She dreams that they might be educated, and then be able to provide a stable income:

For the future, we want our children to get educated like people here. So that in the future they will be able to find jobs on their own. That's what I think and hope for.

I encourage them to try hard in school. I told them that if you try hard in your studies, when you grow up you become a more educated person. You are going to get to work here. I have to tell him every evening, "You come live here in other people's country, so you have to try hard in learning other people's language, okay? You have to try hard."

Despite Naw Eh Mwe's encouragement, her children have difficulty in school because of the family's linguistic isolation—no one speaks English well and the older children cannot help the others with schoolwork. To save bus fare, she walks her two youngest children to school twenty minutes away. The older ones attend a school for newcomers, but even with teachers trained to work with English learners, they face difficulties in adjusting to Oakland:

One [of my children] doesn't have much drive in school. Sometimes he gets to school late. We tell him all the time, but we cannot do anything. He has F grades. We do not know what to say; we try to teach him and tell him to be good but it does not work. We want him to be good but he does not listen.

It's because he doesn't try hard in his school. Another thing is that he drinks beer. He likes it here [in America] because he thinks that things here are free. He is like a kid who likes to smoke and hang out with friends. I don't know where he gets the money but he drinks beer with his friends. We tried to tell him not to do it but he won't listen.

In the face of such stressors, Naw Eh Mwe remains hopeful, particularly for her children. She was especially interested to learn about college opportunities for them and wondered, "If my kids graduated from high school and want to go to college after that, will people help them?"

²⁴ Refugees must repay the airfare for their travel to the United States.

As Naw Eh Mwe can attest, financial concerns due to unemployment and high costs of living are a heavy source of stress for the refugees from Burma. Unemployment rates are high, with 63% remaining jobless. Certain groups, such as the Karen (81% unemployed) and Karen (64%), face even higher levels of unemployment (See Chart 7, “Unemployment Rates”). In contrast, the national unemployment rate for refugees averages 46%.²⁵

This unemployment not only arises from the refugees’ low educational levels, lack of English, and lack of job skills, but also from the economic situation in Oakland, which has an unemployment rate of 16.3% (compared to the county rate of 10.9%). Jobs are scarce even if the refugees have marketable skills.

Without work, cash income is limited. Only 21% report still receiving Refugee Cash Assistance, which is provided for just eight months on average.²⁶ Another one in four has been able to get on CalWorks, which is primarily for children (see Charts 8 and 9, “Refugee Cash Assistance” and “CalWorks”).²⁷ Even

25 During the recent recession, refugee employment rates have especially fallen. See Donald Kerwin, *The Faltering US Refugee Protection System*, Washington DC: Migration Policy Institute, May 2011.

26 Donald Kerwin, *The Faltering US Refugee Protection System*, Washington DC: Migration Policy Institute, May 2011

27 Only 5% of American low-income families eligible for government benefits actually utilize them. Shelley Waters Boots, *Improving Access To Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need*, (Ford Foundation, Open Society Institute and Annie E. Casey Foundation, 2010. <http://www.aecf.org/~media/Pubs/Topics/Economic%20Security/Family%20Economic%20Supports/ImprovingAccessToPublicBenefitsHelpingEligible/BenefitsAccess41410.pdf> (accessed 15 August 2011)).



CHART 7: UNEMPLOYMENT RATES
Total Number = 180

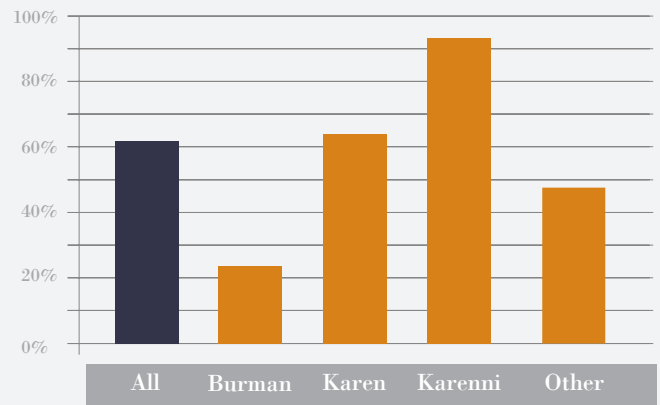


CHART 8: REFUGEE CASH ASSISTANCE
Total Number = 107

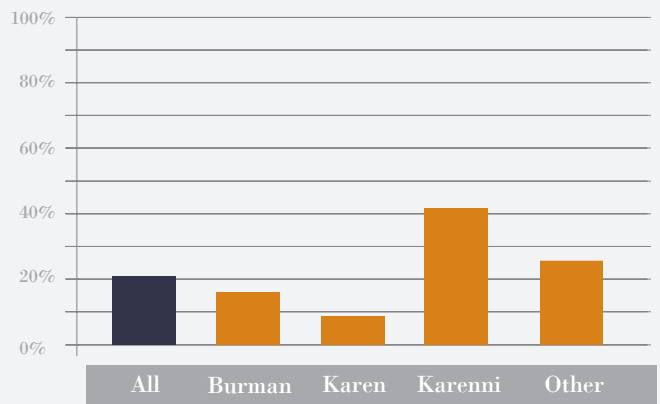
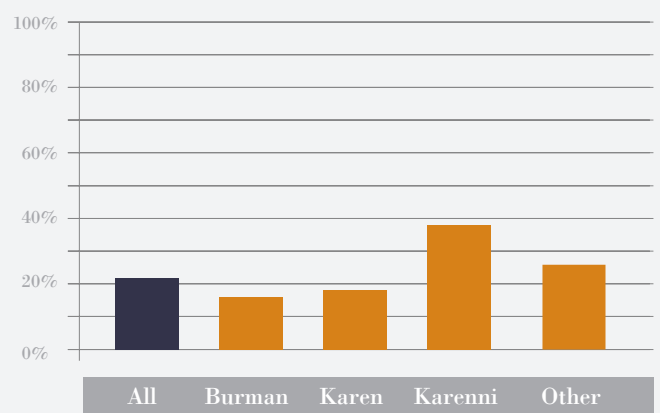


CHART 9: CalWorks
Total Number = 107



though large percentages receive other government benefits, such as Food Stamps (74%), Medicaid (known as “Medi-Cal”) (62%) or WIC (31%),²⁸ these resources are not enough given the high rents and the cost of living in Oakland. As one refugee explained:

I’m not happy living in Oakland because I don’t have a job and I have to pay rent. I think about rent all the time. I think about this all the time and sometimes I can’t sleep. I want to move to a place with cheaper rent. I don’t like this place because it’s expensive. For rent in the future, if my kids cannot help pay, then we cannot live here and maybe we’ll be homeless. (See Charts 10, 11, and 12 “Food Stamps,” “Medi-Cal,” and “WIC”).

Given their long-term unemployment and their usage of government benefits, the refugees are at high risk of becoming members of the permanent underclass. About 57% report having a household income of less than \$1,000 per month, which puts them under the federal threshold for extreme poverty given the average household size of 4.8 persons. Another 31% earn less than \$2,000, still well under the federal poverty line for a family of five (See Chart 13, “Household Income”).

This severe poverty and chronic unemployment clearly affect the refugees’ ability to become self-sufficient, as well as their opportunities to adjust to their new environment, to secure decent housing, and to acculturate successfully. Employment training and access to government benefits are the top two services requested by refugees after English classes.

28 WIC, or Women Infants and Children, is a federally funded nutrition program for low-income pregnant women and young children.

