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Southeast Asian Refugees in Western Massachusetts: Seen but Not Heard

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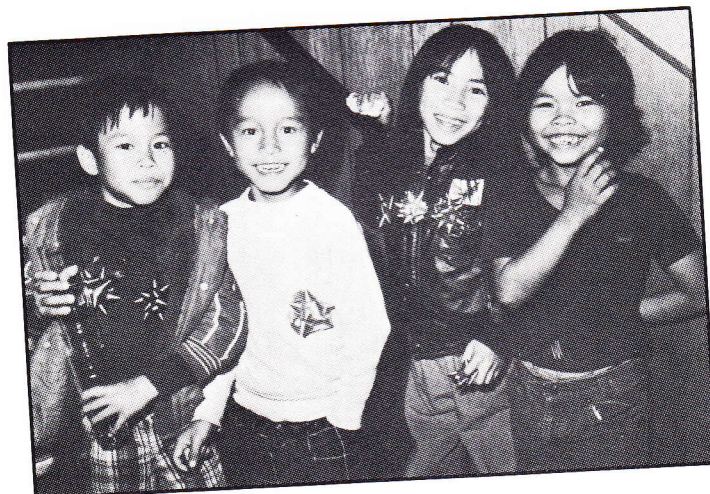
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Southeast Asian Refugees in Western Massachusetts Seen But Not Heard

Việt-nam



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**Southeast Asian Refugees in Western
Massachusetts: Seen but not heard**

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**Special Publication No.2
Asian Studies Program
University of Massachusetts at Amherst**

Preface

The Indochinese Needs Assessment Project (IRNAP) was developed in 1988 as a year-long project in applied basic research and community service by the Asian Studies Program at the University of Massachusetts at Amherst. The primary goal of the project was to conduct a needs assessment of the Southeast Asian refugee population in Western Massachusetts. Part of this task was to provide a basic data profile of this population which could be used by public and private organizations to evaluate and improve service delivery programs for refugees in this region.

This report presents summary findings from this study which will be of interest to state agencies, service provider organizations, and community refugee support groups. We have excluded detailed background and methodological discussions in this report to allow for greater focus on our findings regarding refugee resettlement, adjustment, and needs.

The design and implementation of this study has been directed by an interdisciplinary team of faculty, staff, and students from the University of Massachusetts at Amherst. A complete list of project personnel has been included in Appendix B. Financial support for this study was provided by a grant from the Joseph P. Healey Public Service Endowment fund administered by the University of Massachusetts. We are particularly grateful for the valuable contributions made to this study by Lucy Nhiem Hong Nguyen through her contacts with the refugee community, and to Kathleen McGraw for computerizing our data base, assisting with the process of initial analysis, and coordinating project activities. In addition to project staff, many people and organizations have made contributions to this study and we wish to extend a general acknowledgement for their help. The refugee service provider community and the refugee community in Western Massachusetts has generously shared their knowledge, provided important contacts, and offered continuing encouragement for which we are most grateful. In undertaking this study we have come to more fully understand the extreme personal hardships and tragedy experienced by many members of the Southeast Asian refugee community. We hope that our efforts to make their voices heard will ease their adjustment and enable others to more effectively assist them in this process. Finally, the conclusions presented here are entirely those of the authors and do not reflect the official or unofficial positions of the University of Massachusetts or any other organization which has been cited in this document.

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November 1, 1989

CONTENTS

Preface.....	i
Contents.....	ii
List of Figures and Appendices.....	iii
I. INTRODUCTION	1
Refugee Resettlement in the Commonwealth Seen but not Heard: The IRNA Project Methodology and Evaluation	
II. SOUTHEAST ASIAN REFUGEES IN WESTERN MASSACHUSETTS.....	7
Resettlement in Massachusetts:1975-1988 Resettlement and Sponsorship Distribution of the Southeast Asian Refugee Population in 1988 Demographic Profile of the Refugee Population Migration and Resettlement	
III. REFUGEE ADJUSTMENT AND NEEDS: AN ASSESSMENT.....	17
Occupation History and Employment Patterns Education and ESL Training Language Skills Housing Transportation Health Status	
IV. SERVICE PROVIDER ASSESSMENTS OF REFUGEE NEEDS.....	31
Obstacles Service Provider Needs Strategies Other Issues	
V. CONCLUSIONS AND RECOMMENDATIONS.....	36
Notes	
References	
Appendices	

List of Figures and Tables

Figure 1	-Southeast Asian Refugees in Massachusetts ...	2
Figure 2	-Refugee Arrivals in the U.S.,1975-1987.....	8
Figure 3	-Southeast Asian Refugee Arrivals in Massachusetts,1975-1988	9
Figure 4	-Southeast Asian Refugees Resettled in Western Massachusetts,1975-1985.....	10
Table 1	- Age Distribution of Refugee Youth.....	14

I. INTRODUCTION

The United States has a long and valued tradition of receiving people from other lands as a result of social and political turmoil. This policy has been reaffirmed frequently in the last quarter century with the arrival of refugees from such geographically diverse locations as Eastern Europe, Cuba, Southeast Asia, and Central America. Perhaps, Southeast Asians have experienced greater national and personal tragedy than any other group of refugees arriving in this country in recent memory. It is specifically this population and their resettlement and adjustment to life in Western Massachusetts which is the subject of this report. These issues are discussed in six separate sections. The Introduction provides a general background for Southeast Asian refugee resettlement and the goals and methods of the IRNA project; Section II presents a brief outline of refugee resettlement at the national, state and local levels with more specific details on the geographic and demographic aspects of this population in Western Massachusetts. An assessment of refugee adjustment and needs is profiled in Section III followed by evaluations of these general issues from the perspective of service providers and community-level refugee resettlement organizations in Section IV. Policy and Program Implications and concluding remarks are provided in the final section.

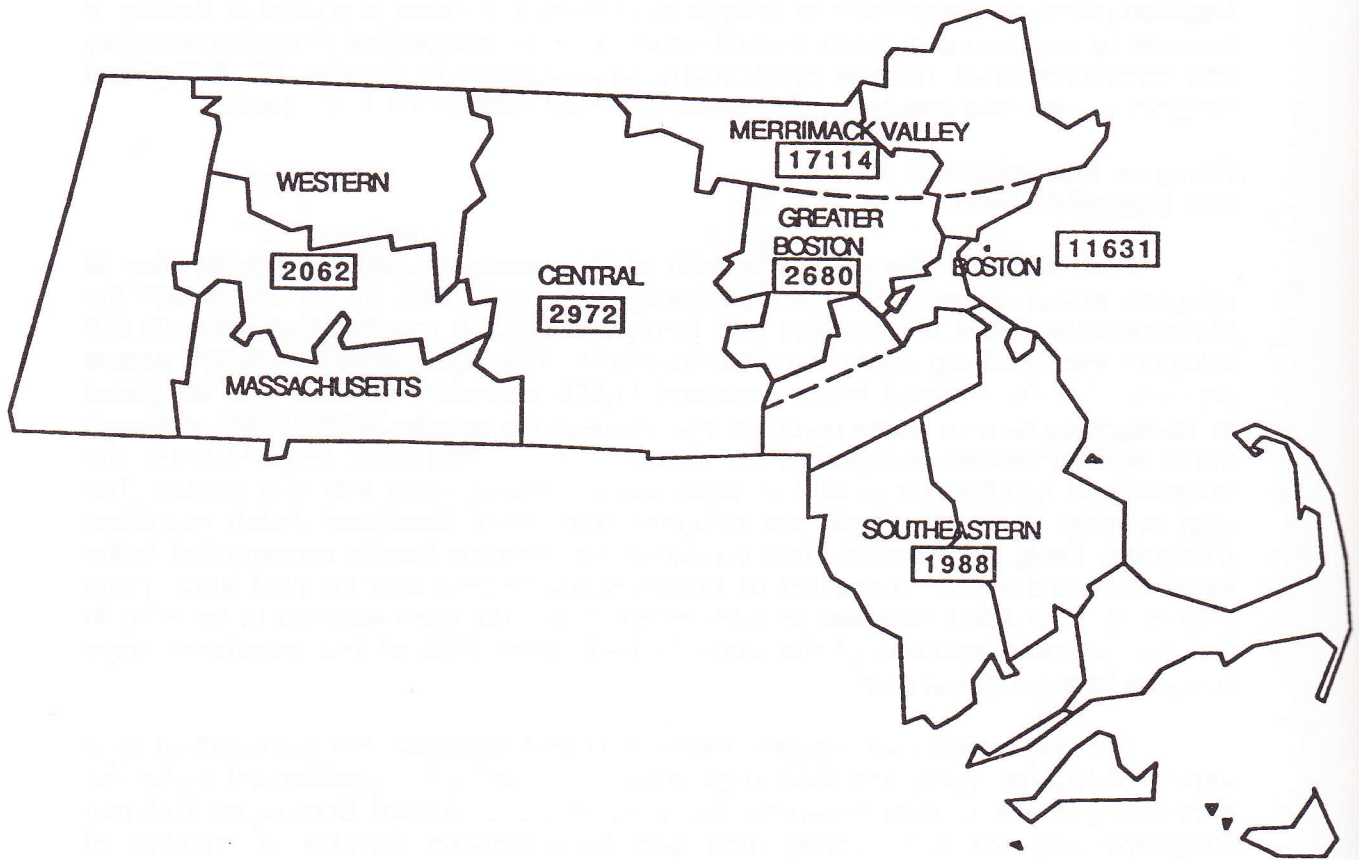
Refugee Resettlement in the Commonwealth

