

# **MIND THE GAP: AN ASSESSMENT OF NEED IN THE HAMPTON ROADS BHUTANESE REFUGEE COMMUNITY**

**Peninsula Refugee Research Working Group  
White Paper 01**

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**08.15.2015**

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## EXECUTIVE SUMMARY

### BACKGROUND

Since 2008, approximately 300 refugees from Bhutan have resettled in the Newport News/Hampton area with the help of Commonwealth Catholic Charities located in Newport News. Like many of the other refugees who have settled on the peninsula, the Bhutanese escaped persecution and terror in their home country and spent many years in refugee camps before coming to the United States. Life in the camps was often dangerous, unsanitary, and many basic needs went unmet. Individuals and families arrive with the knowledge that they cannot return to their country of origin; they must make the linguistic, cultural, and social adjustments to their new home the best they can. Some refugees arrive with little education, few employment skills, and virtually no proficiency in English. The federal government works in collaboration with refugee resettlement agencies at the state and local levels to settle and support new arrivals. Local refugee resettlement agencies arrange temporary support for new arrivals, but that support does not extend beyond a few months. When they can find work, refugees tend to work in low-paying jobs and cobble together aid from state and federal sources to make ends meet. As difficult as it is to start from scratch in a foreign country, the long-term goal for refugees arriving in the United States is self-sufficiency, successful acculturation, and citizenship. With poor health, limited or no education, and low levels of proficiency in English, the path to citizenship is not an easy one.

Our research team was interested in exploring the needs of the Bhutanese refugee community since they represent one of the largest groups to arrive on the peninsula and because we knew they were struggling with a number of the challenges mentioned above. Recent studies indicate that Bhutanese refugees in particular are experiencing a difficult transition to life in America. A 2011 study conducted by the International Organization for Migration found that the suicide rate among recently resettled Bhutanese refugees was disproportionately higher relative to the general population as well as other resettled refugee groups (Schinina, Sharma, Gorbacheva, Kumar Mishra 2011). This social indicator, along with others, suggests that social integration and acculturation are not occurring as expected.

We hypothesized that Bhutanese refugees in particular were having difficulty adjusting to life in the United States is due to a constellation of social problems that are not effectively addressed by the existing array of refugee assistance programs. To test this assumption, our team conducted a series of qualitative and quantitative investigations over a 9 month period from May 2014 through February 2015.

### STUDY METHODOLOGY

With the assistance of Commonwealth Catholic Charities, the local resettlement agency, and Bhutanese refugee community organizers, our research team conducted a series of interviews in the community and organized focus groups (women, men, and young adults) to get a sense of how adjusting to life in America was proceeding for Bhutanese

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families. A needs assessment survey was developed and translated into Nepali (the language spoken by Bhutanese refugees). Between May, 2014 and February, 2015, teams of student and faculty researchers worked alongside translators to visit all known Bhutanese refugee households in the area to conduct the needs assessment.

### **KEY FINDINGS**

#### ***Demographics:***

- 55 households were surveyed representing 270 Bhutanese refugees.
- The average length of time in the United States: 3.9 years (most have never left this area).
- Average household size: 5 (households range from 2 to 10); most live in 2-bedroom apartments.
- Average age of household members: 28.7.

#### ***Education:***

- Over one-third (36%) have no formal education; the adults in the community have an average of 5.7 years of education.
- Amount of education is significantly related to age; the older the refugee, the less formal education they have received.
- High school students have a difficult time catching up in school and passing standardized tests.
- Parents have difficulty communicating with teachers and school administrators and with helping with their children's homework.
- Upon arrival to the US, girls are farther behind than boys.
- Parents do not know how to help their children plan for higher education.

#### ***Employment:***

- Of the 172 household members between the ages of 18-64, 46% are employed full-time.
- Most are employed at a few key sites, (Smithfield Foods and Canon, for example); many work third shift.
- Many refugees work in excess of 60 hours per week.
- Many are interested in owning their own businesses but do not know how to start.
- Gender and age are both significantly related to employment; women and older adults are the least likely to be employed.

#### ***Health/Mental Health:***

- Three-quarters report they are in poor or fair health.
- 60% report at least one family member has had a recent serious health problem.
- High levels of monthly emergency room visits.
- 20% report a family member with a mental health problem.

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- 35% of household members do not have health insurance.
- Half of respondents have significant unpaid medical bills.

### *Safety:*

- Because of the areas in which they live, crime rates are high and safety is a concern.
- At least 10 respondents report having been physically attacked.
- Refugees report being threatened by co-workers and community members.

### *Language:*

- 63.6% of households report no one speaks English very well.
- Overall, women who did not go to a U.S. high school report the lowest levels of English proficiency.
- Lack of English proficiency is linked to difficulties in all other areas, including accessing health/mental health care, communicating with law enforcement (or a potential attacker), communicating with schools, communicating with employers and co-workers, etc.

## **STUDY RECOMMENDATIONS:**

- 1. Direct access to English language classes and language immersion opportunities. Due to prevalent transportation difficulties, these classes would take place, ideally, in the communities where the refugees live.**
- 2. Expansion of employment opportunities and skill development pathways throughout the community.**
- 3. More support for newly arriving high school students (e.g. language education, integrative opportunities).**
- 4. Recruitment of long-term community brokers who can assist community members with finding employment, accessing the community services, and the support they need, leading to community-driven acculturation. This would involve picking up where the refugee resettlement agencies leave off. Brokers should come from the refugee community itself whenever possible.**
- 5. Support for the establishment of organizations and community centers proximal to the refugee community.**

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**Funding and support from the Ferguson Foundation and CNU's Center for Community Engagement**

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## INTRODUCTION

Beginning in the late 1980s and intensifying in the early 1990s, politically-driven ethnic persecution in Bhutan forced Bhutanese of Nepali ancestry to flee from the south of Bhutan into neighboring Nepal. By 1996, over 100,000 refugees found temporary homes in seven refugee camps in Eastern Nepal (refworld.org 2004). Due to lack of resettlement options, the camps became much more permanent until resettlement arrangements were made in 2007 and the resettlement process began in earnest in 2008. The United States has resettled approximately 70,000 of the refugees. In 2008 the first arrivals to Southeast Virginia arrived in Newport News and Hampton. Currently there are about 300 Bhutanese refugees in the region.

Bhutanese refugees face a number of obstacles to successful, community-driven acculturation and social integration. Many Nepali Bhutanese have spent their entire lives in the camps, others spent their most productive years without opportunities to build wealth, develop marketable skills, or secure property. While there was an educational system in the camps, most Bhutanese refugees do not possess the equivalent of a high school diploma. The adults in the community possess an average of 5.7 years of education; many are illiterate in Nepali and have a very low level of English language proficiency. Much of the population spent two decades in the camps. This has had a profound impact on the community and contributes to some of the difficulties refugee families are having adjusting to life in America.

Community-driven acculturation is a mode of interactive acculturation where community members make decisions regarding how they assimilate to their host country (Bourhis et al. 1997). Barriers to community-driven acculturation include high unemployment among working age adults, pervasive mental health issues, medical issues that are thought to be the result of many years of poor nutrition while in the camps, the inability to speak English, access to higher education, and resettlement in areas with high crime rates. Due to the relative intractability of these obstacles, we conclude that the intergenerational upward social mobility that has characterized previous waves of immigration into the United States, may, without targeted assistance, remain elusive for many Bhutanese refugee families. We recommend that necessary social and economic inputs be made available now while the community is newly established. This may prevent the slide into what anthropologists and sociologists are calling America's "rainbow underclass" - an ethnically diverse, yet socially immobile stratum of American society marked by high unemployment, poverty, and limited access to higher education and health care.

The primary goal of this needs assessment is to comprehend both quantitatively and qualitatively the basic needs of this particular population. We consider what shortfalls exist, why they exist, and what the broader Hampton Roads community might do to alleviate some of the issues that are keeping this group from thriving in its new social, cultural, and economic context. For example, we found that social assistance in the form of medical insurance (Medicaid), food (SNAP), and money (TANF) is of limited use in addressing the specific needs of Bhutanese refugees in Hampton Roads as they do not

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directly address shortfalls in education, employment, or financial and cultural capital. These services do not typically provide much for Bhutanese households because the threshold for receiving benefits is so low. As one informant told us, “a single person working full time at Smithfield [a meat processing plant in Suffolk, Virginia] can disqualify an entire household from receiving benefits.” In addition, various medical problems thought to be associated with the relatively poor diets found in the refugee camps appear to be endemic in the population. Because of the language barrier, many of our informants claimed to receive ineffective and costly medical treatment.