CHART 10: FOOD STAMPS
Total Number = 168

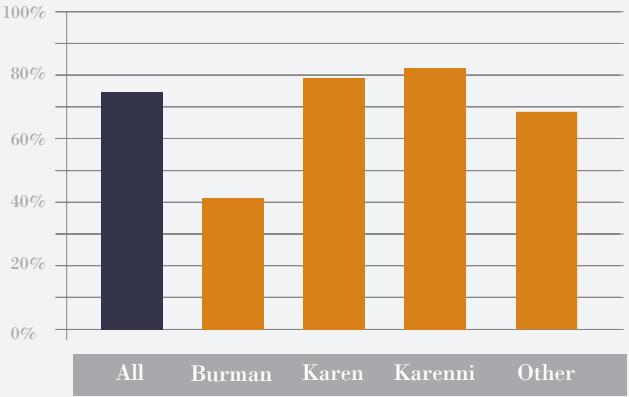


CHART 11: Medi-Cal
Total Number = 158

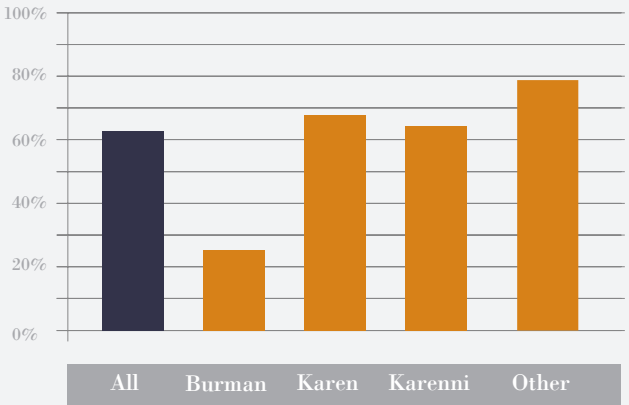


CHART 12: WIC
Total Number = 120

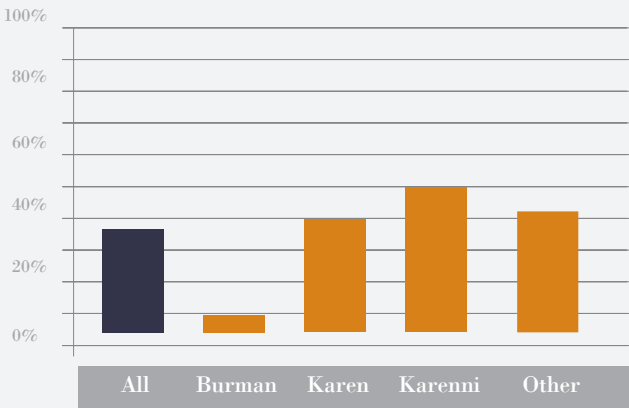
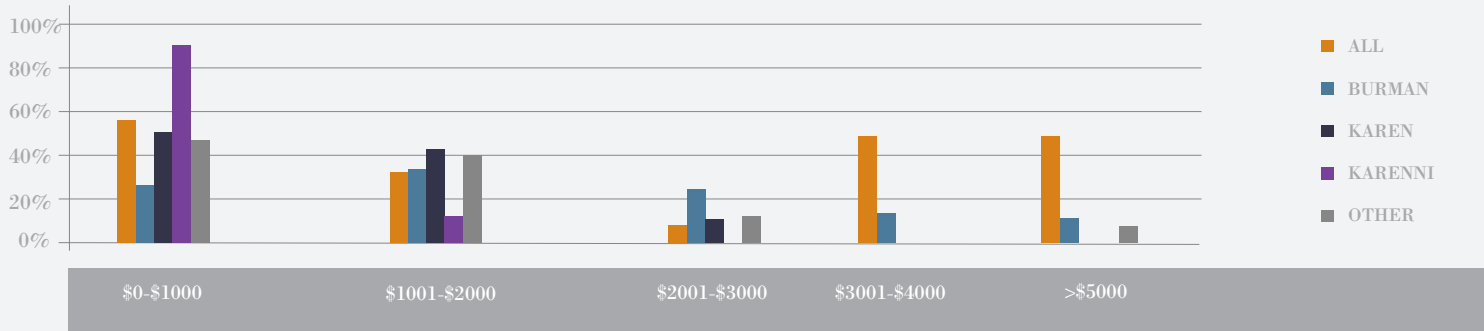


CHART 13: HOUSHOLD INCOME
Total Number = 189



UNLIVEABLE WAGES

EMPLOYMENT

Yim Win Moe has not see her own children, ages 10 and 12, for over five years. She could not live in Burma anymore, saying simply, “Because of the government,” so she left her children with her mother and fled to the Thai border with her husband. Initially, she was happy to be in the United States.

My parents are farmers in Burma. Here, I was able to see things that I have never seen before like cars and tall buildings. We had public assistance for eight months. When I arrived in the United States, I was happy, just like the movies!

Now that she has been in Oakland for two years, when she was asked whether she was still happy, Yim Win Moe quickly answered, “No,” because of her rent and expenses. Even though she is fortunate to have a job at a bakery, she can barely support her husband and herself, and she cannot send money to her children. Her husband cannot work because of health problems, and she has not had time to learn the English skills that might help her obtain a higher paying job. She complained that that her intermittent, low wage work barely covers the rent of their studio apartment.

I work very hard but at times, there is not enough money. My pay is not regular. Sometimes I work three days a week. At other times, I work two days a week.

Once in a while, my pay check does not cover the rent. Sometimes, I receive only \$450 in two weeks. The rent is \$670 a month even though there is no bedroom and it's very small.

She and her husband are in debt as a result of their financial hardship, and she explains, “I owe to my friends.” Besides the low pay, her work is difficult because she cannot speak English. She feels she faces unequal treatment because she does not know the language:

Because I don't speak the language, other people discriminate against me and I have to work more. Since I don't understand, I have to obey everything quietly.

Furthermore, Yim Win Moe shoulders the burden of working the graveyard shift, and commutes four hours daily to and from her workplace. The physical taxation, financial stress, and family separation each have taken their toll on Yim Win Moe:

“ I want to send money to my children as they are having great difficulty. I think of [bringing my family here] but since I don't have money I can't afford it. That's why I am feeling very stressed. And I sleep at times only four hours.

”

I start at 10:45 PM and end at 7 AM, so I take the train and bus at night. It takes two hours one way by the bus plus 45 minutes by the train.

I want to send money to my children as they are having great difficulty. I think of [bringing my family here] but since I don't have money I can't afford it. That's why I am feeling very stressed. And I sleep at times only four hours.

To cope with her situation, Yim Win Moe relies on social support and entertainment from her homeland to cheer her up. She says that a community organization is needed to help refugees like herself gain access to services in the United States:

When I'm at work, I laugh with my co-workers and I forget about my misery. When I get home, I watch movies and listen to music and I try to forget at times. At times I get depressed. I have friends who are able to help me but if I were to rely on government, it would be very difficult. I need someone who speaks English and who can help me to access the assistance and services already available.

At least I'm a little bit educated but there are people [in my community] who have no education at all. If they could be helped thoroughly, it will make them happy as well as make me happy. For example, if an interpreter is provided at [offices and clinics], service would be complete and thorough and the person receiving the service would be happy.

Even though Yim Win Moe has found employment, she does not receive a living wage that can support her rent, food, and health care. For the 37% of refugees who have been successful in obtaining employment, their work is often low wage and sporadic. They receive few benefits, and also report facing workplace discrimination because of their limited English.

Refugees who have jobs earn incomes only slightly more than those who are unemployed. While 95% of unemployed refugees have incomes \$2,000 or less, a full 75% of those with jobs also earn this low amount. Given their average household size, working families remain in poverty despite having employment (See Chart 14, “Income, Unemployed v. Employed”).

One contributing factor to the refugees’ low wages is the limited hours of their employment. Only half have full-time hours, while 35% work 20 hours or less per week. Burmans, who have been in the US longer, have higher rates of full-time employment (See Chart 15, “Hours Worked”).

Most work in service sector occupations, such as bakeries and pizza restaurants. These jobs offer few if any benefits, as only 40% get vacation days and a mere 30% receive sick pay, health or dental insurance, or retirement benefits.

At these menial jobs, refugees complain of unequal treatment, especially due to language barriers. One refugee describes his intermittent, precarious work situation:

I get paid \$8 per hour and work four days a week. Sometimes six hours a day, when it rains hard, three times a week.

There are so many challenges in my life. When I came here, I couldn’t speak English and the other challenge was that I can’t read. My supervisor is Filipino and at my job, the jobs that people don’t want to do, the supervisor makes me do.

He earns the California minimum wage of \$8 per hour. Since he supports his wife, daughter, grandson and mother-in-law, he would still be in poverty even if he worked full-time. A living wage, which would offer health care and childcare, would need to exceed \$30 per hour in Oakland.

Even those with work request further job training in order to earn better wages. Job training ranked as the fifth most highly requested service, after English classes, interpretation, access to government benefits, and healthcare.