From 1975-1987 the Commonwealth of Massachusetts experienced an influx of refugees almost unprecedented in this century for its rapid rate. By the end of 1987 the Massachusetts Office of Refugees and Immigrants (MORI) reported that some 39,859 refugees were residing within the Commonwealth. This figure included 28,309 people who were initially resettled in the state and 11,550 secondary migrants who emigrated to Massachusetts after being resettled elsewhere in the country (MORI, 1988). Although these figures remain unadjusted for deaths and out-migration, they illustrate the magnitude of resettlement which has taken place in slightly more than one decade. The vast majority of these people are refugees from three Southeast Asian countries; Cambodia, Laos, and Vietnam. This population has become heavily concentrated in the larger cities and urbanized counties of eastern Massachusetts over the past fifteen years (Figure 1). Only 2,245 refugees or 5.6% of the state total were reported to be living in the four western counties of the state in 1988. Over 90% of this population were refugees from Southeast Asia.

The responsibility for refugee resettlement and relocation has been shared by a variety of federal, state, and local organizations. Eligibility for resettlement under the 1980 Refugee Act is determined by the Department of State's Bureau for Refugee Programs and the U.S. Immigration and Naturalization Service. A number of international relief agencies and their domestic affiliates cooperate in this effort by supervising relocation and initial resettlement activities. The Massachusetts Office for Refugees and Immigrants, established in 1981, supervises and implements the Commonwealth's responsibilities under federal refugee policies and related programs. This office monitors the provision of refugee cash and medical assistance, and the conduct of specific social service programs intended to help refugees attain self-sufficiency. MORI is supported in these efforts by a number of voluntary agencies (VOLAGS) which perform the essential resettlement tasks. At the community level, a network of private sponsors, support groups, and ecumenical resettlement organizations carry out separate but related activities to assist the refugee population with social, economic, educational, and other adjustment issues.

Figure 1

Southeast Asian Refugees in Massachusetts,
12/31/87



These varied organizations have provided considerable leadership in promoting self-sufficiency and easing the integration of refugees into American life. Nevertheless, problems persist, ranging from a lack of adequate funding for refugee programs to communication difficulties between provider agencies, community workers, and clients. This means it has been difficult to both monitor the changing size, distribution, and needs of the population, as well as to provide appropriate services. These problems are serious throughout the state, but, perhaps, especially acute in Western Massachusetts where the population is geographically dispersed, local clusters of refugees may be small, and economies of scale do not operate to facilitate access to and delivery of services. Of 18 service providers contracted by MORI in 1988, for example, only one was in Western Massachusetts (Roman Catholic Diocese of Springfield Refugee Resettlement Program), and no Mutual Assistance Association (MAA) had been incorporated in the western region of the state (a Cambodian Mutual Assistance Association of Hampden County was incorporated in Holyoke, Massachusetts late in 1988). In contrast, 14 MAAs assisted 3,500 refugees in the central and eastern regions of the state in 1988. Consequently, precise knowledge about this population, its needs, and adjustment problems is at best incomplete and unavailable in a form which can improve evaluation and delivery of services to the refugee community.

Seen but not Heard: The IRNA Project

In January 1988, the Asian Studies Program at the University of Massachusetts at Amherst prepared a proposal for a program of applied research to address this issue. Funding was requested from the Joseph P. Healey and Public Service Endowment program (administered by the University) to conduct a comprehensive NEEDS assessment of the Southeast Asian refugee population in Western Massachusetts. The specific populations to be examined included Khmer, Hmong, Lao, and Vietnamese residing in Berkshire, Franklin, Hampden, and Hampshire counties. Although Executive Order 257 by the Governor of Massachusetts, dated October 4, 1985, called on state agencies to conduct programs and activities directly or indirectly relating to the service needs of the refugee population, and listed as a first step the conduct of NEEDS Assessments of current and potential needs, no funding was provided to complete these tasks. Funds for this purpose were also not generally available from federal sources.

The Asian Studies Program received a 1-year award (later extended to 18 months) to carry out the project, beginning in July 1988. Work actually began in late May with the recruitment and training of bilingual research staff, a review of literature, collection of background materials, and discussions of research strategies and instruments. For the purpose of the project, a NEEDS assessment was defined as an evaluation of the social, educational, economic, and health conditions of the target population. This information could then serve as a basis for evaluating existing refugee service programs, and the development and implementation of new programs to meet the needs of this population. These goals were to be accomplished by;

- 1) Providing base-line data on the target population to service providers, community organizations, and state agencies serving the refugee community;
- 2) Providing information to refugee community leaders to facilitate development of Mutual Assistance Associations;

- 3) Strengthening the community service and outreach mission of the University of Massachusetts and the Asian Studies Program by enhancing interaction among service provider agencies, community organizations, and local communities;
- 4) Enabling refugee students participating in the project to assist their communities and giving them leadership training;
- 5) Providing valuable data to other University faculty and staff working with this community, and;
- 6) Making available to recruitment, counseling and advising services at the University of Massachusetts information to help improve their services to refugee students.

Methodology and Evaluation

The circumstances and backgrounds of Southeast Asian refugees contradict the common impression that they are a homogeneous population. Language, culture, tradition, types of occupational skills, and levels of education vary significantly among and to some extent within these ethnic communities. To a similar degree, the refugee experience for each group and often within groups has been somewhat different. In recognition of these facts, the research strategies employed in this study have emphasized flexibility so that comparative analysis could be completed. The following section provides a brief summary of our research methods and the data upon which this report has been based.

Working with a group of bilingual Cambodian, Lao, and Vietnamese refugee students from the University of Massachusetts at Amherst, the project staff organized and implemented a series of tasks designed to obtain information about the Southeast Asian refugee community in Western Massachusetts. In general, these tasks were undertaken in the following sequence:

1. Review relevant literature.
2. Assess research strategies and methods
3. Recruit and train bilingual student research assistants, and network with refugee service providers and key informants in the refugee community.
4. Design bilingual research instruments based on similar tools used in a 1983 Michigan study.
5. Conduct a census within separate refugee communities in Western Massachusetts.
6. Pre-test survey instruments and interview methods.
7. Conduct in-depth interviews with a sample of 100 refugee households.
8. Interview selected refugee case workers and service providers.
9. Initiate a series of informal group discussions with refugee students from area highschools.
10. Analyze and interpret data.
11. Prepare summary reports .

