Indochinese Refugees' Situation in Oregon

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1. I. INTRODUCTION

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1.1. Background of The Indochinese Center and Its Organization

The Indochinese Cultural and Service Center is a non-profit social service agency which was formed early in 1976 through a cooperative effort of voluntary agencies in Portland, Oregon. The Indochinese Center is a focal point for comprehensive services for refugees living in Oregon. However, emphasis is placed on the needs of the refugees in the Portland metropolitan area.

The Indochinese Cultural and Service Center is governed by a board of directors composed of representatives of the voluntary agencies which were instrumental in the establishment of the Center as well as representatives of the various Indochinese communities.

Both staff and services of the Indochinese Cultural and Service Center have grown steadily since the establishment of the Center early in 1976. Members of the staff include Cambodians, Lao, Hmongs and Vietnamese, who provide direct services, and Americans who handle the management and secretarial jobs.

The early and successful functioning of the Indochinese Cultural and Service Center as a social service agency to assist the refugees has culminated in a comprehensive program of social services comprising at least 10 distinct but coordinated services at the present time. These services are:

1. Mental Health
2. Women's Program
3. Children's Program
4. Language Resource Center
5. Welcome House
6. Interpretation
7. Resettlement Counseling
8. Job Counseling and Placement
9. ESL Instruction
10. Unaccompanied Minors Program

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The Indochinese Center serves approximately 500 individuals each month through its various programs. This number regularly includes refugees from the Vietnamese, Ethnic Chinese, Yao, Cambodian, Lao and Hmong communities.

2. II. THE NEED

It has become clear that there are four crucial needs shared by all first generation refugees:

1. Survival: Food, shelter, clothing, medical care;
2. Adjustment into the new culture;
3. Maintenance of family bonds in order to offset problems of depression, isolation and inability to function;
4. Culture preservation.

In order to become fully productive members of American society, the refugees need to develop certain assimilation skills. They need resources to help them in this process, resources which currently are unavailable to them or which may soon be discontinued. Resources necessary for a positive assimilation include: Interpretation, materials in the refugees' own languages, an adequate support base (a helping network of people), and a place where they can come to understand the impact changes have made upon them and where they can gain the skills to cope with those changes. Without these skills, they will find it difficult to function at their full potential. This inability to function may cause further burdens on society at a later date.

Most of the agencies and professionals who have been dealing with refugee programs have agreed that in order to function in their new lives the

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refugees need to learn the language, get a job, become familiar with the environment they live in by learning to use the transportation system, and build up their self-confidence. Bi-cultural adjustment is most important for successful refugee resettlement. Along this line the refugees need to have their own community support system that preserves their own cultures and values. Also, they need to have an Indochinese advocate in the American system to help with difficulties in the new culture. This bi-cultural adjustment should be a kind of tradeoff between the two cultures and values in preserving the successful resettlement as a goal.

In this transition period of refugee resettlement, outreach is needed as many refugees will not go to the service system set up. Indochinese advocates need to know all the resources available and how to use them.

3. III. PROBLEMS

Some of the problems which have been identified are:

1. Depression stemming from loss of self worth due to the lack of viable roles in the new society; anger and frustration caused by culture shock; guilt feelings over the lost of abandoned family members left in their own country; frustration over bad news from their own country as Cambodia's tragedy.
2. – - Loss of role of the male as provider of family, due to lack of job or a fulfilling job, thus lack of money and ability to provide financial support for family members here and/or overseas; as a result, the traditional authority of husband or father is at stake.
   – - Women's liberation among female co-workers, female sponsors, etc... who could jeopardize instead of solve marital conflict.
   – - Women's interpretation of her rights vs. man's traditional interpretation
   – - Break-up of the extended family system and the natural network in the Indochinese setup, and forced adoption of a new system with more government interference in individual and family life.
   – - Minors want to try out new American teenage freedoms and rebel against their own parents' values and authority.
3. Isolation due to lack of identity with new community and lack of good understanding of the new language.
4. The legal system is overwhelming. Refugees do not have adequate help with legal problems and are not provided with orientation in preventing legal problems related to cultural differences. For example, drinking beer on the street; having intercourse with a female teenager; leaving children under 10 at home alone, etc.
5. Bureaucracy passes over those who cannot speak English well enough to advocate for themselves.
6. Foster homes for unaccompanied minors are difficult for all parties due to cultural differences, minor unresolved feelings about family left behind; minor's lack of formal education leads to difficulties in the American high school; conflict with foster parents and foster parents children; fighting with American children in school.
7. – - Too much overprotection of sponsors; working against Indochinese self-sufficiency.
   – - Or, too pushy without planning.
   – - Over expectations from both parties.
   – - Tensions produced by cultural differences in directness and communication.
8. Cultural conflicts in health care (Cf. research by Marsha L. Silverman, Yale Univeristy.)
9. There are some serious cases of emotional problems like schizophrenia and severe depression among the refugees in Oregon. The psychosomatic symptoms are high in statistic - headaches, backaches, insomnia, loss of appetite, loss of weight. As mental illness is a stigma in Indochinese culture, refugees are resentful of the idea of seeking mental health counseling or treatment.

Drug abuse and alcoholism became areas of concern among the refugee population.

3.1. Alcohol

Although drinking alcohol is against religious principle, it is socially acceptable. It is difficult to identify alcohol related problems among the refugee population. There are some cases of wife abuse or child abuse which might be related to alcohol and might be known by members of the refugee community, but this is considered a family problem, thus having no need for outside intervention.