### Methods

This pilot study is a community-based needs assessment of Bhutanese refugees settled in the Hampton Roads region of Virginia. For the purpose of this study, “needs” are conceptualized as the gap between the existing or present state of affairs (what is) and the desired state or condition (what should be) with regards to the group and situation of interest (Witkin & Altschuld, 1995). Our focus is on the needs of the community as a whole and less on individual needs. The Needs assessment provides a systematic way to identify unmet or latent needs, prioritizes various needs, and raises awareness about a community and the challenges it confronts. The information generated can guide changes and improvements in existing policies and programs.



Figure 1: Survey distribution. A translator assists a Bhutanese man with filling out the assessment.

As with many special population groups, the Bhutanese refugee community in Hampton roads presents a unique set of methodological challenges (e.g. lack of a sampling frame, in- and out-migration, and a language barrier to overcome) for the study. We follow a mixed methods approach and use a combination of focus groups, ethnography, and survey research for data collection. Ethnographic observation and interviews allowed us to understand individual- and community-level issues, while a widely distributed survey

helped us grasp the problems families were having at the household level. Data sets supplied by the Virginia Department of Social Services provided a snapshot of the Bhutanese population in the state and allowed us to draw comparisons with other refugee groups that were resettled in Virginia in roughly the same time frame as the Bhutanese.

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Ethnographic data emerged during a full-year of engaging various members of the Bhutanese refugee community through interviews and conversation, participating in community celebrations, and conducting focus groups. Interview and focus group data was recorded, transcribed, and coded to identify generalizable patterns. Observations were recorded in fieldnotes, digital recorders, and/or on video. Fieldnotes and videos were then reviewed and analyzed for emergent themes. This process has yielded a fair amount of contextual data that adds depth and, in some cases, lends insight into the quantitative results from the household and state-level surveys.

The pre-assessment phase aimed at identifying major areas of need for the Bhutanese refugee community in Hampton Roads. The pre-assessment phase, conducted in the summer of 2014, involved interviews with three distinct key informant groups: 1) Bhutanese community leaders living in Hampton Roads; 2) the staff of a local resettlement agency; and 3) officials from Virginia Department of Social Services at Richmond.

We also conducted three focus groups with members of the community over summer of 2014. A group of young adults participated in the first focus group. The second and third focus groups involved 9 men aged between 18 and 66 and 12 women aged between 26 and 67 respectively. While the first focus group was moderated by researchers, the other focus groups were moderated by members of the Bhutanese community. All focus groups were audio and video recorded. The focus group with the young adults was conducted in English with minimal assistance from a Nepali assistant. The adult male and female groups were conducted entirely in Nepali. The interviews were transcribed into English with the help of Bhutanese community members fluent in both Nepali and English. We created a survey instrument which was translated into Nepali with the help of the members of the community.

The assessment phase involved data gathering that was conducted from 10/19/2014 to 11/16/2014. We conducted a survey of the target population in Newport News and Hampton. 55 households surveyed representing 270 household members. We interviewed the head of the household, defined as the person who was identified as the head of the household in income tax returns and/or the leaseholder of residence. At the time of the survey, the respondents had lived in the U.S. an average of 3.61 years. 83.3% of the respondents were married, 3.7% single, 3.7% widowed, 5.6% separated/divorced.

The ethnographic portion of the study was conducted in parallel with survey design and distribution; it involved participant observation and interviews. In all cases we relied on key informants who served as cultural insiders and interpreters. During survey distribution, we broke up into, typically, three-person teams: two researchers and one interpreter. While each team assisted household members in completing the survey, they took observational data in field notes and recorded short interviews based on those observations as well as questions central to the needs analysis. Ethnographic findings were discussed with other team members during the field outings, at weekly meetings,

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and during a team focus group. Observations were corroborated or contested depending on different observations and interviews. Through this process, standard observations were recorded, questions were refined, and answers were sought to make sense of inconsistencies. This process of team-based ethnography is derived from James Beebe's Rapid Assessment Procedures (Beebe 2001).

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### ARRIVAL AND ASSISTANCE

A relatively large number of Bhutanese refugees are settled in the state of Virginia. Virginia Department of Social Services' (2014) data on refugee arrival in Virginia suggests that the Bhutanese refugees were the second largest refugee group to arrive in the state between January 1, 2009 and August 8, 2014. The flow of Bhutanese refugees into Virginia has fluctuated over the years. 530 Bhutanese refugees arrived in the state in 2009; 444 refugees came in 2010; the Bhutanese refugee arrival peaked at 709 in 2011; and has declined to 446 in 2012; 232 in 2013; and in 2014, only 10 Bhutanese refugees were resettled by of August 8<sup>th</sup> of that year. The median age at the time of arrival in the U.S was 26 years.

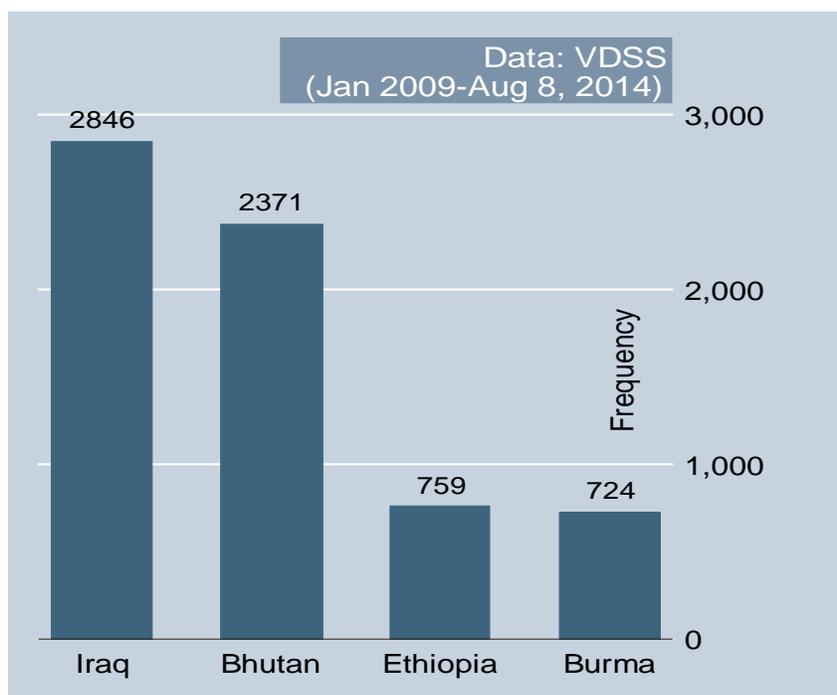


Figure 2: The four largest refugee groups arriving in Virginia, 2009-2014.

The Commonwealth of Virginia has been an important destination for refugees migrating to the U.S. Data collected by the Virginia Department of Social Services (VDSS) indicates that a total of 10,221 refugees from 77 countries migrated to the state between January 1, 2009 and August 8, 2014. Figure 2 illustrates total number of refugee arrivals in Virginia for the four largest refugee groups from the period January 1, 2009-August 8, 2014. The refugees from Bhutan (23.20%) are the second largest foreign refugee groups migrating to Virginia. The largest refugee inflow has been from Iraq (27.84%). The refugees from Ethiopia (7.43%), and Burma/ Myanmar (7.08%) are the third and the fourth largest groups.

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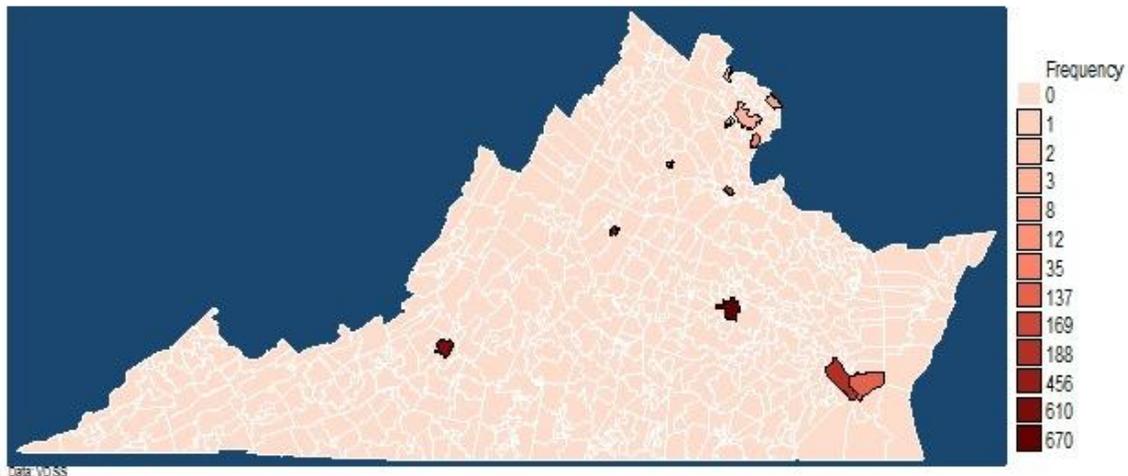


Figure 3: Bhutanese refugees in Virginia by county.