The primary tools used in this study have been a combination of conventional survey research methods, a process of iterative dialogues with members of the refugee community, and a census procedure to assemble basic demographic data on the Western Massachusetts refugee population. The census file was assembled from existing sources and direct enumeration. Records were cross-checked using town street lists, telephone listings and client-sponsor records provided by voluntary and contract refugee service provider organizations. This file contains individual records for approximately 1,487 Southeast Asian refugees living in Western Massachusetts on August 31, 1988. The number of individuals listed in this file is estimated to represent a 10-15% undercount of the entire Southeast Asian refugee population in this region of the state. Each record contains information on; 1) ethnicity or country of origin; 2) street and town of residence; 3) name, age, sex and kinship relationships for each individual living at the same address; 4) date of arrival in Massachusetts; and 5) name of current sponsor or sponsoring organization. This file was then used to develop statistical profiles of the refugee population, and as a data-base to select sample households for more intensive interviews.

A sample of 100 refugee households was drawn from the census file. The selection of these households was based on: 1) the proportion of each nationality/ethnic group in the Western Massachusetts refugee population; 2) geographic distribution by town; 3) household size; 4) type of household social or residential unit; 5) length of residence; and 6) the age structure of the household. The final sample size included 47 Cambodian, 43 Vietnamese, 7 Laotian and 3 Hmong households, representing a total population of 487 people (see Appendix A, Table A.1).

The process of interviewing was conducted by three teams of bilingual research assistants, one team each for the Cambodian, Vietnamese, and Lao-Hmong households. All interviews were preceded by telephone contacts and at least one follow-up meeting. These preliminary discussions clarified project goals, explained how information would be used, determined the household's willingness to participate, and assured that confidentiality would be protected. Only when these issues were explained and understood was a schedule for a subsequent initial interview worked out. The actual interviews often required more than a single session, were frequently spaced over a 7-10 day period, and the agendas for discussion varied. The quantitative and qualitative observations about refugee resettlement, adjustment, problems and needs presented in the following pages are based primarily on the interview and refugee census files. Additionally, a separate set of informal interviews and discussions were held with fifteen refugee case workers, sponsors, and others working for VOLAGS, community groups, or contract resettlement organizations. The issues raised in these interviews were intended to obtain an understanding of refugee adjustment from the perspective of resettlement and case worker professionals.

It is important to note that this study has not been conducted without a variety of problems. These are reflected in the kinds of trade-offs which have been made between comprehensiveness, depth of inquiry, time and funding limitations, the lack of experienced bilingual researchers, and the sensitive fabric of many refugee lives. Although our research staff were refugees themselves, had credibility in a few refugee communities and the critical language skills needed for this type of study, none had either conceptual knowledge or previous experience with basic social interview techniques. Consequently, considerable time was spent throughout the project in training, reinforcement of goals and objectives, briefing and debriefing interviewers,

and monitoring progress, methods, and results. In some respects this study was as much a process of them learning how to interact with other refugee populations as it was our gaining insights into the needs of these communities. Not all refugee households initially contacted agreed to cooperate nor were all interviews equally productive. Some subjects could not be easily discussed and information obtained was not always reliable. Information requested on household income for example, has in many cases been incomplete or deemed to be inaccurate. Individual work status was often reported as "unemployed", although anecdotal discussions determined that individuals actually were working informally. In other cases, refugees were hesitant or unwilling to provide any details about all household members, especially those who might be seen as transients. The reader of this report should remain aware of these constraints and take special note of qualifications applied to certain observations. Despite these reservations, we are confident that our primary objective of providing a preliminary examination of Southeast Asian refugee needs as articulated by this population and members of the service provider community has been satisfactorily met.

II. S.E. ASIAN REFUGEES IN WESTERN MASSACHUSETTS

The growth of the Southeast Asian refugee population in the Commonwealth has increased significantly within the past decade. Awareness of this process is most acute in eastern Massachusetts. In 1988 Metropolitan Boston was unofficially estimated to have 16,200 Southeast Asian refugees, while several cities northeast of Boston in the Merrimack Valley (e.g Lowell, Lawrence, Lynn) reportedly contained more than 22,300 refugees from Southeast Asia (MDPH,1988). The situation in the four western counties of the state contrasts sharply with these concentrations. Recent estimates by MORI (1988) place this population at only 2,200, of which 2,061 are from Southeast Asia.

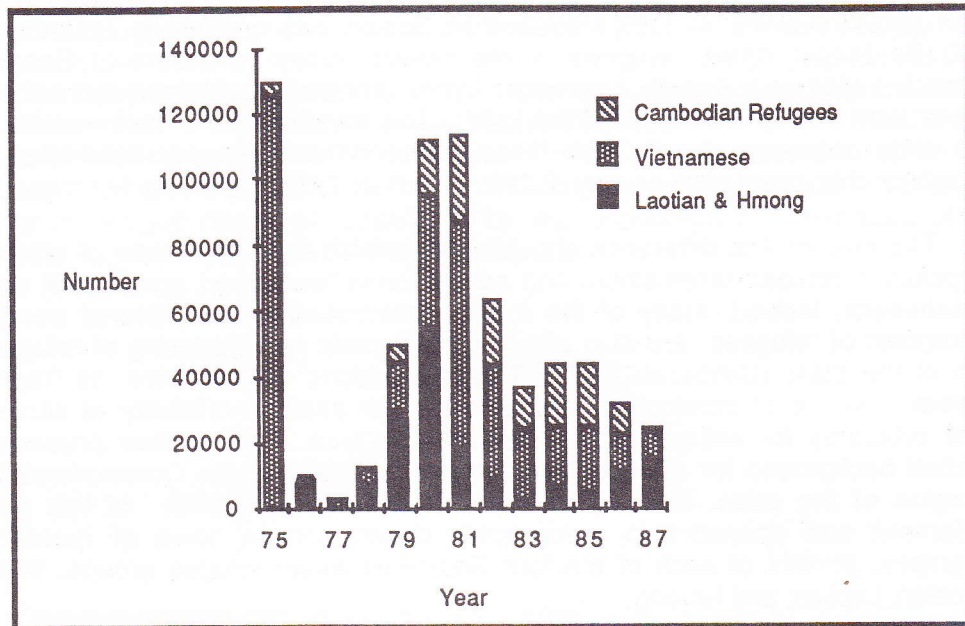
The size of this difference should not diminish the importance of understanding the process of refugee resettlement and adaptation in 'low impact areas' such as Western Massachusetts. Indeed, many of the forces contributing to the national trends toward concentration of refugees are also affecting the growth and clustering of refugees in this region of the state (Desbarats,1987). This population's smaller size, its fragmentation and weaker sense of community, and a lower per capita availability of services pose special problems for refugee adjustment in this area. This section presents a brief contextual background for refugee resettlement nationally, in the Commonwealth, and in this region of the state. Specific attention is devoted to growth of this population, resettlement and sponsorship, geographic distribution by town of residence, and demographic profiles of each of the four Southeast Asian refugee groups: Vietnamese, Cambodian, Laotian, and Hmong.

Resettlement in Massachusetts: 1975-1988

The pattern of refugee resettlement in Massachusetts reflects many of the national trends since 1975. A total of 849,462 Southeast Asian refugees were resettled in the United States between 1975 and 1987(US,1987). The resettlement of this population has occurred in at least two distinct waves, the first of over 130,000 in 1975 and a second in 1980-81 of approximately 230,000 people(Figure 2). Since 1982 the number of Southeast Asian refugee arrivals has declined to an average of about 45,000 per year. Although Vietnamese have remained the largest single component of this population, Cambodians, Hmong, Lao and other Laotian national minority groups have comprised a larger share of the total Southeast Asian refugee population admitted to this country since 1979. This is especially important in terms of the volume and composition of this refugee population resettled in Massachusetts and in the four western counties of the state.