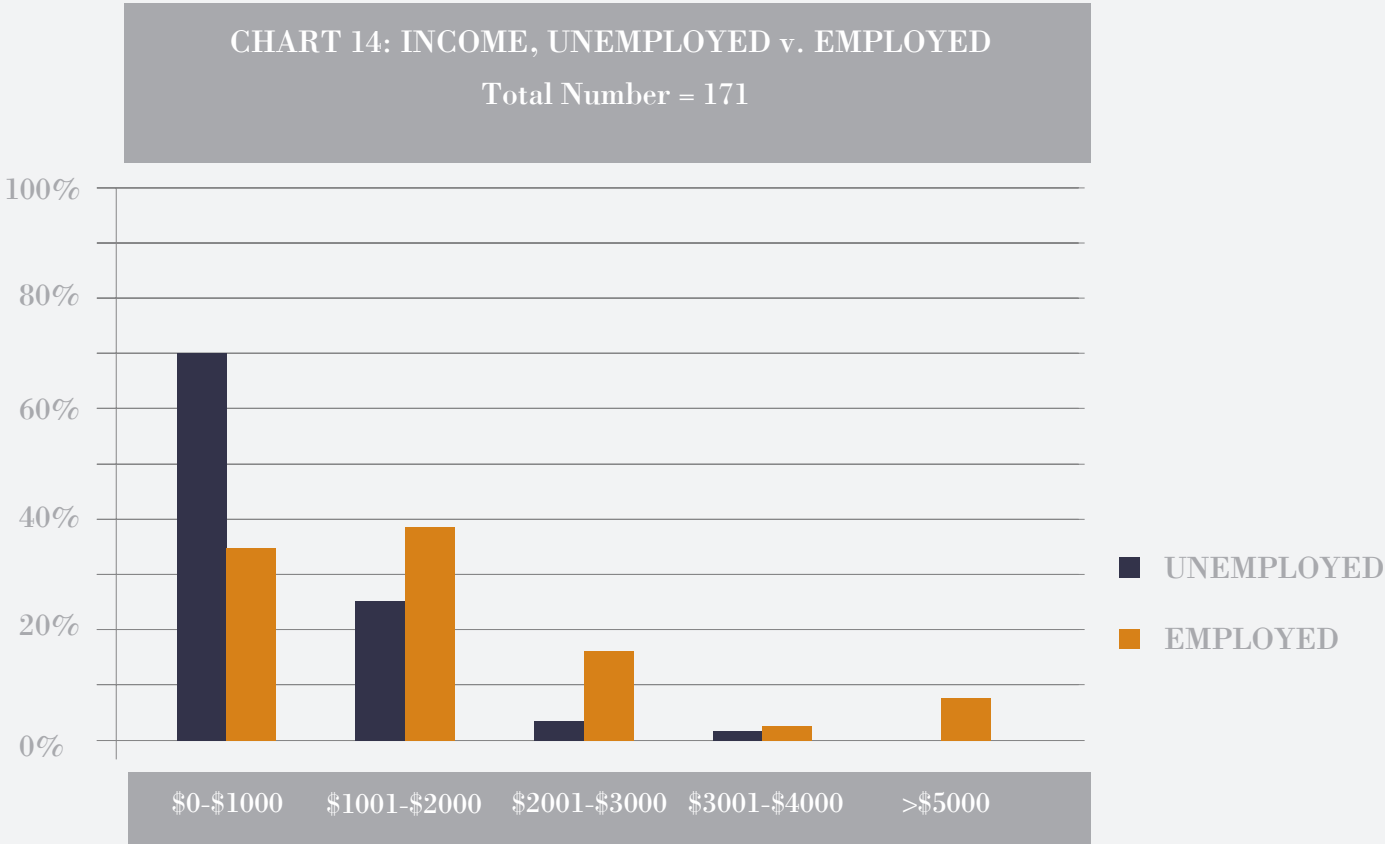
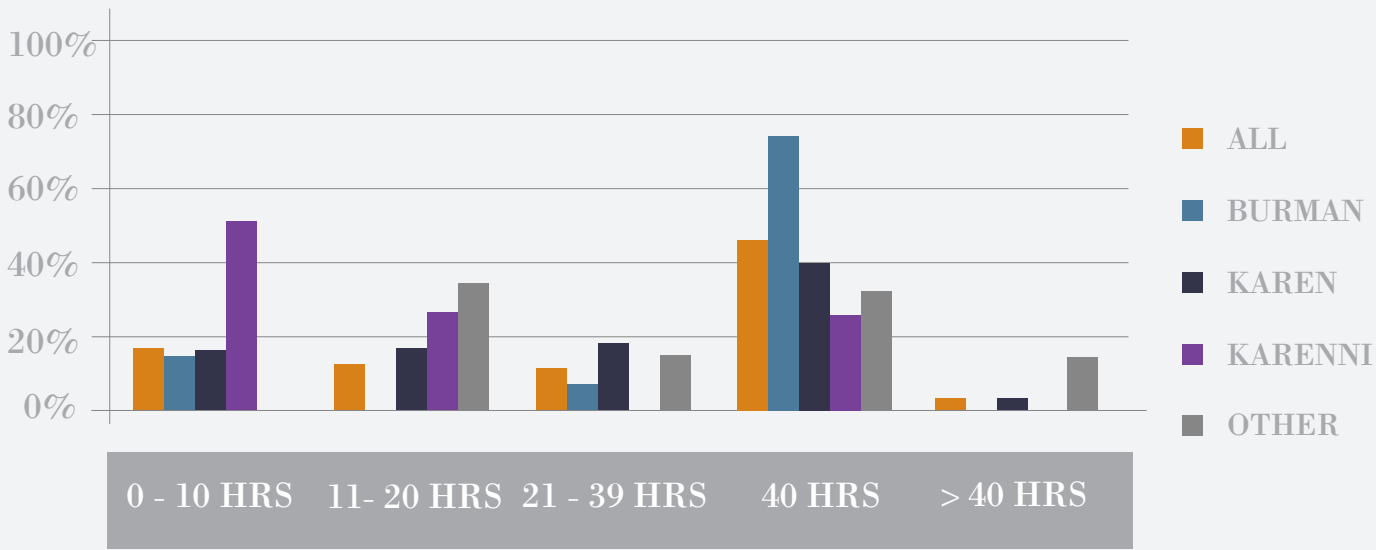




CHART 15: HOURS WORKED

Total Number = 44



BLINDED BY AMERICA

HEALTH ISSUES

Lia Thuang was only 14 years old when he left the Chin state to join his father in Malaysia and obtain work. Without any official documents, he expressed his constant fear of getting caught:

We don't have passports, we don't have ID in Malaysia. The police and a lot of gangsters, they take money and everything. So we're scared of everything. We just run to work and then run to the house.

Unfortunately, Lia Thuang had an accident while in Malaysia that injured his eye. While planning to get surgery, he received resettlement orders and moved to Oakland, CA in September 2008. After his formal education had been interrupted for two years, he resumed school in the 9th grade at the age of 16.

After eight months in the United States, Lia Thuang's refugee Medi-Cal benefits for healthcare expired and he was unable to re-enroll. Consequently, he had to delay his eye surgery even further, and his glaucoma worsened. He recounts,

I couldn't see in my left eye. I had to have surgery to fix it. I tried to get the operation here, but I didn't get a Medi-Cal card. When I turned to 18, I applied again, and I got Medi-Cal. I got an appointment again for surgery, but it was a little late for me. It made my eyes worse. The glaucoma is very big now.

Eventually, two years after arriving in the United States, Lia Thuang finally got surgery. However, the delay may have irreversibly damaged his eye, and now he can only see objects one foot from his face.

Lia Thuang did not blame his caseworkers for the delay in obtaining health insurance. He noted,

I had a caseworker, but they were too busy. They can't help all the time with all my appointments, or with all my applying for Food Stamps and Medi-cal. They teach us how to do it. And then they let us do it ourselves.

As a non-English speaking high school student, Lia Thuang should not be expected to take care of his own health insurance paperwork. His guardian also did not know how to negotiate the system.



“

I had to have surgery to fix it. I tried to get operation here, but I didn't get a Medi-Cal card. When I turned to 18, I applied again, and I got Medicare. I got an appointment again for surgery, but it was a little late for me. It made my eyes worse. The glaucoma is very big now.

”

Despite this setback, Lia Thuang's resilience and optimism shines through. He continues to study hard, volunteer in the community, and write music. He plans to return to his Chin state someday to develop his homeland:

I feel a little bit sad after my surgery—I still cannot see with my left eye. But I can still see with right eye—I think positive things!

My hope is I want to have a good education. I want to go back to my Chin land in Burma and help my country. My country is very poor and has a low level of education. I'd like to build schools in village so children can learn. I would teach the English language.