Bhutanese refugees migrating to Virginia are dispersed across several counties in the state. Figure 3 uses data from VDSS to provide a geospatial illustration of Bhutanese refugee populations based on information available for around 2,300 individuals coming to the state between 2009 and August 2014. Richmond has the largest concentration of Bhutanese refugees. About 670 of the around 2,300 individuals for whom information was available are located in Richmond. Roanoke (610), Charlottesville (456), and the Hampton Roads area (325) are the three other counties/regions with large Bhutanese refugee population. A total of 325 Bhutanese Refugees were resettled in Hampton Roads: 188 were resettled Newport News and 137 were resettled in Hampton by August of 2014.

### **Inflow of Bhutanese Refugees to Virginia 2009-2014**

Figure 4 illustrates the annual inflow of Bhutanese refugees in Virginia between 2009 and August 8, 2014. The inflow of Bhutanese refugees in the state has fluctuated over the years. It peaked in 2011 (729) and has declined since then. The majority of Bhutanese refugees were resettled in Virginia the same year they arrived in the U.S. Only a small group of individuals (78) migrated to Virginia in a different year from their arrival year in the U.S. For example, the 10 refugees who moved to Virginia in 2014 arrived in the U.S in 2010.

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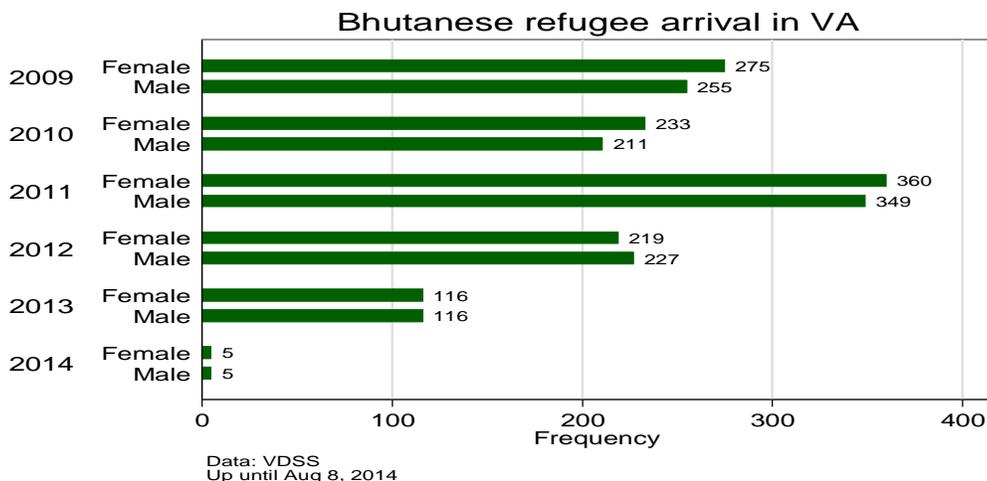


Figure 4: Annual inflow of Bhutanese refugees to Virginia.

As apparent from Figure 4, 2012 was the only year when male Bhutanese refugee arrival outnumbered that for females. Among the four largest refugee groups arriving in Virginia between 2009 and August 2014, the trend is atypical. With the exception of refugee arrival from Ethiopia in 2009, inflow of male refugees has generally been higher than that for female refugees for Burmese, Iraqi, and Ethiopian refugees. The reason for this is unclear at this time.

### Marital Status of Bhutanese Refugees at the Time of Arrival

The VDSS dataset provides information on marital status of 1,946 Bhutanese refugees arriving in the state for the period information is available. As Table 1 indicates, married individuals make up almost 50% of the Bhutanese refugee group arriving in Virginia for which information is available. 45.17% of the individuals for whom data are available are single at the time of arrival.

Marital Status	Frequency	Percent
Married	972	49.95%
Single	879	45.17%
Single Household Head	2	0.10%
Divorced	10	0.51%
Widow/er	42	2.16%
Other	41	2.11%

Table 1: Marital status of Bhutanese refugees upon arrival.

This pattern is unique to the Bhutanese refugees arriving in the state. Among the refugees from Iraq for whom data are available, 48.49% are single and 46.69% married. A little over half (51.56%) of the refugees from Ethiopia are single and 44.46% married.

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Burmese have the largest concentration of single refugees (53.70%). About 40.47% of Burmese refugees are married.

### Assistance

The U.S offers several assistance programs to help refugees attain self-sufficiency and integrate into the mainstream society. As Figure 5 indicates, nearly 7 in 10 Bhutanese refugees in the state received Refugee Social Service assistance. The pattern is typical for all major refugee groups.

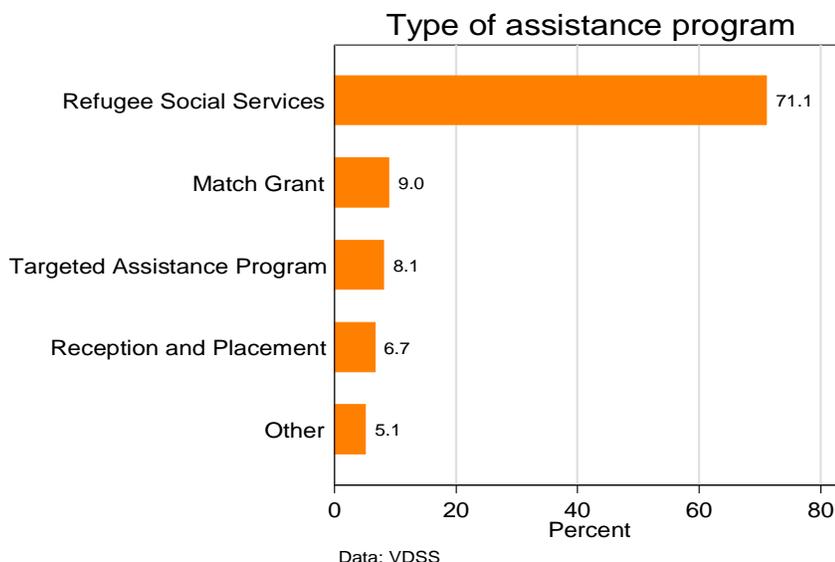


Figure 5: Type of government assistance provided to Bhutanese refugees.

The Refugee Social Services program supports employability services and other services that address barriers to employment such as: social adjustment, interpretation and translation, day care for children, and citizenship and naturalization. Employability services are designed to enable refugees to obtain jobs within one year of becoming enrolled in the program.

About 9% of the Bhutanese refugees received support under the Match Grant program. The match grant program is an alternative to public cash assistance aimed to help refugees become economically self-sufficient within 120 to 180 days of program eligibility.

A little over 8.0 % of the Bhutanese refugees benefitted from Targeted Assistance Program – a program that helps refugees obtain employment within one year's participation in the program in order to achieve self-sufficiency.

Nearly 7.0% received benefits under Reception & Placement (R&P) program. R&P is designed to extend initial services, which include housing, essential furnishings, food, clothing, community orientation, and assistance with access to other social, medical and

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employment services, for the refugees' first 30-90 days in the United States. The R&P program is a public-private partnership, which anticipates that private sponsoring agencies will contribute significant cash and/or in-kind resources to supplement U.S. Government funding for the program.

The efficacy of these programs is questionable in the Bhutanese context. The Bhutanese refugees in our Hampton Roads survey have been in the country for an average of nearly 4 years, yet 46% of adults 18-64 are not currently working. It is likely that low levels of education and English language proficiency are presenting obstacles to employment and self-sufficiency.

## THE BHUTANESE REFUGEE COMMUNITY IN HAMPTON ROADS

### Demographics

The survey team interviewed heads of 55 households representing 270 household members. Approximately half of household members (n=140; 52%) are female and half are male (n=130; 48%). Members range in age from a few months old to 87 with an average age of 28.7 and a median of 26. Divided by age category, the most common age bracket is household members under the age of 18 (n=80).