The Southeast Asian refugee population in Massachusetts can be separated into two groups: those initially resettled in the state, and secondary migrants who have come from other states in the country. The precise size and composition of this population is difficult to measure without reliable information on fertility, mortality, and secondary migration rates. According to a 1982 state-wide needs assessment, 12,500 Southeast Asian refugees were resettled in Massachusetts between 1975 and 1982 (United Community Planning Corporation, 1982). However, this study was based primarily on interviews with refugee service providers and case workers, and it may have underestimated the number of secondary refugee migrants, resulting in an under-count. Since

Fig. 2- Southeast Asian Refugees Admitted to the U.S., 1975-1987*

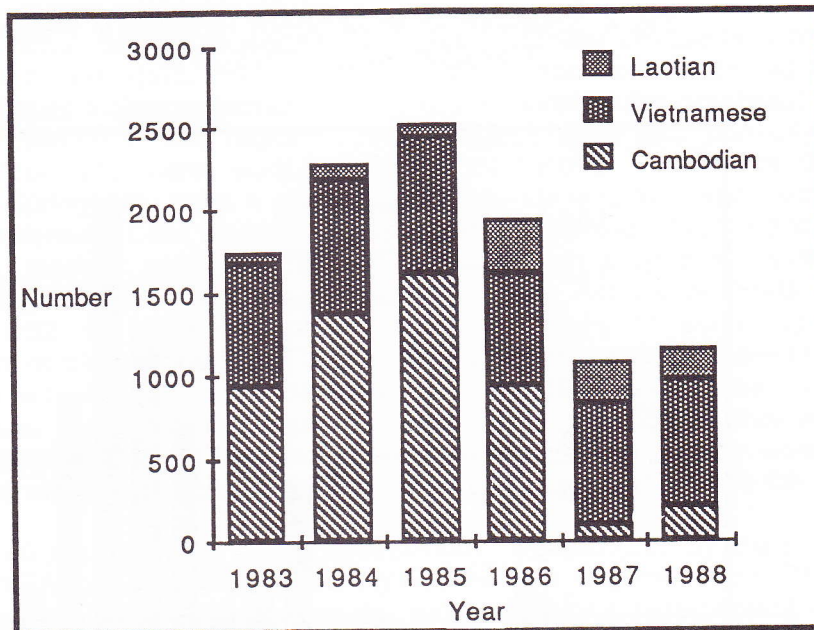


*[SOURCE: Refugee Reports VIII: 12/87. U.S. State Department, Office of Refugee Resettlement]

1983 the number of Cambodian, Hmong, Laotian, and Vietnamese refugees initially resettled in the state has averaged almost 1,900 per year, increasing annually through 1985 and then declining sharply since that date (Figure 3). Until 1979-80 a majority of these refugees were probably Vietnamese.

In this decade the composition of this population has changed significantly with larger numbers of other Southeast Asian refugee groups being resettled in the state. The most evident increase has been in the number of Laotian and Hmong refugees, although their numbers remain small in comparison to Cambodian and Vietnamese. In 1988, for the first time, Southeast Asian refugees accounted for less than one half of all new refugee arrivals in Massachusetts. This fact is in part due to the dramatic increase in refugees from the Soviet Union, and reduced rates of resettlement for Southeast Asian refugees.

Fig. 3- Southeast Asian Refugee Arrivals
in Massachusetts, 1983-88

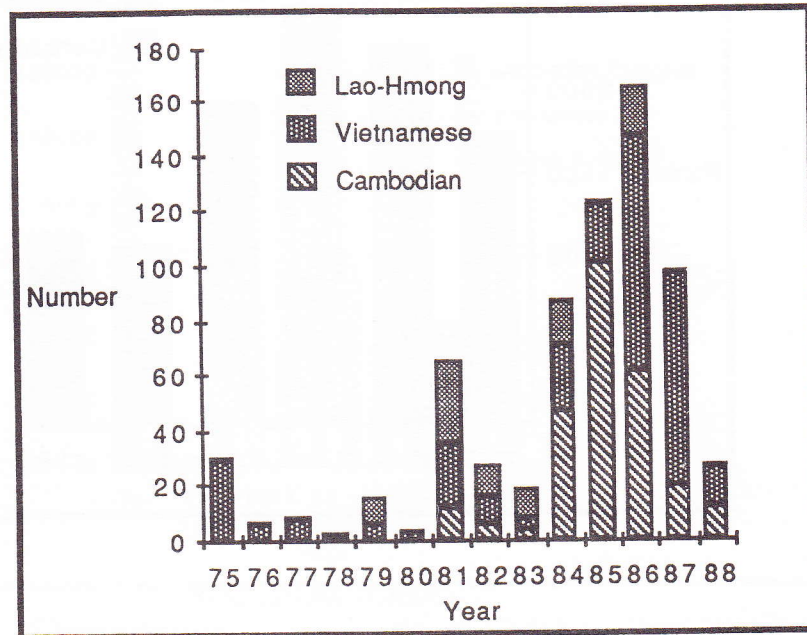


[Source: MORI, 1988]

Western Massachusetts has received a larger share of all Southeast Asians resettled in the state since 1981. By 1982 at least 400 of these refugees, or 3% of the state total, had been initially resettled in Western Massachusetts. Over the last five years this number has increased to 2,061 or 12% of the state total. The general trend in resettlement in this region is shown in Figure 4 using data compiled from the IRNAP refugee census file. This figure shows the number and year of arrival for Southeast Asian refugees who still resided in the four western counties of the state in August 1988. However, since this data does not represent the entire refugee population, and does not account for mortality or secondary migration after resettlement, its primary value is in illustrating trends, not absolute numbers. Also, no distinctions have been made between initial resettles and secondary migrants.

Several similarities to the national and state trends are evident. Only small numbers of Southeast Asian refugees resettled in Western Massachusetts before 1981, and the majority of these were Vietnamese. The increase in this population in 1981-82 reflects the sharp increase in refugee arrivals from Southeast Asia during that period, the growing effect of secondary migration, and emphasis placed on "family reunification" in national refugee resettlement policy. The marked increase between 1984-86 follows the growth in state-wide arrivals from Southeast Asia (Figure 3), but also suggests the increased share of the total population which was living in Western Massachusetts. Both

Fig. 4- Southeast Asian Refugees Resettled in Western Massachusetts, 1975-1988*



*[Source: IRNAP files]

state and regional trends in this decade may also reflect the affects of the Commonwealth's more liberal housing and cash assistance programs and the increased relocation of unaccompanied minors and Amerasians to this part of the state.

Resettlement and Sponsorship

A clear picture of the management of refugee resettlement and sponsorship prior to 1980 is difficult to define. Since passage of the Refugee Act in 1980, most resettlement in Massachusetts has been carried out by six voluntary agencies (VOLAGS) at a resettlement rate of 2,500 cases per year (MORI, 1988). MORI has followed a policy of bringing refugee adults into self-supporting employment as quickly as possible and providing, through contracted social service agencies, services to facilitate participation in the social and economic life of their new community. Thus, it monitors the provision of federal refugee cash and medical assistance and coordinates public and private services. Most resettlement responsibilities in Western Massachusetts have been conducted by the Refugee Resettlement Program (RRP) of the Roman Catholic

Diocese of Springfield, and by Lutheran Immigration and Refugee Services(LIRS), a voluntary agency. In this section we outline the resettlement policy and strategies of these two organizations and present some initial IRNAP findings regarding secondary migration, resettlement, and responses to the sponsorship program.