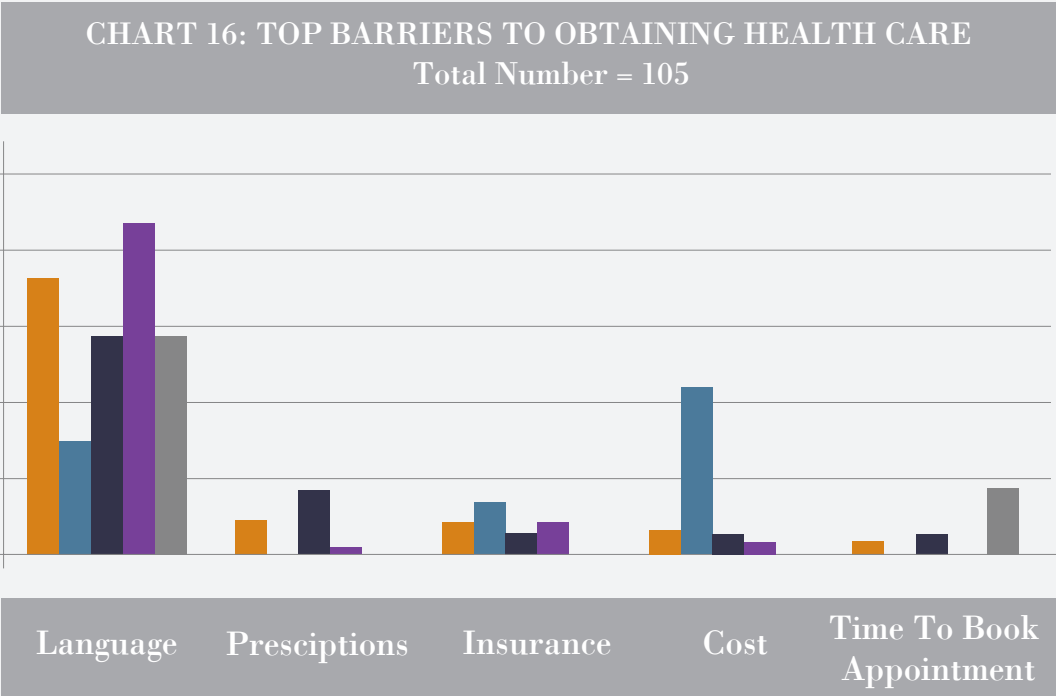
Lia Tluang’s story underscores the importance of timely access to appropriate health care. Obtaining health care was a top issue for refugees from Burma even though a high number stated that they had a doctor. When asked to rank their top three services needed out of eleven options, having affordable health-care received the third highest number of votes. Although they largely reported having Medi-Cal (Medicaid) insurance, they still lacked access to healthcare because of language barriers, transportation issues, and their lack of understanding of their physician’s instructions.²⁹

Over one in four refugees from Burma report poor or very poor adjustment to the United States in terms of their health. When asked to identify their top barriers to health care access, 32% stated that language was the primary issue. Nearly 60% of the Karen and 83% of the Karenni reported that inability to communicate with their providers was their top health care barrier (See Chart 16, “Top Barriers to Obtaining Health Care”).

Transportation was second most cited barrier to healthcare access, with 16% naming this issue. In 2011, when asked directly if they had difficulty in obtaining transportation to their health appointments, 54% said yes. Along with the expense of travel, finding directions to clinics or hospitals outside of their neighborhood was difficult. One refugee elaborated on this problem:

Everywhere we go we have to go with someone that speaks or can translate for us. It is tough for us, the language barrier and transportation. Sometimes we don’t know how to get from one place to another.

29 M. Morris, S. Popper, T. Rodwell, S. Brodine, and K.Brouwer, “Health-care barriers of refugees postresettlement,” *Journal of Community Health*, 2009, 34(6), 529-538.



Other barriers include not understanding their physicians’ instructions (14%), the long wait times in clinic including waiting for interpreters (10%), and getting prescription medicines (8%) (See Chart 17, “Cumulative Top Barriers to Health Care Access”).

Focus group data support these survey findings, with communication difficulties dominating the discussion of health care barriers both for the Karen but especially the Karenni. Insurance difficulties emerged as a more significant topic in the focus groups than in survey responses, with multiple participants complaining of lapses in insurance coverage and the arrival of medical bills that they could not afford to pay.

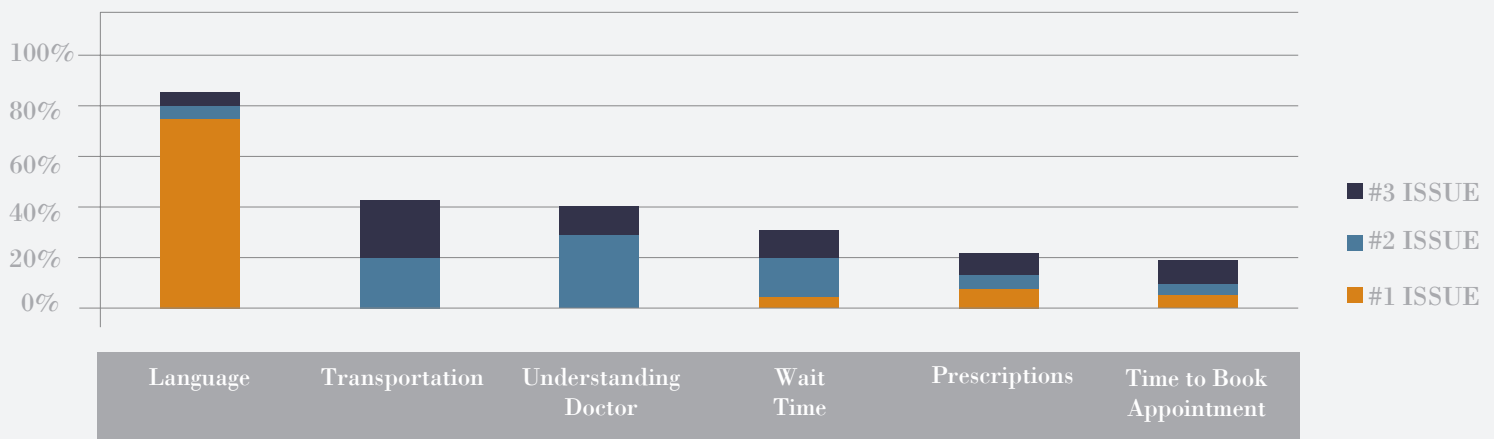
Wait times for both routine and acute care visits also factored prominently in focus group discussions, as well as difficulties in making appointments. Some participants noted that they sometimes had to wait for many hours in clinic, only to find that they could not be seen at all. One man with a high fever was told to return in three months.

The majority of participants did not know that they had a right to make appointments if they had medical problems; they believed that they could only come for medical care if someone had scheduled a follow-up appointment previously. Even those that recognized their right to schedule new appointments lacked the language skills to do so.

Since many refugees did not have any healthcare provided in Burma, they often present complicated cases to the healthcare providers. Those requiring specialists especially had difficulty obtaining any interpretation, in Burmese or in their native languages. Most focus group participants, both Karen and Karenni, reported coming away from these visits with minimal understanding of their condition, and often receiving no therapy of any kind. Especially for those with more complex medical needs, appropriate interpretation and navigation through the health system are essential to prevent disease, disability, or premature death.

CHART 17: CUMULATIVE TOP BARRIERS TO HEALTH CARE ACCESS

Total Number = 279



COMING HERE AND TRYING TO FORGET THE PAST

MENTAL HEALTH ISSUES AND GENERATIONAL DYNAMICS

Mary Htoo was only ten when she arrived in the United States in 2000. Yet she remembers her early childhood in the refugee camps, and the traumas she experienced there continue to haunt her. She explains:

As a young child coming here, I didn't face a lot of difficulty since I am very young and can learn English very fast. But one of the things I faced would be being trying to forget the past. As a young person, the memory is still very alive. Some of these things, I still have today. The memory... never goes away if you experienced something so cruel.

Sometimes when I sleep, I still feel like I'm still home. When I wake up, then I'm like, "Oh I'm no longer there. I'm in a new country now." So some of the things we faced as children would be trying to erase some memories that we don't want to remember.

Similar to adult refugees, Mary has recurring dreams about her homeland that she wants to forget. And although she had opportunities in the United States to experience more freedom and to obtain higher education, she also faced other issues as a minority youth that she would not have in Burma.

Growing up with Americanized values, Mary Htoo has had to learn to relate to her parents' more traditional ways and viewpoints. They conflict over youth concerns such as peer relations, dress, and musical tastes:

My parents are still learning English. They don't have a lot of time to take care of us. As parents here, they don't know how to take care of their children. Our parents are from a different generation and we are a different generation growing up in the U.S.

A lot of things here -- like the style of the clothing here or the culture, dancing-- it's something that's not done back home. So if we do something like that, usually we either get judged or we get scolded by our parents.