There are some observed tendencies that refugees drink more than they used to in their countries, but an alcoholic case is not yet identified. In their countries, refugees had limited financial ability to celebrate at parties. Liquor is too expensive, particularly imports. Here in the USA, the refugees have more special occasions to celebrate at parties or ceremonies. Half of those are related to the new cultural adjustment such as birthdays, Christmas, New Year, etc...and financially they can now afford to buy expensive liquor and meet other expenses. One of the positive aspects of organizing parties is that it allows refugees to socialize among themselves in order to cope with their isolation and anxiety problems.

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There are some negative results of the increased use of alcohol, such as fighting, car accidents, disputes. Weekend parties became frequent among the Indochinese refugees who regard it as a reward after working hard all week.

3.2. Drugs

Drug abuse is almost unknown among the refugee population, but the possible case of drug abuse is among refugee children who go to school with other children who use drugs. There are rumors that Indochinese children receive pressure from their peers in school to use drugs, but nothing yet has been confirmed in Oregon.

As far as problems are concerned, I would like to refer to some case illustrations (APPENDIX A, attached)

4. IV. INDOCHINESE RESETTLEMENT PROJECTS

In response to Indochinese refugee problems and needs, various projects have been carried out at the Indochinese Center as previously mentioned. The following are projects which directly or indirectly deal with refugee emotional problems:

4.1. 1) Mental Health Project

The focus of the Mental Health Project is service/training, about 50:50. There are five counselors (minus one Cambodian) - one from each ethnic group.

Training format:

1. Use of mental health consultants (American or Indochinese) on individual cases.
2. In-service training geared to: Increase counselors' knowledge of a) A variety of approaches and treatment methods (behavioral, family, marital and group therapy and general counseling skills). b) Knowledge of specific areas: Dealing with mentally retarded, physically handicapped, severely depressed, schizophrenic, actingout adolescents, etc. c) The grief process related to loss of significant persons through death or separation (i.e., left overseas). d) Use of the American mental health and social service system and the resources available to clients. e) increased understanding by attending cross-cultural seminars.

   In-service training is done either by the Project Director (an MSW) or a mental health consultant from a specific field. Approximately 4 hours per week.
3. Enrollment in either an undergraduate or graduate program, with 3-6 hours of classes taken by each counselor each term.

Focus is on developing Indochinese professionals or para-professionals who have credibility in the American system and acceptance as helpers in their own cultural system.

We need more of a continuum of training, i.e., intensive in-service geared toward those not going to school, as well as providing for those who do wish to pursue formal education.

Supervision is provided by an experienced social worker (MSW - Project Director) on a weekly basis.

Consultation requested of us by other agencies regarding serving refugees is also done. We feel linkage with the existing mental health system is very important.

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*4.2. 2) Women's Program**

The target population for the Women's Program is 200 Women in the Portland and Salem areas who fall into one of the following categories:

1. Women with small children who have no options for day care.
2. Women with learning problems (due to handicap, illiteracy, or lack of experience in a formal educational setting).
3. Women and men who are very old or handicapped.
4. Women who are unable to attend other programs due to transportation problems.
5. Women with mental health problems who are in need of a social network.

The Women's Program deals with a difficult population. Theses are women who do not fit into existing programs due to a variety of problems. Often they are women who have stayed isolated at home and have not yet learned to function in this society. It has been our experience that most of these women are not immediately transitionable into other programs or into jobs due to the problems mentioned above. A reasonable estimate for immediate transitioning is that 20% (40 women) will be transitioned into ESL programs upon termination from the Program. An additional 10% (20 women) will be transitioned into employment or will be referred to the Employment Project at the Center. Emphasis in the Program will be on preparing women for this transitioning. However, because old age, handicap, or the presence of small children are problems which do not disappear upon completion of the Program, it is expected that 65% of the women will either stay in the Program for a longer period of time of will terminate for reasons other than employment or entry into ESL programs. Transitioning may occur at a later date.

The benefits of the Women's Program should be seen as an end in themselves. As women learn basic skills, they are better able to function in society, thereby decreasing dependence on interpreters, caseworkers and other public servants. As they learn about safety and adequate care for children they are able to prevent potential health and legal problems. As they learn to ride the bus, they become able to live independent, productive lives. Also, as they come together in a social setting, they are able to form a self-help network for dealing with their problems of depression and isolation.
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4.3. 3) Resettlement Project

The Resettlement Project provides a variety of social services to refugees with adjustment problems. These services have been used also as a means to approaching refugees' emotional problems in order to deal with them in the early stages before they become serious. These services include:

- - Interpretation: At hospitals, clinics, court, school, with sponsor or agencies. Normally refugees do not see this service as interpretation, but advocacy.
- - Preventive Services: These services are mostly in the form of advocacy and are related to financial problems, employment, school, communication, health, legal problems, and housing.
- - Family Orientation: New arrivals need to have some basic orientation in householding, i.e., taking care of the house, banking, etc.
- i. Community Activities. Bi-lingual staff is encouraged to participate in organizing traditional ceremonies or social gatherings.

  ii. Community Outreach. This activity is intended to allow the staff, especially the bi-lingual staff, to approach natural workers in the community and to get them to volunteer to help with the refugee resettlement process. These natural workers need to be trained to acquaint them with the new culture.

  iii. Cultural Orientation. This orientation is provided on a more formal basis by using natural workers and American professionals to give lectures on consumer education.