Two rather distinct strategies have been followed in resettling refugees in the western part of this state. Prior to 1980, individual sponsors supported by community and church-based initiatives probably accounted for most of the Southeast Asian refugee population resettled in this region. These refugees were also primarily Vietnamese, since few other nationalities were initially resettled in this area before 1980. The RRP centered in Springfield uses a conventional case-management approach in managing refugee resettlement. Case workers are assigned to incoming refugees and they arrange for housing, medical care, ESL training, acculturation programs, skill training and employment. Since the reduction of federal Refugee Assistance funds from 36 to 18 months in 1982, the RRP has placed a higher priority on achieving refugee self-sufficiency as quickly as possible. This has meant that refugees are placed in jobs as soon as possible with less attention devoted to other adjustment issues. In principle this policy seeks to help refugees acquire full-time employment so that they will be not only off public assistance roles, but also above federally defined poverty levels. It is felt by MORI that no one person can support more than six people and achieve this goal.

In 1980 a strategy of "cluster resettlement" was adopted by the Lutheran Service Association(LSA) and implemented throughout the New England region. The initial use of this strategy in Western Massachusetts focused on the resettlement of Cambodian refugees, the first large group to be targeted for placement in this area (Burton,1983). This concept is a modified form of community development in which 'clusters' of refugees are settled in communities through the support and assistance of a network of churches and private citizens. This strategy seeks to create a 'refugee community' of at least four clusters per town, each cluster being supported by at least one local religious organization. Peter Pond of LIRS has stated that this approach makes tasks of finding sponsors, job training and employment, housing, and ESL training easier for both the refugees and their sponsors. Community resettlement clusters also help to buffer the emotional stress experienced by refugee populations, spread support among other refugees and community residents, and minimize bureaucracy by decentralizing responsibility. The experience of four towns in Hampshire county with managing the resettlement of 100 Cambodian refugees in 1982 has been seen as evidence for the success of this approach(Burton,1983). Through 1985, the cluster concept had been implemented in a number of communities in Hampshire and Hampden counties.

These observations provide an important framework within which the activities of resettlement programs and refugee response to these programs can be understood. The following general findings from the IRNAP study will help to expand this framework.

- Refugee resettlement and sponsorship for the Vietnamese and Cambodian populations has generally fallen along agency lines:
 - *- LIRS and other ecumenical organizations have sponsored 63% of the Cambodian population while 72% of the Vietnamese reported that RRP was their sponsoring agency.
 - *- Laotian refugees reported their sponsors being equally divided between RRP and LIRS, but no Hmong had a formal sponsor.

- No significant differences were noted in the range of services initially provided to refugees by either LIRS or RRP.
- Sponsors remain most important to Cambodians, two-thirds of whom maintain at least monthly contact regardless of the length of time since resettlement.
- Vietnamese had a high frequency of sponsor contact in the initial years after resettlement, but almost none after the fourth year.
- The great majority of Cambodian household heads were satisfied with the efforts of sponsors to assist them, while less than 40% of the Vietnamese were similarly satisfied:
 - * - Vietnamese refugees expressed needs for more cultural awareness training for sponsors and case workers, an improvement in their responsiveness, expanded translation services, more assistance with transportation, and an initial one-month adjustment stipend.
 - * - Satisfaction with sponsorship also varied geographically: households in the Amherst-Northampton area were less critical than were those in the Pittsfield and Springfield areas.
- All groups expressed a distinct need for better education, cultural training, and sensitivity among sponsors and/or case workers.

Distribution of Southeast Asian Refugees in 1988

Two fundamental dimensions of the refugee population are the number in each ethnic or nationality category, and their distribution by town of residence(see Appendix A, Table A.2). These characteristics illustrate the activities of resettlement agencies, selectivity in the choice of destinations for secondary migrants, differences in occupational and social mobility between groups, and the relative impact these populations may have on public services in different communities. The general findings of the IRNAP study concerning these issues include:

- Over 90% of the Southeast Asian refugee population was living in towns and cities in the Connecticut Valley in 1988.
 - * - The majority of this population lived in four towns: Springfield (40%); Amherst (15%); Holyoke (11%); Northampton (8%).
- The composition of this population as documented in IRNAP files included:

Vietnamese	-	53%
Cambodian	-	35%
Laotian	-	6%
Hmong	-	5%

- * - This distribution for Cambodians and Vietnamese is almost opposite from that reported by MORI for 12/31/87.
- Over 85% of the Cambodian refugees live in only four towns: Amherst (32%); Holyoke (20%); Northampton (18%); and, Springfield (14%).
- Vietnamese are primarily concentrated in Springfield (50%) and West Springfield (10%). The remaining population, however, is distributed among 24 communities, a degree of dispersal twice that of any other group.
- These patterns may be attributed to the process of residential placement by resettlement agencies; residential choice by secondary migrants; employment opportunities; the cost and availability of housing; and the placement of Amerasian and unaccompanied refugee minors with sponsors.
- Refugees tend to be clustered by residence and neighborhood within towns, even in communities which have not been participants in the LRS/LIRS cluster resettlement effort. This fact is of some significance where refugees have been placed in urban residential settings which are socially unstable, provide only low-quality housing, and tend to reinforce feelings of fear, insecurity, and isolation (see the discussion of Housing below, in Section III).

Demographic Profiles of the Refugee Population

The social and demographic characteristics of this population provide important insights into a number of issues related to their resettlement-adjustment, current and future needs, and the potential impacts of these groups on community services. In studying this population, a distinct effort has been made to identify structural features (eg. age and sex distributions, types of social or residential units) of each group and to note differences between groups which may bear on the larger issues of needs and strategies to meet those needs. Our more general findings in this context include:

- At least 50% of the refugee population in 1988 was below 20 years of age, and almost two-thirds was less than 25 years of age. The highest proportions in these age groups were found among the Hmong (67%) and Cambodians (55%), while the lowest were in the Laotian (48%) and Vietnamese (45%) populations (see Appendix A, Figure A.3).

- The number of adults aged 20-55 differs significantly between refugee groups:
 - * - No refugee group has more than 7% of its population aged 55 years or older.
 - * - The Cambodian population has proportionately fewer adults than is true for the entire population, but proportionately more above age 45 than any other group.
- National studies of age-specific fertility rates for refugee women have shown that births have taken place at nearly twice the rate for U.S. women as a whole (Rumbaut and Weeks, 1986), especially among the Hmong and Laotian refugee populations. IRNAP household survey data shows some marked differences from this pattern:
 - * - The mean number of children born per arriving refugee in Western Massachusetts as compared with national data shows:

	Cambodian	Vietnamese	Laotian	Hmong
National levels	.2302	.2224	.3117	.3982
W.Mass refugee population	.2641	.2208	.0000	.4167

Note: size of Hmong population sample is only 3 households or 20 people; 33% of total regional population.

- *- These patterns are reflected in the percentage of refugee children in pre-school and school age categories:

Table 1. - Age Distribution (%) of Refugee Youth

Group	Pre-school age (0-4 years)	School age (5-19 years)
Cambodian	22	78
Vietnamese	11	89
Hmong	47	53
Laotian	0	100

- Vietnamese and Lao refugee groups have almost 20% more of their populations in the 15-29 year old age groups than is the case for Hmong or Cambodians. Among the Vietnamese, this group is predominantly male, a fact which supports the age and sex selectivity in Vietnamese refugee migration.
- The predominant social or residential unit among all refugee groups is the nuclear family:

- * - One-third of the Vietnamese refugee population live in 'households' or residential units composed of mixed family and non-family members(see Appendix A, Table A.4)
- * - Extended family units are more commonly found among the Cambodian population than the other groups; 26% of all Cambodians live in an extended family.
- The average size of households or residential groups is 5.6 people; largest among the Hmong (6.7), intermediate for the Lao (5.6) and Cambodians(5.3), and smallest among Vietnamese(4.6).
- The median age of household heads among all groups is 40-44 years, but this drops to 30-34 for Vietnamese and is from 45-50 for Cambodians.