Some refugee youth then rebel against the pressure they feel from their parents. Often marginalized in the United States with few opportunities, they sometimes deal with their issues in negative ways. Mary Htoo observes:



“My parents are still learning English. They don't have a lot of time to take care of us. As parents here, they don't know how to take care of their children. Our parents are from a different generation and we are a different generation growing up in the U.S.”

Sometimes [the parental pressure] gets to the youth and they turn to other things. I think they drink a lot when they're depressed because of their past and they gamble a lot.

For young women, [the negative reaction] would be having boyfriends outside of their ethnicity. So the community does judge them for that and many girls probably end up making wrong decisions.

Mary Htoo recognizes these issues stemming from resettlement and the generation gap that ensues. She suggests more programs to help families from Burma to relate better:

[We need programs] for parents to learn the younger generation's culture as well as for the younger generations to appreciate the older generation's culture. We have to accept the fact that we are facing a new generation and new culture here.

Wartime trauma, refugee resettlement, and adaptation to a crime-ridden urban environment are each significant stressors, but in combination they lead to even more severe mental health problems and dysfunctional household dynamics.³⁰ Recent refugees arriving in the United States exhibit “high rates of anxiety and depressive symptoms.”³¹ Given these difficult circumstances, an extremely high number--72% of the refugees--identified at least one stress-related symptom that impaired their ability to work or care for the family.

Mental or emotional distress are often somatized by Asians, so that they often report physical manifestations of their stress.³² Headaches (44%), body aches (34%), and the inability to sleep (32%) were the most often cited impairments. “Heaviness,” or a sensation of chest pressure, is often interpreted as the presence of bad spirits. One in five refugees reported this condition as well. (See Chart 18, “Impairments to Ability to Work or Care for Family”).

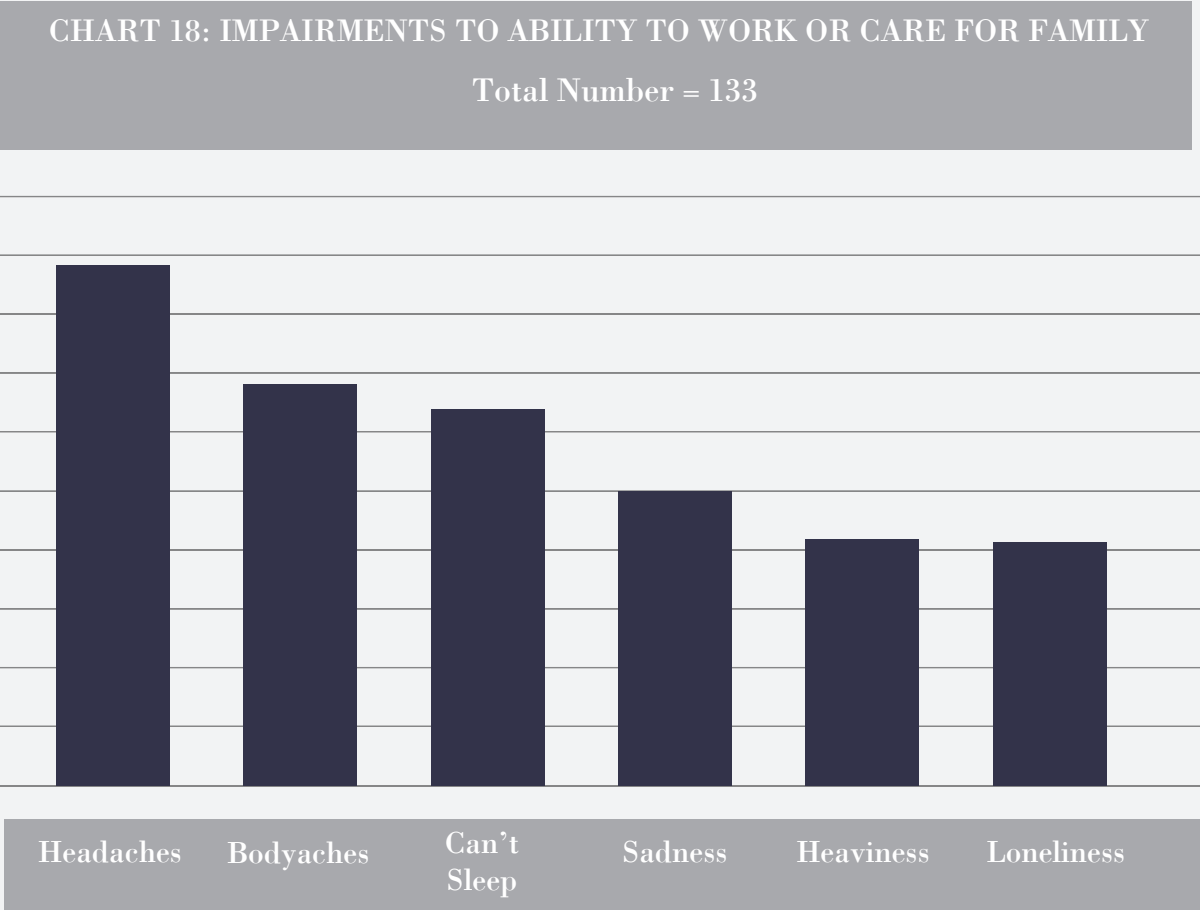
Along with affecting individual mental health, refugee resettlement may also heighten tension within the family. Although survey respondents did not report much domestic violence or alcoholism, the interviewees for the oral history project did highlight these problems.

Unfortunately, because the families are often in survival mode, they cannot pay much attention to their emotional well-being or to their family relational patterns. They lack outlets for exercise, socializing, or self-care. Social support and community institutions are needed for refugees to connect to each other and to promote wellness.

30 Barbara Lopes Cardozo, Leisel Talley, Ann Burton, and Carol Crawford, “Karenni refugees living in Thai–Burmese border camps: traumatic experiences, mental health outcomes, and social functioning” *Social Science & Medicine*, Volume 58, Issue 12, June 2004, Pages 2637-2644; K. Lueck, and M. Wilson, M., “Acculturative stress in Asian immigrants: The impact of social and linguistic factors,” *International Journal of Intercultural Relations*, 2010, 34(1), 47-57.

31 Porter, Matthew and Nick Haslam, “Predisplacement and Postdisplacement Factors Associated with Mental Health of Refugees and Internally Displaced Persons.” *Journal of the American Medical Organization*. 10: 1001 (2005): 602-612.

32 K. Alden, et al. “Burmese political dissidents in Thailand: Trauma and survival among young adults in exile.” *American Journal of Public Health*, 86, 1996.



STILL NO PEACE

PUBLIC SAFETY

A member of the Karen State, Saw Mu Ler was a second year college student studying Geography when the students rebelled against the military dictatorship. He became a leader in the student democracy movement, but was eventually captured in 1990. He then spent a harrowing sixteen years in Burma as a political prisoner, including three years of solitary confinement in a ten by ten foot cell without lights. He recalled:

Since I lived in that small room for three years continuously, my moral and mental health were broken. I also suffered all sorts of torture. I should say I am lucky I am not dead.

Even after being released, he was constantly under surveillance and he could not work to support his family. He finally fled to the Thai border, and taught at Dr. Cynthia Maung's clinic in Mae Sot for a few years. After living at the No Boun refugee camp for four years, he resettled to the United States in September 2008.

Unfortunately, Saw Mu Ler's dreams for peace and safety have still not been realized in Oakland, where he lives in the San Antonio neighborhood. He was excited about taking community college classes again, but one day when returning from school, two men robbed him at gunpoint a block from his apartment. He complained bitterly:

I had about \$60 cash in my wallet, including my bank card and Social Security card. They took out \$400 from my account even though I tried to close my account. Because of this horrible experience that I have had, I was very much discouraged. I got to know that in the U.S., nobody could get security.

Adding insult to injury, several witnesses to the robbery failed to intervene or even call for help. Saw Mu Ler did not understand the bystanders' fear and non-intervention as he struggled with the robbers and waited for the police:

While these two men were robbing me, the people nearby didn't help but just stood there. I dialed 911 and tried to get the police, but they came 45 minutes after the incident. I tried to defend myself for 15 minutes wrestling. The guy held me from behind and slammed me on the ground. People nearby did not help me. I don't know why they didn't help me and I don't understand.

“ In my opinion, they target refugees because they can do it to this particular group of people. For example, the robbers know that because the refugees don't speak English, they can't tell the police who are the perpetrators. So the police won't be able to find the robbers. ”

I didn't like that kind of people who don't help. There were two or three people and cars that stopped by, but just looked at us.