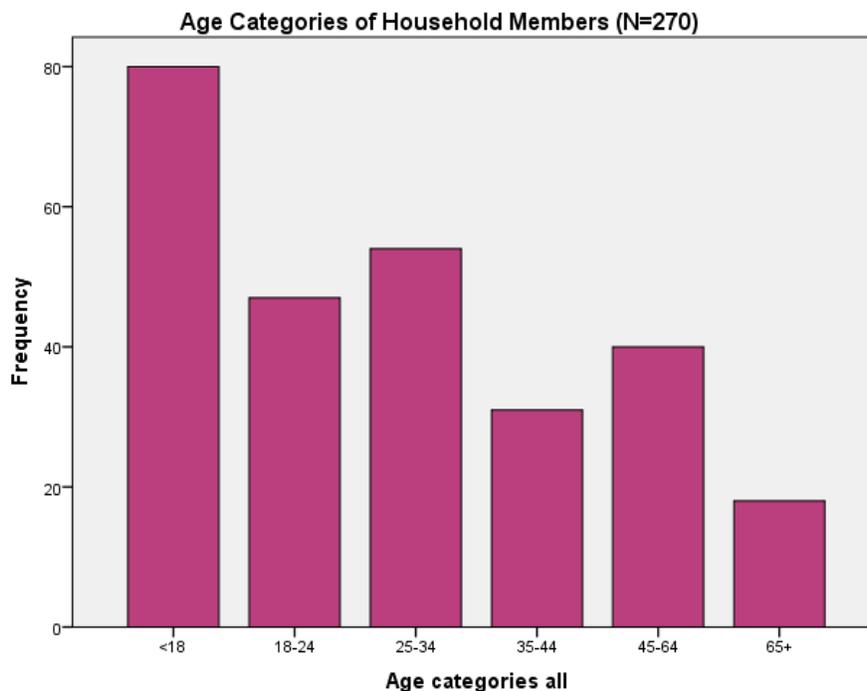


Figure 6: Age classes in the Hampton Roads Bhutanese refugee community.

The majority of households (n=46; 84%) are located in one of three apartment complexes: one in North Newport News, one in central Newport News, and one in Hampton. All but two households are located on the Peninsula. This census is not exhaustive as there are likely another 5-10 households that we were unable to contact.

### Household Size & Structure

Households range in size from 2 to 10 with an average of around 5 members per household. Household structures are divided almost equally between nuclear families (n=28; 51%) and multi-generational families (n=25; 45%). Although family structures are nuclear in the sense that a parent and children live in the same home, in 11 of those households, the “children” are over the age of 18 and as old as 35. Multi-generational family structures typically include three generations, including a grandparent (or two), grown children, a daughter-in-law (or son-in-law), and grandchildren. There are 7

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households that include both multi-generations and multi-families (i.e., parents, with two adult sons, their two wives, and grandchildren). It should be noted that most households are established in two-bedroom apartments; thus, space is limited.

The average amount of time heads of household report living in the United States is 3.9 years (ranging from a 9 months to 6 years). The majority have lived only in the Newport News/Hampton area while in the US.

### **The Community**

The Bhutanese refugee community is ethnically Nepali and largely from the southern provinces of Bhutan. Nepali is the language of the community and spoken almost exclusively in the home, although many seek to learn English. The majority practices a Nepali variant of Hinduism and each family belongs to a caste. While less of an issue for younger members of the community, caste membership potentially impacts the relationship between families of different castes.

This clustering of families into discrete locations, rather than distributing them more randomly throughout the area, makes for a lively community environment. It was noted that on many occasions, our interpreters, who were members of these communities, would regularly enter households without knocking. Further, it was not unusual for people to walk in during our surveys and interviews who were not residents of the household. When asked if this free flowing movement of people in and out of houses was a product of life in the camps, where privacy was difficult to come by, our informant answered, smiling, that all Nepali Bhutanese are like this. “We share everything.” This generalized hospitality was reflected in the living rooms of many of the households we visited. While home furnishings were fairly sparse, it was not uncommon for between three and five sofas to be arranged around the living room to accommodate a dozen or more visitors.

In our research in the community it was commonplace for people to discuss the sharing of resources: transportation, money, child care, elder care, food, and translation services. The latter is in high demand as any interaction with state, medical, educational, or legal institutions requires the ability to communicate in English. Households typically pool their economic resources and decisions regarding their use are based on consensus between the wage earners and the elderly members of the family. In short, we find that a communal sensibility is both a cultural value and a pragmatic approach to chronic insecurity.

Research suggests that concentrating resettled refugees in *de facto* enclaves<sup>1</sup> has both positive and negative effects. The positive effects include maintaining culturally specific

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<sup>1</sup> An “ethnic enclave” is a bounded spatial location where a single ethnic group predominates. Portes (1981:290-1) stipulates that there be some degree of economic insularity as well. As the Bhutanese refugees have only recently been established here, there has not been enough time for an

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community traditions, information sharing regarding jobs and available services, resource sharing (e.g. cash and cars), and maintaining a viable language community. The negative effects could be seen as a corollary of these positives: a thriving ethnic community may have little reason to take the often difficult steps to acculturate. Indeed, our research has shown that English language acquisition for the adults who did not enroll in school here has been severely limited.

### **Ties that Bind: Family, Culture, and Community**

Community life appears to thrive for many families in these locations. This, however, can vary from household to household with some families that connect regularly with a number of neighboring families and other families who are more insular in their relationships. Bhutanese refugees in America clearly recognize their shared language, culture, and experience as refugees, but it is important to stress that often they are resettled in areas with families from other refugee camps - people with whom they are not related. So, outside of this shared experience, and, to some extent, caste membership, there is nothing specific on which to base a relationship. That said, since the resettlement of Bhutanese refugees in Hampton Roads began to taper off in 2013, there has been a broad effort to come together for community events such as cultural festivals, religious rites, and Bhutanese soccer matches.

Social life revolves around the extended family. It is not uncommon for grandparents to live with a married couple and their children. In addition, living in proximity with aunts and uncles is important. In Nepali, one calls one's male cousin "brother" and female cousin "sister." According to informants, the bond between cousins is often qualitatively the same as the bond between siblings. Nepali Bhutanese families will in some cases risk the loss of state benefits in order to move to an out-of-state location to be close to relatives.

Several of us attended the first birthday party of our interpreter's daughter. The living room was festooned with balloons and streamers. Several families who were related to the parents arrived as did some unrelated community members. Conversation was free-flowing and the children piled on a couch to watch each other play games on their phones. The birthday girl was seated on her mother's lap before a table arranged with flowers, sticks of incense, a candle, a cake, and dish with pink tika that would later be applied to the forehead of the girl by the parents, grandparents, and great-grandparents.

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entrepreneurial class to emerge. Therefore I would argue that presently they exist as *de facto* ethnic enclave.

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Figure 7: Applying *tika* at a one-year old's birthday.

Birthdays are certainly family celebrations, but they also provide the opportunity for extended family and other community members to come together. In the process, cultural traditions are performed, resources are distributed, and relationships are reaffirmed.

Our informants spoke often about the desire for both the time and a place to practice their cultural traditions. As it stands now, cultural celebrations have to take place in either the household, thus limiting the number of participants to the family, extended family, and some friends, or in a rented space. For a community that has difficulty with English and limited resources, rental space can be a problem. Moreover, time to celebrate as a community is hard to coordinate. On several occasions informants expressed frustration regarding their inability to take time off from work to attend important cultural celebrations or religious rituals.

*We were told that America was a place of religious tolerance, but when we arrived we found only American customs were honored. In Bhutan, it was no problem to take time off [of work] for Diwali or for a funeral, but in America people get very little time off. Only Thanksgiving, Christmas and 4<sup>th</sup> of July...* [A Bhutanese man in his mid-20s]

*We are free to practice our culture in this country, but there are limitations. In our own country we could hold our wedding ceremony in the traditional, grand way. We would mark an appropriate place outside and build a fire pit. We used to bring a priest and beat the drums and play the music. It is different here because if we do this we disturb the people. So, even though we are free to practice our culture here, we still face some problems in that we can't practice our culture as freely as we could in Nepal.* [A Bhutanese woman in her 50s]

Diwali is the Hindu festival of lights that takes place during a five day period of festivities called Tihar. In 2013, community organizers arranged to have the celebration held in the cafeteria of a local elementary school. The effort was, in part, to bring the

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community (many of whom were newly resettled) together. There were approximately 100 community members who were able to take time off from work, find transportation, and attend. It required a coordinated effort to secure the space, organize cooks, wire the cafeteria with a PA, decorate with lights, and plan a variety of entertainment events. In 2014, the organization for the community Diwali celebration fell apart and people celebrated in their homes instead.



Figure 8: *Diwali* celebration held in a local elementary school gymnasium.

Another key annual event for Nepali Bhutanese is the Teej Ceremony. Teej is traditionally a three day festival dedicated to the well-being of one's husband and children (although unmarried women participate as well). It involves a series of rituals that include feasting, fasting, praying, and purification during which traditional gender roles are somewhat reversed as women become the central concern for the community. In traditional Teej Ceremonies, women pray for the health and wellbeing of their husbands and children. In what appears to be a more recent version of the ceremony, Teej has become an opportunity for extended families and communities to come together and celebrate women more generally. In 2013, the Teej Ceremony drew about a third of the local Bhutanese refugee population out to a local park to participate in the final phase of the ritual where women pray and make offerings for much of the day. The prayers last until the evening when the fast is then broken and dancing and general revelry commences among the community.