Migration and Resettlement

Despite the intent of national refugee resettlement policy to disperse this population geographically, a clear trend has developed toward concentration (Forbes, 1985; Desbarats,1987). Further, although the size of the Western Massachusetts refugee population is relatively small, many of the factors found to affect refugee concentration nationwide are also evident in this area. Included in these factors are secondary migration, family reunification, the 'pull' of areas of existing refugee concentrations, employment opportunities, and public welfare programs. In this context, our research has shown that:

- The Cambodian, Laotian, and Hmong populations have each come from a single refugee camp in SE Asia, while the Vietnamese have been resettled from camps in Indonesia, Malaysia, and the Philippines.
- Secondary migration is most pronounced among the Vietnamese, Laotian, and Hmong populations:
 - * - Less than 20% of Cambodian refugees were initially resettled elsewhere in the country.
 - * - Over 42% of the Vietnamese study households are secondary migrants from at least twelve other states in the midwest, mid-atlantic or western regions of the U.S.
 - * - A majority of the Hmong and Laotians have come to this region from Connecticut or other states in the New England or mid-atlantic regions.
- The primary motives for migration to Western Massachusetts among refugees have been social(eg. family reunification, proximity to friends).
 - * - However, economic opportunity, employment, and education rather than social reasons were the most important motives for Vietnamese who have migrated to Western Massachusetts.

- The potential for future migration is highest among the Laotian and Vietnamese populations, especially those < 30 years of age.
 - * - 46% of Vietnamese household heads interviewed said they anticipated leaving the state in the near future. This group was almost exclusively < 40 years of age.
 - * - Less than 3% of Cambodian household heads said they had considered or were planning to migrate from the state.
- Three-quarters of all refugees, who intended to migrate outside the state, identified California, Texas and Florida as their expected destinations.
 - * - Weather conditions were most frequently cited as the primary reason for intended migration(47%), but social factors related to family reunification, marriage, and expectations of finding better employment were also important.
- Based on these findings and the fact that 15% of the resident refugee population are transients, we estimate the potential secondary migration rate to be as high as 18-20% of the existing population.

In summary, the Southeast Asian refugee population in Western Massachusetts is primarily young, has a high percentage of children in the pre-school and school age years; contains over one-third secondary migrants, primarily Vietnamese, Lao and Hmong; and resides in nuclear and extended family households. This population is heavily concentrated in a few cities and towns in Hampden and Hampshire counties, especially Springfield, Holyoke, Northampton, and Amherst. Finally, the potential for migration is high among those refugees < 30 years of age who are members of the Vietnamese and Laotian communities.

These general social, demographic, and geographic features have important implications for the types of services and needs which this population may require, the methods used in meeting those needs, and the manner in which refugee resettlement and adjustment issues have been articulated through the findings of the IRNAP study. These specific issues are examined in the following section.

III. REFUGEE NEEDS AND ADJUSTMENT: AN ASSESSMENT

The social and economic adjustment of Southeast Asian refugees in Western Massachusetts is examined in this section. Included are discussions of separate topics ranging from past and present employment experiences, educational backgrounds and language proficiency, and ESL training to questions of housing, transportation, utilization of medical services and various measures of refugee physical and mental health status. In presenting our major observations on these issues, no importance should be assigned to the order in which these topics are discussed. It is also important to emphasize the differences which exist between refugee groups and the extent to which these differences may be related to or explained by various social and demographic characteristics outlined previously. Where appropriate, summary tabulations of relevant data have been included or provided in appendices.

Occupation History and Employment Patterns

The employment and occupational histories of most refugees illustrate some important socio-economic differences between refugee groups. When educational backgrounds are considered, a clearer picture emerges concerning the resettlement and adaptation experiences of these populations. Prior to resettlement, Vietnamese refugees were primarily from the middle social and economic strata of South Vietnamese society, lived in larger towns or cities, and held positions as merchants, skilled workers, and in middle-level professional, government and military jobs. The Laotian refugees are most similar to the Vietnamese in terms of social and occupational status in Laos prior to resettlement. Cambodians, on the other hand, were almost exclusively farmers, fishermen, and laborers from rural communities (see Appendix A, Table A.5). These general characteristics tend to be reflected in present employment status and needs related to finding and holding jobs.

- Only 51% of the Cambodian household heads were employed in 1988, primarily in factory, service, or trade positions.
- Over 93% of Vietnamese household head were employed. Their employment patterns included 29% in sales and services, 18% in manufacturing, 18% in areas of professional employment, and 28% as students.
- Lao and Hmong household heads are primarily employed in factory and service positions, with a few in sales.
- Over 90% of the employed heads of refugee households work at least 40 hours per week and two-thirds have held their present jobs for at least one year.
- One-third of the Vietnamese and Cambodian heads of household interviewed did not receive any benefits (e.g. medical, vacation) in their jobs, and 30% of these had held their present job for at least two years.

- Employed refugees expressed a general satisfaction with conditions at their places of employment. However, a significant minority expressed concerns with;
 - * - Poor work environments(e.g. dirt, noise), safety hazards, a dislike of night-shift work, and communications problems with supervisors, especially among those in factory jobs.
 - * - In a number of instances, individual medical problems appear to be related to work conditions(see Health).
- Unemployment among refugee household heads is highest for the Cambodian population (49%), and substantially lower among Vietnamese (9%) and Laotians (14%). There were no Hmong household heads unemployed.
 - * - Among Cambodians, all of this group was > 40 years of age.
 - * - Cambodians attribute their lack of employment to physical disability, inability to learn new skills, and frustrations surrounding their problems in learning English.
 - * - Two-thirds of this group expressed no intention of finding work and frequently referred to themselves as 'retired'.
 - * - A majority of unemployed Vietnamese household heads were students.
- Vietnamese and Laotian household heads have been more self-directed in finding employment, while Cambodians and Hmong have relied more heavily on sponsors and resettlement agencies.
 - * - This pattern tends to vary in direct proportion to the amount of time since resettlement, except for older Cambodian males.
 - * - Two-thirds of Vietnamese have found employment on their own or with the help of friends, while only one-quarter of the Cambodians found jobs without assistance.
- Vietnamese are relatively more satisfied with their present employment than are Cambodians. However, almost all employed Vietnamese would prefer other jobs in professional or technical fields such as electronics or engineering. Among the same group of Cambodians, other job preferences were limited to farming, factory work or uncertainty about a new or better job.
- Requirements to obtain a new or better job were generally seen to include additional education, technical or skill training among Vietnamese. Cambodians most frequently cited English as the skill necessary to obtain a new or better job.
 - * - More than 70% of both groups were unaware of programs which might support them to obtain this type of training.
 - * - One-third of both Vietnamese and Cambodians indicated they had received no technical, skill or educational training since arriving in the U.S.

- * - One-third of employed household heads confirmed that they had received ESL training since resettlement.
- * - Only Vietnamese who had completed skill training noted that it had been important in their finding employment.

Education and ESL Training

Levels of educational accomplishment vary significantly between refugee groups. This fact has important implications for their ability to make the social, economic, and occupational transition to American life, for the types of special education and employment programs which may be needed to facilitate this transition, and for the long-term impacts this may have on public educational resources and training programs. In this context, the IRNAP study identified the following dimensions of refugee educational status which are considered to be of general importance:

- Vietnamese and Lao refugees had the highest levels of formal education prior to resettlement in the U.S., while less than 10% of Cambodian adults had completed the U.S. equivalent of a secondary education (see Appendix A, Table A.6)
 - * - Two-thirds of the Vietnamese and over 50% of the Laotian adult refugees were high school, technical school or college graduates before resettlement.
 - * - Only 9% of the Cambodian adults had completed high school.
 - * - Military training was the most common form of technical training for one-third of refugee adults, although it may have provided few skills which are directly transferable to the U.S. labor market.
- ESL training and the length of time spent in ESL training varies widely between refugee groups.
 - * - Over 90% of Vietnamese had ESL or some other form of English training while in South Vietnam or refugee camps; two thirds spent more than 6 months in these programs.
 - * - Fewer Lao (43%) had prior ESL training, but all of this group had studied at least six months in Laos or the U.S.
 - * - Less than 20% of Cambodian adults had ESL training, most in refugee camps. One-half of this group studied for more than 6 months and the rest spent an average of 1-3 months in ESL programs, and;
 - * - A majority of employed Cambodian adults who had had ESL training felt it had not been helpful in finding employment.
- Approximately 40% of all refugees are currently students in grades K-16; 81% of this group are in grades K-12.