Unfortunately, Saw Mu Ler's experience was not an isolated incident. He discussed three similar robberies within a block of his home, and the failure of witnesses to get involved in each. He complains:

In my opinion, they target refugees because they can do it to this particular group of people. For example, the robbers know that because the refugees don't speak English, they can't tell the police who are the perpetrators. So the police won't be able to find the robbers.

Even though he came from a nation with a brutal regime, Saw Mu Ler finds the violence in the United States bewildering. He especially does not understand how Americans act so fearfully in keeping to themselves, because he believes people in Burma would intervene:

In Burma, if someone is robbed on the street, people nearby will interfere and run after the robber and beat them up and catch him. That's the protection for victims. Here, I don't know why people don't want to help. I don't have an answer. This sort of incident and behavior is people intentionally bullying other people. Even though the government can't help right away, people nearby should help assist to prevent the incidents.

Saw Mu Ler currently is organizing the Karen community to develop such mutual assistance, and to preserve the culture and language of his people.

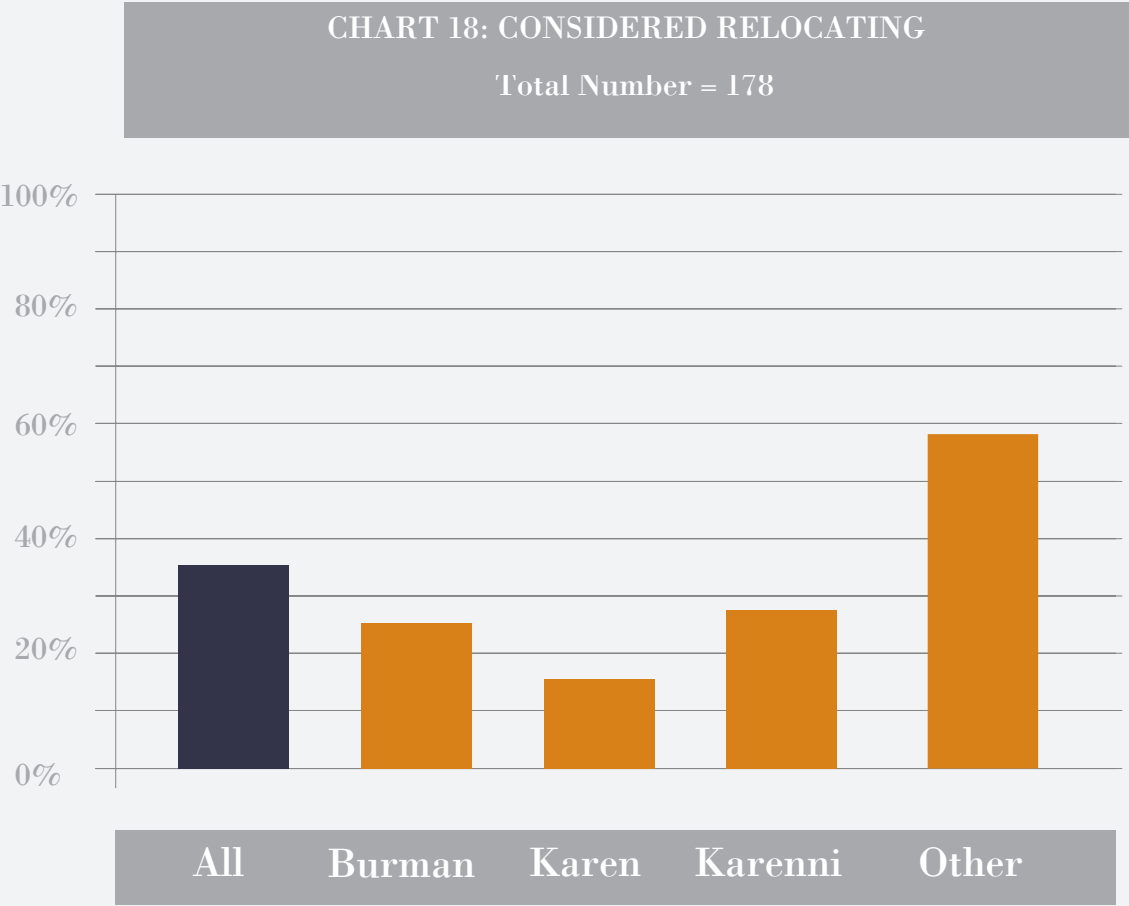
Although crime and neighborhood safety was not as a pressing concern as acquiring English, securing employment or benefits, or receiving healthcare, the refugees like Saw Mu Ler often expressed a sense of isolation. Because they feared for their personal safety while walking in neighborhood streets, they rarely went out and instead felt trapped in their homes.

For example, one individual heard about Oakland’s high crime rate just a week after arriving. As he explained, he did not feel safe and desired to relocate to a safer and more affordable place:

One week later I heard about all the crime. It was scary. I also saw people hit a woman and take her purse and phone. It’s very scary. I didn’t go out at night, later than 4 or 5 PM. A month later I tried to leave because I was not happy. Even after a year I wasn’t happy.

Those with smaller ethnic communities were more likely to consider relocating out of the Bay Area. Among the Chin, Kachin, Muslims or Rakhaing, 58% thought about moving. In addition, 27% of Burmans and 26% of Karenni have seriously contemplated relocation. However, when asked where they might move, the majority had no idea about where they might go (See Chart 19, “Considered Relocating”).

Such isolation and perceived danger can only exacerbate pre-existing trauma and mental illness. Programs to connect refugees to appropriate mental health services, to local police and government, and to each other, can promote safety and connection in this vulnerable and isolated community.



EMPOWERMENT IS WHEN YOU ARE NOT ALONE

COMMUNITY ASSETS AND DEVELOPMENT

After fleeing Burma as a child and growing up at the Bangladesh-Burma border, Su Lay came as a political asylee to the United States in 2005. She wanted to gain skills to return and help her country, but pursuing education as a young mother was difficult.

Before I came here, I decided that I should learn something useful for my country someday. This knowledge would benefit our country. The challenge was finding daycare. I had my two sons who needed childcare service. But the waiting list was two years. So I dropped out of school because I didn't have childcare.

When she saw other refugees from Burma coming who faced similar issues and needed assistance, Su Lay became very involved with her community. She began accompanying people to their appointments and helping to interpret.

When I came here, I had lots of needs. It was really difficult for us to get into the system. When people came after us, who don't speak English, they really needed some help. We went with them everywhere. They didn't have translators.

We took lots of people to social services or hospitals. When we asked for translators, they yelled at us! It was lots of struggle. They don't understand our culture, our background.

After Su Lay's divorce, her community work became even more taxing for her. Yet since she understands the difficulties of being a single mother, she continues to advocate for issues such as domestic violence.

As a single mother, Asian and divorced, I face lots of issues in the community. It is really difficult as an Asian woman with lots of challenges. Our culture is beautiful, but sometimes we have gender issues.

Other women also suffer from abusive relationships in their lives and they don't know how to maintain their safety. I'm so worried about them. Some people are supporting the abuser. Now I'm working on awareness based on my personal experience. A lot of women are silent, but domestic violence affects the whole family.

While her ethnic culture may be patriarchal, the American system is also oppressive for refugees from Burma. Su Lay ex-

“ The system is broken; it's not for our immigrant and refugee population. The government has to take a big step for refugees because budget cuts have effects on people.

”

plains that the lack of governmental support for families creates stress and isolation.

The system is broken; it's not for our immigrant and refugee population. The government has to take a big step for refugees because budget cuts have effects on people. Five months funding doesn't work.

We need better support for single women, to help with childcare, and financial independence. Whoever doesn't have income, they're isolated inside. They're struggling and abused. So it's important for women to gain financial independence.

To help herself and others like her, Su Lay has been an advocate of policy reform and grassroots organizing. She believes that to effect social change, her community needs a stronger voice and a community center for young leaders to emerge.

Policy makers never feed their families on food stamps. They don't understand their struggle, how painful the budget cuts are for the people. It's important for people to raise their voice. This is democracy. All people should be involved.

We're looking for a community center for long-term support and connection. People in the Karen state and Rakhaing state, we're separated. That's why we want youth to come and talk about their culture. Karen youth and Kachin youth need cultural exchange. The more we understand each other, it's easier to unite.

The more they understand the root cause [of what happened in our nation], the more they can understand how to change and take leadership for their nation.

In spite of the critical issues facing the refugee communities from Burma, Su Lay and her fellow refugees display a strong resilience and a persevering hope for their future. In addition to their individual abilities and their strong family connections, they have numerous community assets upon which they can build, including committed leaders, educated individuals, and social capital.