Similar to the situation with Diwali, in 2014 the difficulty of getting the community together for Teej proved too great and the celebration was cancelled last minute. The

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reason given for both cancellations involved difficulty coordinating work schedules and lack of transportation. Americans, in general, take it for granted that they will have either time off or some flexibility in their work schedules to accommodate the celebration of religious and national holidays. Several of our informants have expressed frustration over their diminished ability to practice their own cultural traditions due to inflexible work schedules, and, perhaps more the point, annual holiday schedule in America that does not have room for their holidays.



Figure 9: *Teej* Ceremony.

This is one reason why community organizers are working toward securing a community center for the Bhutanese refugees. While the effort is currently in the planning stages, it would solve the problem of finding a place to hold community events, English classes, and as a central location where information of interest to the community could be disseminated. In addition, it would give the elderly somewhere to congregate and children would have a place to gather outside of school and the household. It has been envisioned by organizers as place for guided acculturation and cultural transmission<sup>2</sup>.

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<sup>2</sup> Despite the very low level of acculturation so far, there has been anxiety expressed over the prospect of culture and language loss over time.

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## COMMUNITY NEEDS

Refugee groups vary greatly in their collective ability to enter a new society and successfully adjust to a new language, navigate different cultural values and expectations, and learn the array of procedures specific to institutions like schools, hospitals, utility companies, etc. Some refugee groups possess a high degree of proficiency in English and a culture that has significant parallels vis-à-vis American culture. On the other hand, some groups arrive with minimal formal education, English ability, and knowledge of American cultural norms. The Bhutanese refugees tend toward the latter: their previous exposure to English is negligible, their level of education is low, and their knowledge of American society and institutions is minimal. In a very real way, they are arriving from the other side of the world and from one of the most isolated countries on the globe. Unfortunately, our refugee resettlement procedures are largely a one-size-fits-all approach, but the refugee groups themselves vary considerably regarding what they will need upon arrival to facilitate their acculturation, participation, and success in their new country.

Our study highlighted a number of needs and concerns among the members of the Bhutanese refugee community. Primary concerns include: English language proficiency, education, employment, health, safety, and transportation.

### English Language Proficiency

With over 80% of US citizens speaking primarily English, America is functionally and statistically mono-lingual (American Community Survey 2009). Without some degree of fluency in English, one will have difficulty with, for example, realizing higher levels of employment, obtaining health care, or passing a driver's test. Inability to functionally communicate in English has a dramatic impact on one's earning potential (Zhen 2012). The knock-on effects of lower income can include lower educational attainment for children, negative health outcomes for the family, and decreased safety and security overall (Chevalier et al. 2005).

*We need practical knowledge. Our adults can't speak English and can't sign their name. So we [Bhutanese who can speak English] need to accompany them everywhere. To the grocery store, to the school, or when they go to the doctor... We need English classes for our adults. [Bhutanese man in his mid-20s]*

Upon arriving in the United States, refugees receive approximately two months of English language training. For someone with prior knowledge of English, and possessing a native language with a fair number of cognates (shared words), this primer may suffice to impart a basic, functional understanding of English. However, most of the Bhutanese refugees have had very little exposure to English prior to coming to the United States. In addition, their language, Nepali, contains virtually no cognates with English.

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Based on observations in the community, the ability to speak English is heavily influenced by age and gender. Six of our seven translators, for example, were men between the ages of 20 and 35. We met very few women in the community who could speak English, and many older adults had difficulty signing their name and no proficiency in spoken English. The reason for this is that young adult men had access to English language training in the refugee camps in Nepal and therefore many could speak basic English upon arrival. Children are the most fluent. They received English language education in the camps and again in the local schools in Virginia.

Older adults, however, apparently received no training or very little English language training while in the camps. In our field study, most adult men over 35 years old spoke very little English, if any at all. For adult women, there were also cultural reasons why they did not attend English language classes while in the camps. During a focus group one woman in her 40s explained...

*English instruction was occasionally offered in the refugee camps in Nepal, but we often didn't have the time or opportunity to attend classes. There were various problems in the camps that made finding time to learn and practice a foreign language very difficult. Our parents had always taught us that daughters did not need much school, let alone training in a foreign language. Too much schooling would be a waste of time – we needed to find a husband instead.*

English language interpreters are in high demand in the community. Subverting traditional cultural roles in the household, it is often the children who mediate between the family and the outside world as they commonly interpret for the parents. In other instances an extended family member will step in to translate. On one occasion, one of our interpreters had to rush out of a translation session in order to meet the paramedics who were enroute to his niece's school. She had passed out and was unresponsive in the middle of the day and no one else was available to serve as an interpreter between the family and the medical caregivers. And it is not only in emergency situations the lack of English language ability may lead to negative health outcomes. A doctor who regularly treats people in the Bhutanese refugee community told us that treatment regimes are not followed due to the inability to read the directions for medications. This results in treatable conditions going untreated and, in some cases, becoming chronic.

The inability to speak English is having negative impacts in the community. Older adults are unable to find work and keep it due to their minimal proficiency. Without English language skills they typically will not advance to higher paying jobs. Older adults told us repeatedly that they felt “paralyzed” – unable to interact with the broader community, unable to find work, and unable to help their families. According to a focus group participant (a woman in her 60s)...

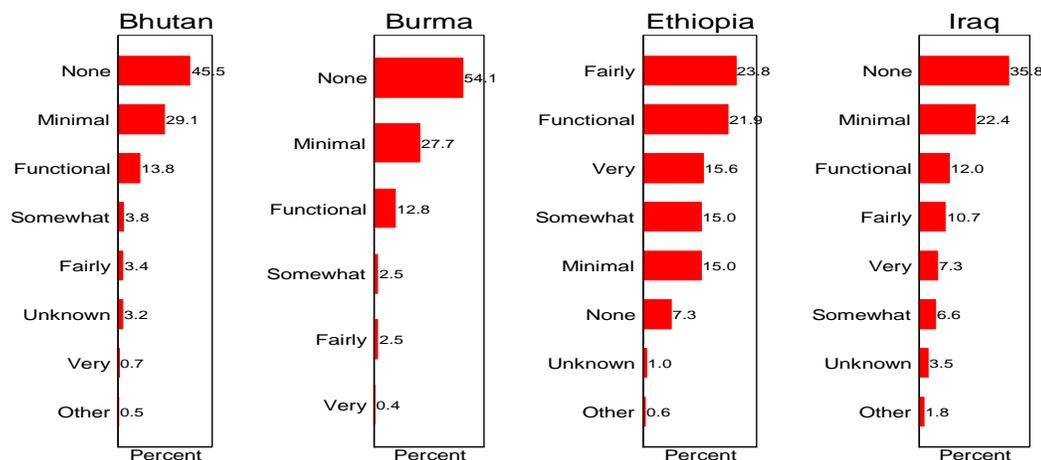
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*I was at the head of the family in Nepal, but because of the language barrier things are different now. My family role is different because I am now paralyzed. My brother in-law, my son in-law, my daughter are helping me.*  
[Bhutanese Woman in her 60s]

When I asked our interpreter what she meant by “paralyzed” (as clearly she was not paralyzed in the medical sense). He said, “In Nepali the word *gunzhinu* means stuck and unable to move. No English, no job, no car – she cannot move.” While transportation, employment, and security are important and urgent issues for the Bhutanese refugee community in Hampton Roads, the widespread inability to communicate with English speakers is a root cause for many of their difficulties.

Although 85% of household members have had some English classes in the United States, there are 35 Bhutanese refugee households (63.6%) in which no one speaks English very well. The lack of a proficient English speaker in the household can have wide ranging effects including access to healthcare in addition to other resources needed (employment, education, services, banking, public safety etc.).

English language proficiency by refugee group



Data: VDSS

Figure 10: Language proficiency of four largest refugee groups arriving in Virginia.

VDSS provides information on English language proficiency of 1,043 Bhutanese refugees who arrived in Virginia between 2009 and August 2014. Almost two-thirds of Bhutanese refugees, for whom data are available, have none (45.54%) or minimal (29.15%) language proficiency at the time of arrival. As Figure 10 indicates, the proportion of individuals lacking English proficiency is especially high among Burmese and Bhutanese refugees.

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## English Language and the Labor Market Bhutanese Males – Language Proficiency and Employment

English proficiency	Less than 40 hours	40 hours or more	Total
Very Proficient	0 (0.00)	2 (100%)	2 (100%)
Fairly Proficient	5 (31.25%)	11 (68.75%)	16 (100%)
Somewhat Proficient	7 (36.84%)	12 (63.16%)	19 (100%)
Functional Ability	19 (26.39%)	53 (73.61%)	72 (100%)
Minimal Survival	41 (33.61%)	81 (66.39%)	122 (100%)
None	41 (33.61%)	81 (66.39%)	122 (100%)
Unknown	0 (0.00)	1 (100%)	1 (100%)
<b>Total</b>	113 (33.93%)	220 (66.07%)	333 (100%)

Table 2: English language proficiency and employment (Male Bhutanese refugees).

