Burmese Karen and the Bhutanese Nepali Historically

Burmese Karen:
- Since 1945 battles have been fought to suppress minority groups that sought independent status within a federated Burma.
- This concept was rejected by the original Burmese Government and by the military who swept into total political power in 1962.
- The refugees we accept today come to the U.S.A. as the result of these long years of warfare.

Bhutanese Nepali:
- In the 1980s Lhotshampas came to be seen as a threat to the political order.
- Lhotshampa were branded as “anti-nationalists”
- By the end of 1992, there were more than 80,000 living in UNHCR camps in south-eastern Nepal.
- The expulsion of large numbers of Lhotshampas was planned and executed with meticulous attention to detail.
- Over 105,000 Bhutanese have spent more than 15 years living in refugee camps established in Nepal by the United Nations High Commission for Refugees.

Goals of the Study

1. To investigate and better understand the health-related needs and concerns of refugee communities served by the Florence Clinic.
2. To better address the needs of the communities served by the Florence Clinic.
3. To provide interdisciplinary learning opportunities for Creighton student researchers.
4. To increase understanding among broader audiences about the health concerns of recently arrived immigrant and refugee populations.

Why Omaha?
- Low unemployment rate
- Low cost of living
- Omaha is identified by the Office of Refugee Resettlement (ORR) as a nationally preferred metropolitan resettlement.

Our Ongoing Study

Faculty and students from Creighton University’s College of Arts and Sciences, School of Nursing, and School of Medicine are engaging in a qualitative pilot study to explore the health-related concerns and needs of two refugee populations at Creighton’s Florence Clinic.

Methods

- Recruitment among local Burmese Karen and Bhutanese Nepali refugee communities.
- Non-probability convenience sampling: snowball, key informant, and quota sampling.
- Observations: Individuals and groups in the Florence Clinic, Omaha community, and households.
- Unstructured and semi-structured interviews to identify the range of health-related concerns and needs and how these are addressed by the clinic.
- Household case studies using audio and video tapes, written interviews, and full transcriptions.
- Spatial Data to understand the importance of location in this study.
- Data management and analysis: full transcriptions of textual data and analysis using OpenCode 3.6 (text analysis program) and grounded theory approach; production of digital maps using Geographic Information Systems programs.

Preliminary Findings

- Language is a major issue, and there are barriers to learning English.
- Women may sacrifice English language instruction due to time constraints related to caring for young children.
- There can be miscommunication when making appointments, during clinic visits, and when filling prescriptions.
- Transportation is another major issue and community members struggle with DUls.
- Alcohol use may be related to high amounts of stress associated with having a refugee background.
- Many are unaware of the legal repercussions due to language barriers and are unable to drive themselves or their family to the clinic to receive health care.