Those surveyed identified several skills that they have brought with them from Burma. The top three skills include cooking (71%), farming/growing plants (59%), and childcare (25%), skills that can be transferred to the labor market (See Chart 20, “Individuals’ Skills”). These skills are also assets in contributing to community causes and co-ethnics in times of need.

Besides being able to rely on their own skills, the refugees from Burma expressed hope and reliance on their children. As one mother stated:

Right now I just want my children to go to school. It's up to them to pick what they want to be after they grow up. I just want them to go to school and after they can have the choice be a teacher or entrepreneur as well as take care of me. I hope my children can take care of my husband and me in the future.

Finally, the refugees looked to their own communities for

strength. Several of the respondents saw the need to unify their community and to develop their own organizations, as refugees from Burma have done in other states. One realized that such capacity building and coalition networking would facilitate community development and empowerment:

According to my convictions and hope--I don't know whether this could be done or not-- I want to try to organize all the refugees from Burma to become united. As a first step, I want to support national and cultural unity—not political organizing. The next step is for all the refugees from Burma to be able to stay here in harmony and to work in collaboration.

In California there is no organization that is united around national or cultural groupings. In Fort Wayne, Indiana, there is a Karen organization. With those organizations, the people of that area don't have as much hardship because the organizations help the community.

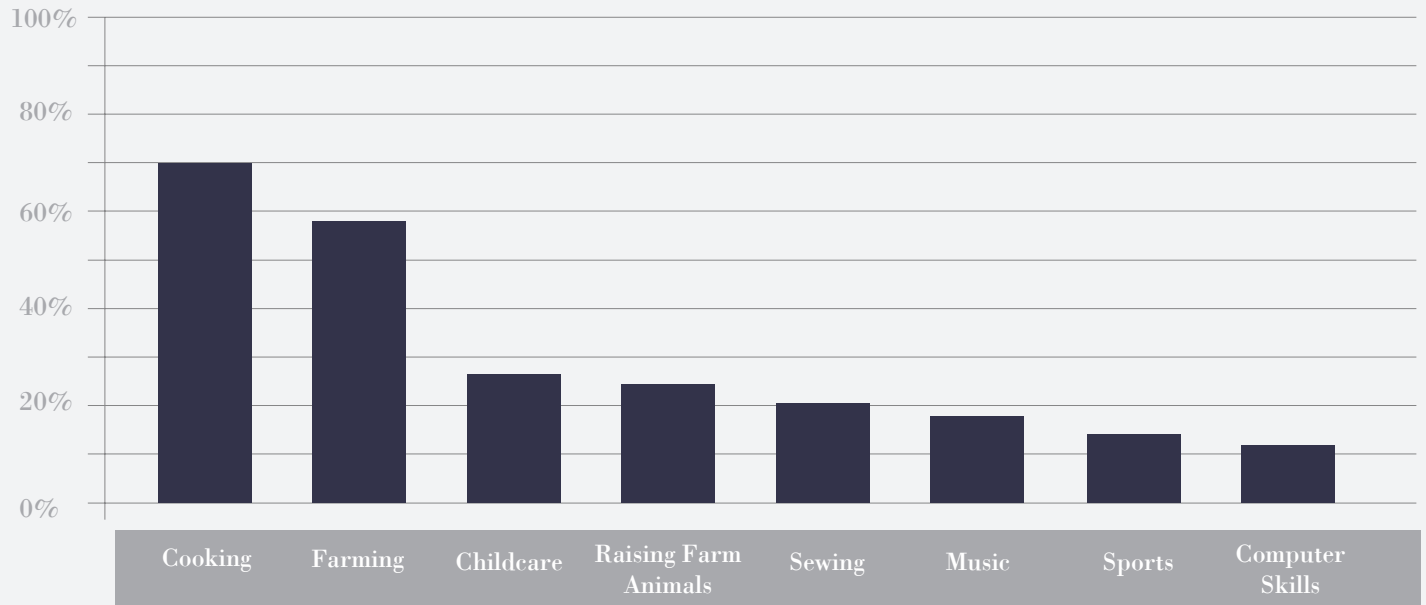
To be able to meet our families' basic needs, it would be more successful if we had our own national organizations.

These three strengths—their own skills, their hope in their children, and their collective efforts—form the foundations by which the community hopes to pass from crisis to community development.



CHART 20: INDIVIDUALS' SKILLS

Total Number = 102



POLICY RECOMMENDATIONS

1. English as a second language (ESL) classes must be readily accessible to new refugees, with curriculum that acknowledges their lack of formalized education in Burma.

While pre-migration factors, such as educational attainment, shape early language acquisition, post-migration opportunities to learn English become increasingly important for refugees.³³

2. Skilled interpreters need to be trained and funded, especially since almost all the ethnic groups from Burma who have resettled are linguistically isolated from English speakers.

Face to face interpretation services should be given priority over phone interpretation, if possible.³⁴ Refugees from Burma should receive interpretation in their own languages—such as Karen and Karenni—and not just in the Burmese language.

3. Effective job training and employment programs for refugees must be coupled with ESL, as limited employment opportunities are available to non-English speakers.³⁵

The current policy emphasizing quick employment in low-skilled jobs does not facilitate long-term integration or the acquisition of living wages.³⁶

4. Support for refugee microenterprise projects that build on the existing strengths and skills of the community is effective.

These projects offer income generation and job training opportunities.³⁷

5. One stop centers with new technology-based tools should facilitate both job placement and application of multiple government benefits.

These centers should offer language appropriate services and ensure that the refugees can access the supports to which they are entitled.³⁸

6. U.S. resettlement policies need to take into account the specific needs of the refugee populations as well as the ability of the receiving communities to incorporate them.

Eight months of Refugee Resettlement Income and four months of case management from resettlement agencies are clearly not enough for refugees with low literacy levels and a lack of employable skills.³⁹

7. Language access and health navigation are essential in order to provide health care to this refugee population.⁴⁰

While they may have primary care providers, the refugees cannot communicate to health care staff and do not understand the system.⁴¹ A pool of bilingual navigators who can work independently across agencies, organizations, and schools are especially needed to assist individual refugees and their families. In addition, language access laws at the city, state, and federal level should be funded and enforced.

35 Donald Kerwin, *The Faltering US Refugee Protection System*, Washington DC: Migration Policy Institute, May 2011.

36 Peggy Halpern, "Refugee Economic Self-Sufficiency: An Exploratory Study of Approaches Used in Office of Refugee Resettlement Programs," Washington: U.S. Department of Health and Human Services, November 2008 . <http://aspe.hhs.gov/hsp/08/RefugeeSelfSuff/> (accessed 18 August 2011).

37 Rowena Fong, Noel Bridget Busch, Marilyn Armour, Laurie Cook Heffron & Amy Channugam, "Pathways to Self-Sufficiency: Successful Entrepreneurship for Refugees," *Journal of Ethnic and Cultural Diversity in Social Work*, 2007, 16:3, pp. 127-259.

38 Shelley Waters Boots, *Improving Access To Public Benefits: Helping Eligible Individuals and Families Get the Income Supports They Need*, (Ford Foundation, Open Society Institute and Annie E. Casey Foundation, 2010. <http://www.aecf.org/-/media/Pubs/Topics/Economic%20Security/Family%20Economic%20Supports/ImprovingAccessToPublicBenefitsHelpingEligible/BenefitsAccess41410.pdf> (accessed 15 August 2011).

39 Kate Brick, Amy Cushing-Savvi, Samia Elshafie, Alan Krill, Megan McGlynn Scanlon, and Marianne Stone, *Refugee Resettlement In The United States: An Examination Of Challenges And Proposed Solutions*, New York: Columbia University School Of International And Public Affairs, May 2010. <http://www.sipa.columbia.edu/academics/workshops/documents/IRCFINAL-REPORT.pdf> (accessed 15 August 2011).

40 Aaron Dickerson, Kathleen Leary, Brandon Merritt, Disha Zaidi, *Performance Measurement for Refugee Integration Programs*, Church World Service, Spring 2011. http://www.church-worldservice.org/site/DocServer/Performance_Measurement_for_Refugee_Integration_Programs.pdf?docID=3924.

41 M. Morris, S. Popper, T. Rodwell, S. Brodine, and K. Brouwer, "Healthcare barriers of refugees post-resettlement," *Journal of Community Health*, 2009, 34(6), 529-538.

8. Mental health community-based programs appear to work far better than traditional western forms of psychiatric treatment.⁴²

Since refugees from Burma often somatize mental health issues, coordinated efforts between health and mental health agencies would be beneficial.