## Bhutanese Females – Language Proficiency and Employment

English proficiency	Less than 40 hours	40 hours or more	Total
Very Proficient	1 (25.00%)	3 (75%)	4 (100%)
Fairly Proficient	3 (50.00%)	3 (50.00%)	6 (100%)
Somewhat Proficient	5 (35.71%)	9 (64.29%)	14 (100%)
Functional Ability	21 (60.00%)	14 (40.00%)	35 (100%)
Minimal Survival	52 (55.91%)	41 (44.09%)	93 (100%)
None	45 (55.88%)	37 (42.12%)	82 (100%)
Unknown	0 (0.00)	1 (100%)	1 (100%)
<b>Total</b>	127 (54.27%)	107 (45.73%)	234 (100%)

Table 3: English language proficiency and employment (Female Bhutanese refugees)

## Education

Virginia Department of Social Services data provides information on the level of education for 881 Bhutanese refugees arriving in Virginia between 2009 and 2014. 48.01% of the Bhutanese refugees have either no formal education or 6-year or less of formal education. Table 4 compares the levels of formal education for the four largest refugee groups at the time of their arrival in Virginia. Among major resettled refugee groups in Virginia, Bhutanese refugees have the highest proportion of individuals (25.31%) without any formal education.

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<b>Formal Education</b>	<b>Bhutan (n=881)</b>	<b>Burma (n=178)</b>	<b>Ethiopia (n=456)</b>	<b>Iraq (n=733)</b>
<b>1-5 years</b>	17.48	21.91	2.19	7.37
<b>6 years</b>	5.22	6.74	1.32	3.68
<b>7-11 years</b>	29.97	41.57	13.38	17.46
<b>High School Graduate</b>	8.06	11.24	24.78	11.73
<b>Partial College</b>	3.52	2.81	4.39	4.23
<b>Associate Degree</b>	0.23		5.48	1.36
<b>College Graduate</b>	3.86	4.49	30.48	35.61
<b>Master's Degree</b>	1.25		11.18	2.18
<b>Doctorate Degree</b>	0.11		1.75	1.36
<b>No Education</b>	25.31	11.24	1.32	4.23
<b>Other</b>	0.79		2.85	6.27
<b>Unknown</b>	4.20		0.88	4.50
<b>Total</b>	100	100	100	100

Table 4: Formal education by refugee groups (in %).

In Hampton Roads, household members over the age 18 have received an average of 5.71 years of formal education (median=6). One factor underlying this low average is that 85 adult household members (36% of adults) have not received *any* formal education either prior to coming to the United States or once they arrived. Another 33 adults have received 5 or fewer years of formal schooling (see Figure 11).

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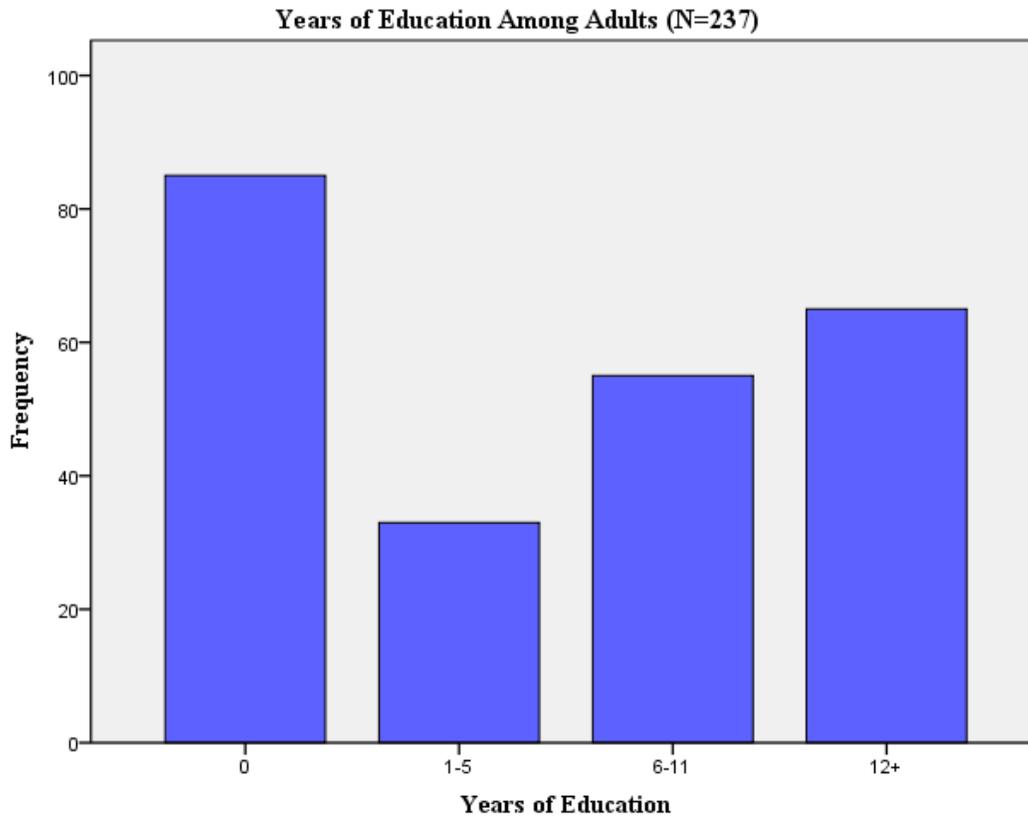


Figure 11: Years of education among adults.

The amount of education is significantly related to age. As depicted in the graph below (Figure 12), number of years of education is significantly less in each progressive age bracket. There is no significant difference in the amount of education received between men and women.

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**Average Years of Education by Age Class Among Adults (N=237)**  
( $F=76.32$ ;  $df=3$ ;  $p \leq .001$ )

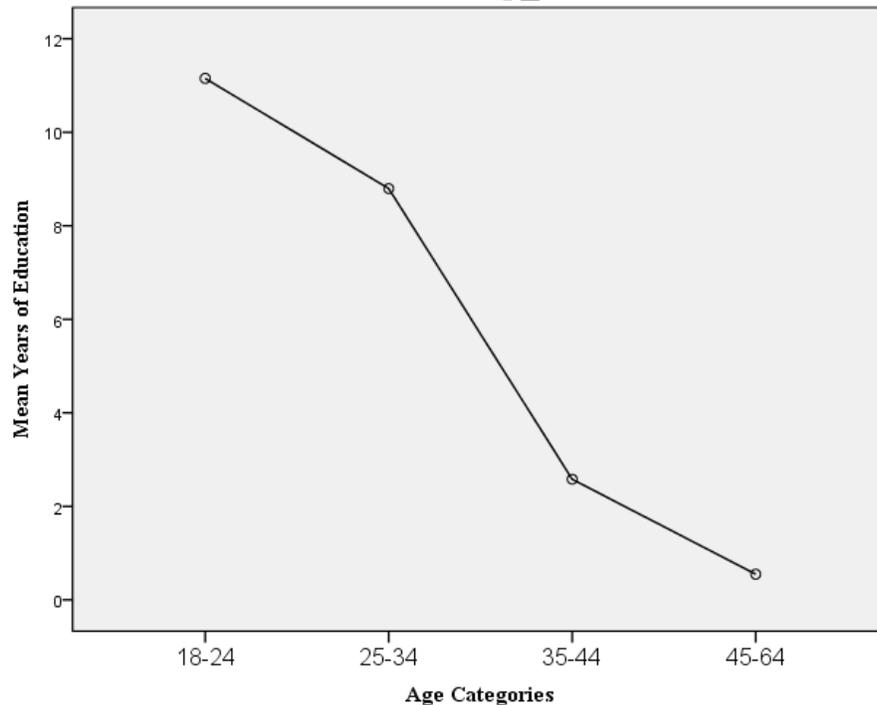


Figure 12: Years of education by age class among adults.

The disparity of education between age groups became clear in our work with population. From the outset we were informed that many older Bhutanese household heads would not be able to read the Nepali language survey. We required translators to read the survey to our informants and fill it out based on their answers.

### **Income and Employment**

Over a third of households ( $n=20$ ; 36%) report income less than \$20,000 per year. Another third ( $n=19$ ; 34.5%) report annual income between \$21,000-\$30,999. Utilizing the *Annual Update of the U.S. Health & Human Services Poverty Guidelines (2015)*, 23 households in this study (42%) are below the poverty line. The vast majority of the remaining households are hovering just above the poverty line. Although most households ( $n=46$ ; 83.6%) do not receive TANF (welfare assistance), about half ( $n=29$ ; 52.7%) of households receive SNAP (food stamps).

Whether or not a household is in poverty does *not* depend on the amount of time they have lived in the United States nor does it depend on household size.