- * - Almost 42% of all K-12 refugee students are Cambodian;
 - * - Cambodian and Vietnamese comprise 81% of the refugee student population in middle schools, and 91% of those in high school, and;
 - * - IRNAP age data and estimated birth rates for each refugee group indicate that Cambodian children will represent an increasing share of K-12 students in the next decade.
- Most refugee parents felt children were receiving a good education in school.
 - * - However, the majority had little communication with teachers or school officials;
 - * - Few refugee children were reported by parents to be involved in extra-curricular or after-school activities.
 - * - Parents expressed little or no interest in being involved in their children's education.
 - Refugee household heads expressed almost unanimous concern over their children's lack of education and training in their own cultural traditions, values, history, and language.

Language Skills

It is generally acknowledged that language skills are an important element in the process of refugee adjustment. The extent of these skills among refugee groups and their abilities to communicate and be understood is also a function of their previous education experiences. These two factors define another of the sharp differences which exist within and between refugee groups. These differences are most pronounced between the Vietnamese and Cambodian populations.

- English language skills represent a serious problem for a majority of refugee adults. These problems include reading, writing, speaking, and understanding spoken English (see Appendix A.7).
 - * - English language problems are most pronounced among refugees over 40 years of age and less serious for those in the younger age groups.
 - * - Two-thirds of adult Vietnamese and Laotian refugees reported no problems with English language .
 - * - One-half (53%) of the Cambodian adults reported that they were only able to speak and understand spoken English, and less than 40% could read or write English. [no diagnostic methods were used to measure language ability]
 - * - Cambodian households rely heavily on children below the age of 20 or others (eg. sponsors, relatives) for translation, communicating with schools, making medical appointments and communicating with medical personnel.

- Language is also a chronic problem at work, in finding new jobs, and in benefitting from skill training programs for over 80% of adult Cambodians who are employed.
- Almost 60% of refugee household heads who had taken ESL programs noted that this instruction was not helpful in finding employment.
 - * - These problems were most frequently reported among refugees living in Pittsfield, although a significant number in the Springfield area expressed the same opinion.
- Educational and language problems are also embedded in refugee literacy in their own language, especially among the Cambodian population.
 - * - Over 85% of Vietnamese refugees considered themselves literate in their own language, and all households had at least two or more members with this level of literacy.
 - * - Only 58% of the Cambodian population had a similar level of literacy in their native language, and only 11% of the households had at least two people who claimed literacy in the Khmer language.
- Only a small minority of refugee household heads speak a second language, most frequently Chinese among the Sino-Cambodian and Sino-Vietnamese populations and French among Vietnamese.

Housing

Perhaps one of the most fundamental needs of refugees is housing. In general these needs have initially been met through the assistance of resettlement agencies and sponsors, and with financial subsidies from refugee resettlement allowances. However, we experienced some problems in obtaining information on monthly rental costs, and the data on this subject which was obtained is of questionable accuracy. Despite frequent reports of households spending large shares of monthly income on housing, we are not able to provide any quantitative verification of this fact. Consequently, it has been difficult to reach any suitable conclusions concerning the actual costs of housing among refugees.

- Refugee households studied by IRNAP live in single family homes, duplex and row-houses, and apartments. However, apartments account for 57% of all housing, and single family homes another 31% of all housing units.
 - * - Cambodians live almost exclusively in apartments and condominium apartments (89%).
 - * - Single homes account for over one-half of the housing occupied by Vietnamese, but substantial numbers also live in apartments(32%) and duplex type housing(15%).

- * - Three-quarter of Lao refugees live in single family homes and the rest in apartments, but more than half own their own housing.
- Over three-quarters of all refugee households' rent housing. The largest percentage of renters are among the Cambodian (96%) and Vietnamese(68%) populations.
 - * - The average number of rooms per rental unit is 6.1 and only Vietnamese households average less than 6 rooms per housing unit rented.
- Patterns of residential ownership vary between groups. One-half and two-thirds of Lao and Hmong households, respectively own their residence.
- The amount of living space varies rather significantly between groups .
 - * - The majority of Cambodian housing provides an average of four rooms: living, kitchen, and at least two bedrooms. However, almost one-half of these households have three or more bedrooms.
 - * - Housing space per household among the Vietnamese is similar, although less than one-half of all households have three or more bedrooms.
- Overcrowding in refugee housing is a particularly significant factor for some groups and in certain communities. Using the HUD guideline of more than 1.0 persons per room as an index of overcrowding, the IRNAP study has found that:
 - * - The average number of persons per room among all refugee households is 1.12, approximately 10% above the HUD index value for overcrowding.
 - * - The highest levels of overcrowding using this measure were found in Westfield (1.48); Pittsfield (1.46); East Hampton (1.42); and Amherst (1.36).
 - * - Among refugee groups only the Cambodian population had an average overcrowding index above this standard (1.22).

NOTE: Although we offer no specific explanations for this situation, among those factors which may account for these differences are; (a) limited stocks of rental housing in some towns; (b) limited amounts of subsidized housing; (c) cultural factors in residential practices; (d) income differentials between refugee groups which may affect their choices of housing; and (e) the high proportion of Cambodians receiving various forms of housing assistance.

- Almost 70% of Cambodian households receive some form of housing subsidies or housing assistance. This level is at least twice that of any other group.

- * - Over 90% of refugee cash housing assistance is provided through sponsoring agencies or public assistance programs.
- * - Less than 10% of all households studied received financial assistance in meeting housing costs from friends or relatives.
- Public housing as one form of housing assistance for refugees was familiar to over one-half of all refugee household heads, except for the Vietnamese. Yet:
 - * - Except for Cambodian households, less than 50% of those who were aware of this form of housing assistance had actually applied for public housing;
 - * - Application approval rates for public housing were less than 50% for Vietnamese and Laotian refugees; and,
 - * - The average time these households had been on the waiting list varied from 6 months for the Lao to over 3-4 years for Vietnamese.
- Despite these observations, 75% of all refugee household heads expressed satisfaction with the 'adequacy' of their housing.
 - * - A substantial majority of Cambodian and Vietnamese household heads indicated they were satisfied with the neighborhoods in which they lived. Laotian and Hmong were more ambiguous regarding this question:

NOTE: There were frequent discrepancies between empirical evidence as reported above and anecdotal comments after interviews regarding safety of their housing environment, especially in urban areas.

- Although most of those liking their neighborhoods also felt safe in that environment, a significant number of all households [roughly 15] expressed concerns over crime and drug problems in the areas where they lived.
 - * - Among this latter group, most households resided in Springfield and Holyoke.
 - * - A large majority (69%) of Cambodian household heads also said they were unable to find new housing without help from friends or their sponsor.

Transportation

Physical isolation resulting from lack of access to transportation or the lack of knowledge about the availability and use of public transportation can be serious barriers for refugees. These problems may restrict access to available services, isolate them from other members of the refugee community, and inhibit their adjustment and adaptation in a new and often alien environment. The IRNA project explored several

aspects of refugee mobility and access to transportation to gain insights into the extent to which this issue was a problem.