9. Public safety initiatives should encourage bilingual, bicultural refugee community/police relations to improve police responsiveness and refugee support of neighborhood policing.

Since refugees feel targeted and vulnerable, and since many have had negative experiences with police in Burma, Thailand and Malaysia, efforts to assure police and government responsiveness to their concerns are paramount.⁴³

In addition to these policy recommendations, the following strategies aim to promote community self-sufficiency and empowerment:

10. Federal and local refugee government agencies and non-profits should work together with and support grassroots refugee organizations that are formed by people from Burma.

They can best assist their community to bridge culture and linguistic barriers and help their community members navigate complex health, education, and government systems. These organizations are also more likely to secure the trust and confidence of the refugee communities.⁴⁴

11. Leadership development of individuals from the various ethnic groups from Burma will strengthen the community's overall capacity to become self-sufficient.

These leaders must be adequately trained in interpretation and in their respective fields, well-compensated, and supported by other staff.⁴⁵

12. Community partnerships, such as the one described in this report, help leverage community assets, as well as inter-organizational networks and university expertise.

Successful projects, like the BRFN health fair, multiply the small amount of funding it receives.⁴⁶ Resettlement agencies must work with other culturally and linguistically appropriate community-based organizations after resettlement agencies fulfill their case management periods. These partnerships should support individual families from the refugee community, as well as mutually benefit the partnering organizations.

42 Background on Potential Health Issues for Burmese Refugees, *Global Health*, 21 May 2010. <http://www.globalhealth.gov/refugee/refugees_health_burmese.html>

43 Nina Schiller, JerriAnne Boggis, Molly Messenger, and Emily M Douglas. *Refugee Resettlement in New Hampshire: Pathways and Barriers to Building Community*. Durham: University of New Hampshire, 2009.

44 Winston Tseng, "External Dependence and Adaptation of Chinese and Vietnamese Immigrant Service Organizations," Paper delivered at the International Society for Third Sector Research, Toronto, Canada, July 2004, <http://atlas-conferences.com/c/a/m/1/02.htm> (accessed on 29 August 2011).

45 The Southeast Asian Resource Action Center offers fellowships for training on "advocacy education, leadership strategizing, collaborative networking, and relationship building with decision makers on issues that are specific to the Southeast Asian American community." Similarly, the Canada Council for Refugees funds a leadership development program to gain greater refugee participation on all levels of its program. See <http://www.searac.org/content/leadership-and-advocacy-training-lat> and <http://ccrweb.ca/en/refugee-leadership> (accessed 15 August 2011).

46 Audrey Singer and Jill H. Wilson, "From 'There' to 'Here': Refugee Resettlement in Metropolitan America," Washington DC: The Brookings Institute, September 2006. http://www.brookings.edu/metro/pubs/20060925_singer.pdf (accessed 15 August 2011).

APPENDIX A

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APPENDIX B

COMMUNITY-BASED PARTICIPATORY RESEARCH METHODOLOGY

This project was a community-based, participatory research effort in which community members engaged in research design, data collection, and analysis of the data along with the principal investigator.⁴⁷ Findings were presented to BRFN and the East Bay Refugee Forum, as well as community members, each year for review. Research findings were later used by BRFN for strategic planning and by AHS for fundraising.

Needs Assessment Surveys

For the first assets/needs assessment in 2009, BRFN members solicited widespread assistance from other agencies, including representatives from Alameda County Public Health and the Oakland Unified School district. Using previous needs assessments of Southeast Asian groups as templates, they identified the major issues to assess: 1) Background Demographics; 2) Education and English Level; 3) Housing; 4) Employment; and 5) Health and Mental Health. Not only did BRFN seek to specify needs, but it also wanted to identify the capacities of the refugees to become self-sufficient.

Through a series of meetings with the partnering organizations, the BRFN planning group refined the questions of the 2010 and 2011 assessments and especially sought input from their Karen and Karenni members and outreach workers. This collaborative process was instrumental in ensuring that both the questions were worded properly and the possible answers were appropriate. For example, one question sought to determine what mental issues impaired individuals from taking care of themselves. Knowing that “heaviness,” was a physical manifestation of a perceived spiritual issue, it was included in the survey. BRFN also observed that many of the newcomers were seeking to move out of Oakland because of the high cost of living. They thus included a specific question about moving out to ascertain the exact primary and secondary migration patterns of the refugees.

With the help of Asian Health Services (AHS), a community health center, Street Level Health Project, a free clinic, Asian American Studies (AAS) of San Francisco State University, BRFN organized four community health fairs where the surveys would be completed.⁴⁸

Professor Mai Nhung Le and Professor Russell Jeung both included their classes at San Francisco State University to help fundraise for BRFN, provide food, organize games and entertainment, and gather the data. The fairs were held at various community sites: a local school, a church, and two non-profit agencies in Oakland.

Through funding from San Francisco State, eight Karen, Karenni, Chin and Burman individuals were retained to assist in survey translation, outreach, and health fair coordination.

Over five hundred refugees from Burma attended the different health fairs, where they received health and dental screenings, consultation with physicians for urgent health concerns or abnormal health screening results, health promotion workshops, and a free lunch, which was prepared both by refugee members and the students.

With the help of volunteer community interpreters, students gathered 142 surveys. Outreach workers collected 52 more on their own time, totaling 194 completed surveys. Only three individuals took the survey twice, and the duplicate surveys were thrown out. Respondents received gifts of about \$10 in value, as well as raffle prizes in exchange for completing the survey.

Since the refugee population from Burma is estimated to be 400 to 500 people in Oakland, the total number of 194 surveys collected is representative of this community. The findings from the twelve in-depth oral histories, in which interviewees shared their views of community issues, corresponded to the survey results.

⁴⁷ See Randy Stoecker, *Research Methods for Community Change*, New York: Sage Publications, 2005.

⁴⁸ Other collaborating organizations assisted in outreach, site coordination, and event planning of the health fairs.

APPENDIX B

COMMUNITY-BASED PARTICIPATORY RESEARCH METHODOLOGY

Oral Histories

The interviewees from the oral history project were solicited by the BRFN members. Their backgrounds are profiled here:

Ethnicity	Gender	Age	Occupation	Arrival in US
Burman	Female	50s	Bakery worker	2009
Burman	Male	40s	Social Worker	1990
Chin	Female	19	Student	2009
Karen	Female	50s	Unemployed	2010
Karen	Male	40s	Unemployed	2008
Karen	Female	21	Student	2000
Karen	Male	50	Bakery Worker	2008
Karen	Male	48	Golf Course worker	2011
Karenni	Male	52	Unemployed	2009
Karenni	Male	40s	Unemployed	2009
Karenni	Male	20s	Grocery Worker	2009
Rakhaing	Female	30s	Social Worker	2005

While not claiming to be representative of their respective ethnic communities, these oral histories of individuals recount their issues, concerns and aspirations in their own words. In the tradition of Asian American Studies, the research team sought to give voice to the community, to provide personal accounts of the issues impacting it, and to consider the broader social structures that shape it.⁴⁹

These oral history interviews lasted from one to two hours and were videotaped at the consent of the interviewee. Translators were used in seven of the cases.

Interpreters hired by BRFN translated the interviews and students helped to transcribe them. Quotes and key themes emerging from each interview were used to construct the narrative profiles. These profiles have been provided to the interviewees for their edits and suggestions.

Focus Groups

Two focus groups were held focusing specifically on health care access and barriers. One group for 17 Karenni adults was led by an English-speaking facilitator with the assistance of two interpreters: one translating from English to Burmese, and a second from Burmese to Karenni. This dual interpretation was necessary since an interpreter with adequate Karenni and English skills is not available in the local community. The Karen focus group of 11 participants was conducted in English with Karen interpretation. Each focus group lasted approximately 90 minutes, and were structured around the following open-ended questions:

- When you or your child gets sick, what do you do? How do you get help?
- How easy or difficult is it for you/your family to see a doctor when you need to? What makes it easy or hard?
- Have you had insurance difficulties? What do you do if these occur?

Questions were translated from English into Karen (or into Burmese, and then into Karenni), and responses were translated back to English in summary form (rather than word for word translation, due to time limitations). Notes were taken by the facilitator during the focus group, and were supplemented by the interpreters after the notes were submitted to them for their review, with the aid of digital audio recordings of the focus group proceedings.

⁴⁹ James Hiralayashi, "Ethnic Education: Its Purposes and Prospects," in *At 40: Asian American Studies at San Francisco State*, San Francisco: Asian American Studies Department, San Francisco State University, 2009, pp. 29-35.