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Among household members of working age (18-64), less than a third are working full-time (n=79) and 11.6% are working part-time (see Figure 13). There is an average of 1.45 full-time workers per household. The full-time worker to household member ratio averages .32. In a quarter of all households (n=14), women are the only full-time workers, even though working-age men are at home. This trend upends traditional Bhutanese gender roles. Over a quarter of working-age household members (n=47; 27%) are actively looking for a job or a new job.

Employment status is significantly related to age ( $\chi^2=17.33$ ;  $p<.01$ ;  $df=6$ ). The highest unemployment rate among all adults is 60% in the 45-64 age category followed by 49% among those 18-24. Gender is also significantly related to employment ( $\chi^2=18.08$ ;  $p<.001$ ;  $df=2$ ). Among men, the unemployment rate is 27% while, among women, the unemployment rate is 70%. The highest unemployment rate among women is 77% for women ages 45-64, followed by a rate of 62% among women 18-24. Employment status is *not* related to the number of years of education.

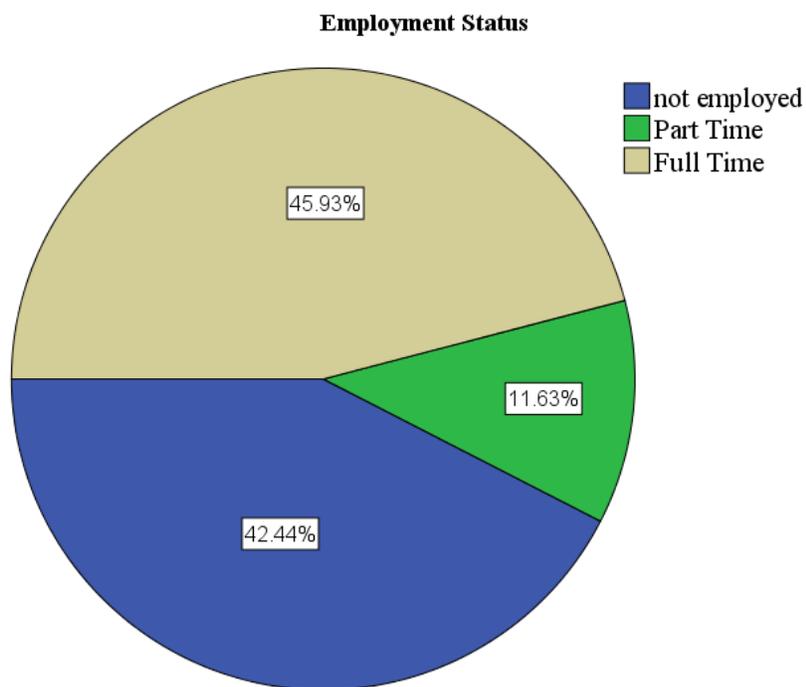


Figure 13: Employment status by percentage of working adults.

In conversations with community members, both men and women are eager to work, but finding employment has proven difficult. The reasons for their difficulty in finding work typically falls into at least one of three categories.

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- First, their limited ability to communicate in English makes filling out applications a daunting, if not impossible, task. Keeping a job without English skills has proven difficult for many.
- Second, there are widespread health problems in the community linked to decades of poor nutrition in the camps (see below). Many Bhutanese refugees are unable to stand on their feet for eight hours a day and cannot do the physically demanding work that is typical of the kinds of jobs they are able to get.
- Third, there are often three generations living in a single household. Women especially are responsible for the care of both the elderly and the young. Women expressed frustration that their family needed additional income, but they could not find work with the kind of flexibility that would allow them to continue as caregivers.

Refugee resettlement has been successful in channeling some Bhutanese refugees into jobs at a local Canon factory and at Smithfield Foods. These jobs typically pay more than minimum wage and refugees employed at these places are generally happy with their jobs. That said, there are some issues that often come up in conversation about their jobs. It appears that once on the job, they often have difficulty with instructions and communicating issues and concerns to their employer. In one case, a community member asked us to call the workers' union at their place of employment to explain that his uncle had to take five days off to attend his father's funeral in Ohio – a request that was originally denied by his manager. It was the minimum amount of time that he needed to observe the necessary rituals involved in burying a family member (a process that otherwise takes nearly two weeks). This was a complex message that was an appeal based on some of the most important religious traditions in Nepali culture, and neither the uncle or the translator felt like they could communicate the nuances.

In the workplace, as in the schools, some Bhutanese refugees feel unfairly targeted because of their ethnicity. On several occasions community members expressed frustration regarding their American coworkers who denigrated them. In some cases Bhutanese refugees were bullied and beaten by their coworkers. In less extreme instances, they felt exploited because of their inability to speak English. One community member who had been working for while at a company said that she was regularly made to do other people's work. She wanted to bring up the issue with her supervisor, but could not articulate the problem. It is felt that, in some cases, coworkers take advantage of the fact that Bhutanese refugees cannot express themselves with much precision in English.

While problems on the job are not uncommon for anyone working a low skilled job with little in the way of representation, the kinds of problems Bhutanese refugees are facing appear to stem from cultural and linguistic differences with their coworkers and their employers. That said, the primary issue for the community as a whole revolves around the difficulty in finding employment and keeping it. Both problems could be addressed to some extent by expanding access to English Language education in the community.

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## Health

While a quarter of household representatives report being in “Excellent” or “Very Good” health, approximately three-quarters of household representatives (the key respondents) report they are in fair or poor health (n=41).

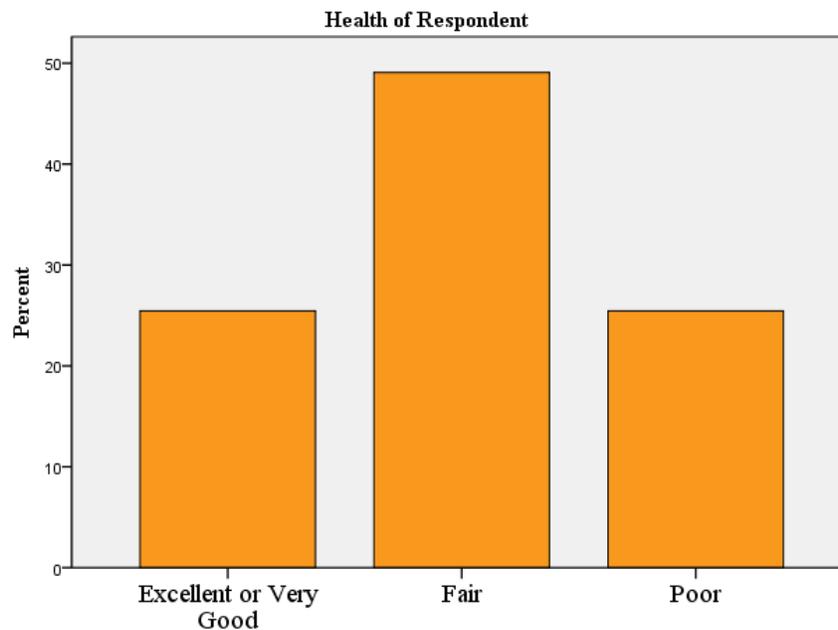


Figure 14: Self-reported quality of health.

Respondents in poorer health are significantly less likely to be employed full time ( $\chi^2=5.9$ ;  $p<.05$ ;  $df=2$ ). While 64% of those in “excellent” or “very good” health are employed full time, 52% in “fair” health are employed full time, and only 17% of those in “poor” health are employed full time. Health status is *not* significantly related to the age of the respondent.

In over half of households (n=31; 57%) respondents report that at least one household member has experienced a serious health problem in the last six months. In a quarter of all households (n=14, 26%), household members have visited the emergency room more than three times in the last six months. Households with at least one member with a serious health problem were significantly more likely to visit the emergency room three or more times over the last 6 months ( $\chi^2=13.74$ ;  $p<.05$ ;  $df=1$ ). In nearly half of all households (n=24; 44%), a household member has a medical condition for which they have not sought treatment.

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Regarding health insurance, over a third of households members do not have health insurance (n=98; 36%), another third (n=102; 38%) receive health insurance through Medicaid, Medicare, or the Affordable Care Act, and the remainder (n=69; 26%) receive coverage through employer health plans. Whether or not someone has health insurance is significantly related to age. Those between the ages of 25 and 44 are significantly less likely to have health insurance than other age groups ( $\chi^2=119.1$ ;  $p<.001$ ;  $df=10$ ). The “uninsurance rate” is as high as 50% (especially among those aged 35-44). Respondents indicate that, even though household members may receive some coverage through employers, this coverage is often not enough. When asked if households owe money for medical bills, over half of respondents (n=30; 54%) report the household owes money ranging from less than \$500 to over \$5,000 per household.

It should be noted that there are only 9 out of the 55 households (16%) in which all household members are covered by health insurance. If an uncovered household member suddenly falls ill or has an accident, this could have significant financial implications for the rest of the household. Further, over a third of household member (n=103; 38%) currently rely on government benefits such as Medicaid which will automatically lapse for adults after 8 months in the United States and for all others depending on income status.

Respondents report common barriers with accessing health services, including language barriers (49%), transportation problems (40%), inconvenient hours (24%), and concerns about payment (40%). Because it is often used as an indicator of overall access to care, respondents were asked how many household members had been to a dentist in the last year. Among the 40 respondents who were asked this question, almost half (n=23; 42%) report that no household members had seen a dentist in the last year. Regarding mental health, 20% of respondents report that a household member is experiencing a mental health problem.

The factors believed to have contributed to compromised physical health among community members stem from the nutritional deficiencies encountered in the camps where many of our adult respondents spent between 15 and 20 years. While nutrition was a problem, the camps provided a rich social context. Many members of the older generation would prefer to return to Nepal. There they had no problem communicating and connecting with others. The social order in Nepal was much the same as it would have been in Bhutan – with community elders functioning as respected decision makers and heads of households. In the United States, they have little to contribute in terms of financial security and, in this new cultural context, their social connections and cultural knowledge is of little use in helping their families acculturate. The social isolation they experience in the US is believed to be one factor in the relatively high rates of stress, depression, and suicide among Bhutanese refugees in general (CDC 2014:17). So, it is believed that diets have improved as refugees reach the US, the mental health problems are exacerbated by the resettlement process and become chronic as acculturation stalls.

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### Safety

Bhutanese refugees have been resettled in three apartment complexes along the Virginia Peninsula: a northern and central location, both in Newport News and a southern location in Hampton. According to one estimate, the central location, where the bulk of the community lives, has a crime risk double the state average. The southern location in Hampton has a crime risk that is higher still. The crime risk for the northern location is significantly lower than in the other two locations, but still above the state average<sup>3</sup>. Approximately 80% of the refugee families live in the central and southern high crime areas. The problems associated with living in high crime areas come through in our interviews. Most families in the community have not been victims of crime, but stories of robberies, threats, and physical assault circulate and are well-known by community members.

- A number of our respondents report not feeling safe in their neighborhood. We were told that everyone is sure to be inside by sundown to avoid becoming a target. A gang has been reported mugging people as they return home from work after dark.
- During our study, an uncle of one of our translators was severely beaten when walking out of the neighborhood 7-11 with a bag of groceries. He suffered head trauma and incurred a hospital bill of \$20,000. The police were unable to identify his attackers.
- In another instance a Bhutanese man was hit in the head by an attacker. Since the incident, his cognitive abilities have declined.
- Women report being chased in the neighborhood.

Because of the high-crime areas in which the Bhutanese refugees tend to live, our survey addressed issues of safety and crime. Only 9 respondents (16%) report feeling “very safe” in their neighborhoods (Figure 15). Six respondents report a household member had been a victim of a crime in the last six months. Nine respondents report a household member had been physically attacked, threatened, or verbally abused by someone in the neighborhood in the last two years.

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<sup>3</sup> Crime risk data was taken from city data at [www.moving.com](http://www.moving.com).

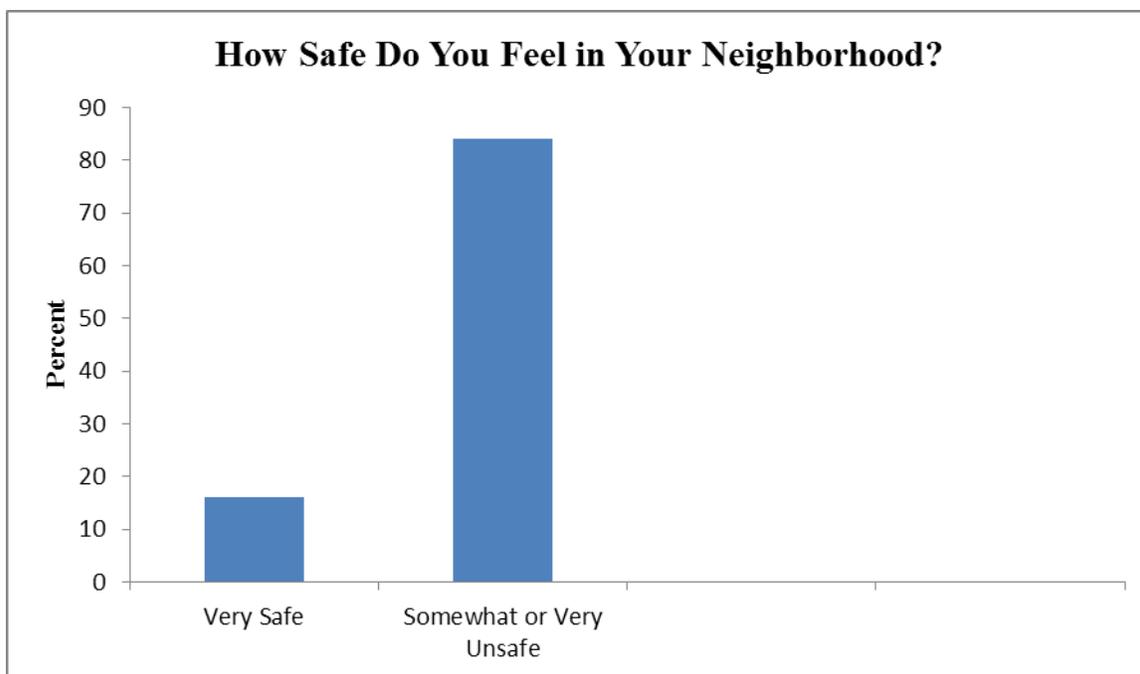


Figure 15: Self-reported sense of safety in their neighborhoods.

The resettlement agency has significant obstacles to work around when resettling refugee families. The first and most obvious is the issue of income. Refugee families require apartments with low rent. In addition, refugees do not have a work history or a credit score – two data points apartment managers use to determine whether or not to rent to a prospective tenant. So, resettlement into undesirable and dangerous neighborhoods is difficult to avoid as these are the only areas where rental contracts can be obtained. That said, lack of security leads to Bhutanese refugees feeling “paralyzed.” Indeed, leaving the apartment is not only fraught with cultural and linguistic barriers, it is also dangerous.

### **Transportation**

The Bhutanese community does a remarkable job getting people to school, jobs, and doctor appointments with relatively few cars. Public transit is time consuming and expensive for people living under the poverty line. Here the communal sensibility of “we share everything” is put to the test. People regularly carpool to work and lend their cars to other community members. Lack of transportation is often cited as constraining their employment opportunities, keeping them from scheduled doctor appointments, and constraining their ability to attend ESL classes that are occasionally offered across town.

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## CONCLUSION AND RECOMMENDATIONS

This study has ascertained a number of community-identified needs in the areas of education, employment, health and medical services, safety, and cultural issues. Addressing these needs, we contend, would go a long way in helping the local Bhutanese refugee households and the community more generally in their efforts toward agentive, community-driven social integration and acculturation. While it is beyond the scope of this study, one might speculate given what sociologists have long known of anomie, that a greater degree of integration with the extant sociocultural milieu may alleviate the stresses associated with resettling in a very different part of the world. One would hope that by addressing these issues more broadly, we would see negative social indicators, such as the relatively high rate of suicide and widespread poverty, abate over time.

To reiterate, the needs we find in this particular community include:

- addressing safety concerns
- increased access to ESL classes
- job skills training for an increased range of employment opportunities
- pathways to higher education
- access to mental health services that are responsive to the culturally and linguistically specific differences that characterize much of the population
- better health outcomes through consistent Nepali-English translation and education
- space that can be used as a community center
- space that can be used as a temple.

Recommendations that can be made based on our study include the following...

- Resettlement locations restricted to areas with low crime rates and access to public transportation. Identify guarantors (government, corporate, private) who can serve to address the concerns of landlords who require credit reports and references for their tenants.
- Since much of the community is clustered into three areas, use ESL volunteers from local universities to conduct frequent (weekly?) on-site ESL training.
- More bi-lingual public school staff members to communicate the new expectations of Bhutanese parents regarding their role in their children's education. These "cultural brokers" might also serve to help school counselors and teachers understand the cultural background of their refugee students. In addition, given that bi-lingual staff have training in how the higher education system works in the US, they could serve as community outreach and disseminate information in English and Nepali regarding the complexities of getting into and paying for college.
- Similarly, there is a need for cultural brokers, employed by the area's hospitals, to serve as a cultural and linguistic liaison between doctors and Nepali Bhutanese

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patients. These same individuals, working with doctors could help create educational materials regarding medications, insurance, and available medical services.

- Work with the municipal government to assist the Bhutanese in finding a location for a community center. Work with community organizers to find donations and grants that might be used to purchase space and or materials for a Nepali Hindu temple.

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