- The vast majority of all refugee groups were aware of public bus transportation and indicated it was convenient to their place of residence. Only Lao refugees were somewhat vague on this question.
- Most refugee household heads also indicated that they had a driver's license, suggesting that they were able to use an automobile for transportation if one were available. This issue was somewhat more problematic among Cambodians of whom only 57% had driver's licenses.
- The availability of an automobile for household use was also very high among all groups [although this does not mean all households owned an automobile].
- Most refugee household heads who are employed drive an automobile or ride with a friend to work, and only a small number use public bus transportation.
- Similarly, most refugee households also indicated that they used an automobile to visit physicians or to reach other places for medical services.
 - * - Cambodians were again a noted exception to this pattern with one-half driving or riding with a friend and another 40% depending on sponsors or other family members for transportation.
- Refugee children reach school by walking, bus, or private automobile. Differences between groups in the manner in which children reach school appear to be more a function of the location of their residence and whether they are served by school bus services than other factors.

Health Status

The physical and mental health status of refugees is, perhaps, one of the areas of greatest concern and most critical need. However, the measurement and assessment of this status is a complex task, especially without access to confidential medical files. Consequently, our efforts to assess needs in this areas has focused on the use of self evaluation scales, frequency of illness and use of medical services, the extent to which health needs remain unmet, and barriers to health care utilization.

Self-reported
Health Status:

Our findings indicate an encouraging assessment of refugee health status in the aggregate, but point to certain dissimilarities between groups with age, which offer clues for health planning and intervention.

- The health status of refugee household members since resettlement was reported as better for 53% and unchanged for 30% of all household members(see Appendix A., Table A. 8):
 - * - The Vietnamese (14%) and Laotians (10%) populations reported the highest percentages of worsened health status since resettlement.
- Except for the Hmong population, poorer health ratings increased with age, showing a particularly sharp increase after age 40:
 - * - 40% of the Laotians and 100% of Vietnamese in this group reported having worse health status since resettlement.
 - * - Poorer health status was also reported for 7% of the pre-school and adolescent Vietnamese youth, twice the rate of any other group.
- Adult refugee assessments of childrens' health , an often-used indicator of population health, showed that over 88% of the children were considered to be in good health. The vast majority of refugee children were also reported to be of proper weight:
 - * - Despite generally positive health assessments, both Vietnamese and Cambodian parents frequently noted concern about the health of pre-school and adolescent children.
 - * -However, 23% of Vietnamese children were considered as being too thin by their parents.

Unmet Health Needs:

Unmet health needs [defined by household members as being unable to have those needs met] were low for all groups, except Laotian refugees; 43% of this group reported outstanding health problems.

- One-quarter(24%) of refugee household heads reported that one or more household members were unable to receive treatment for health conditions. Over one-half of this group were still experiencing the same problems even after treatment had been sought.

- Among the categories of health conditions which were most frequently reported as being untreated or unresolved were dental conditions(48%); medical conditions (38%); and, mental-health problems (4.8%).
- The reasons most frequently given for this situation were economic; "too expensive", "no insurance" , or do not want to receive a bill". However, a significant number reported being told by medical personnel that no problem could be found and thus no treatment was given.
 - * -This situation may indicate that providers or planners have found no evidence of reported problems, despite the clear fact that refugees perceive these problems to exist.

Utilization of Health Services:

After initial resettlement, the burden of obtaining health services lies largely with the refugee. Access and utilization of health services, as explored in the IRNAP study, indicate that not only is the initial medical screening experience different for each of the ethnic groups, but patterns of utilization continue to differ among groups over time. The types of services used by each group provide evidence of the refugees' common and unique interactions with the health care systems of Western Massachusetts.

- Initial medical screening was completed by 97% of all refugees upon arrival in the United States:
 - * - Two-thirds of these procedures were completed at medical facilities in this region.
 - * - Among the others, 29% of Vietnamese had screenings either out of state or in Boston; and 71% of the Lao and all of the Hmong had initial medical screenings outside of the state- a reflection of their status as secondary migrants.
- Medical screening procedures were arranged by individual sponsors(58%) and sponsoring agencies (13%). However, almost one-third of the Vietnamese, Lao, and Hmong either made these arrangements independently or with the help of friends.
- Responsibilities of sponsoring agencies clearly differ as do resettlement patterns. These factors create certain dilemmas for the refugee, the sponsor, and the provider of the service.
- The most common path for receipt of medical services for the sample studied was through visits to dental and physicians' offices, usually followed with prescription of medication

and the use of pharmacies to obtain medication.

- The use of health services as reported by refugees for a six month period indicate that the most frequently used services were visits to physicians offices (21.9%); dental care(15%); the use of pharmacy services (14%), hospital emergency rooms (10%); visiting nurse's (8.2%); optometric care (5.5%); the WIC program(5.5%); and hospitalization (5.5%). An additional eight types of medical services were also used with less frequency (see, Appendix A, Table A.9):
 - * - Cambodian and Vietnamese refugees used the widest array of services, 15 types, over this period; twice the number of either Lao or Hmong.
 - * - Vietnamese, however reported more frequent use of health services at schools or work than the other refugee groups.
 - * - Federal and state supported programs such as the Refugee Health Program, Lead Screening Program, Family Planning Program, and WIC Program were only used infrequently.
- It is perhaps significant to note that despite the high fertility rates among the Cambodian population, no household reported using the services of Family Planning Clinics or counselors.
- The rate of types of health services used by each household for the previous six month period averaged 3.04 different types of services for all groups. Vietnamese households were 25% above this rate while Cambodian households were almost 25% below this rate. The smaller Lao and Hmong populations were both marginally below this average.

Pattern of Health
Service Utilization :

The typical Southeast Asian refugee was most likely to have experienced a chronic physical ailment, sought health service from a physician, received medication as treatment, and paid for this service with Medicaid benefits. While this is the experience most frequently noted, very different patterns emerge for each refugee group.

- Overall, seventy percent of all reported health problems clustered in the general category of chronic disease (e.g. chronic fatigue, diabetes, arthritis, hypertension, 'head pains', back pain):
 - * - Acute conditions such as throat infections, choking, and flu were reported by 22% of the respondents.

- * - While all groups cited chronic problems most often, Cambodians reported this category of illness more frequently than did other groups.
- The source of health care provision most widely cited by all groups was the physician (87%) with the combination of physicians and the traditional healer accounting for 9%.
- Health care was most frequently sought in Springfield (41%); Amherst/Northampton (36%); and less often in Holyoke (10%). These patterns varied somewhat by refugee group as a function of their place of residence.
- The types of treatment most frequently received as a result of requests for medical service were: medication (60%); surgery (17%); tests (9%); no treatment received (7%); out patient service (3%); hospitalization (2%); and therapy (1%).
 - * - Cambodians were the only group receiving all of these services.
 - * - Vietnamese reported the highest rate of surgery at 25% of all services obtained.
 - * - Lao respondents reported a 40% 'untreated' rate.
- Medicaid was the main source of payment for medical services for the entire sample population. However, Vietnamese more often used some form of health insurance rather than Medicaid.
- The use of traditional healers and folk remedies for medical problems is apparently not a common practice among refugees in this region.
 - * - Almost three-quarters of the households studied were unaware of any traditional healers or sources for folk remedies in Western Massachusetts.
 - * - Among those refugees who knew of traditional healers and sources for folk remedies, the majority were Cambodian refugees living in Amherst. The locations for both of these resources were also primarily in Amherst.
 - * - A small number of Vietnamese (9%) were aware of and had used folk healers, all of whom were located in Boston.

Barriers to Health Care Utilization :

A variety of barriers or problems are confronted by refugees in seeking and receiving health care services in Western Massachusetts. Although these problems vary widely as a function of age, sex, length of residence, previous medical history and other factors, our initial findings indicate that:

- The most problematic obstacle noted by all refugees in obtaining health care was getting physicians and nurses to understand what they, the refugees, were saying and understanding what physicians and nurses were saying to them.
 - * - Refugee educational levels, and English language skills are obviously associated with this problem.
- Other barriers ranked in order of importance were the lack of interpreters, arranging for appointments, having medical care paid for, and making decisions about where to go for medical care.
- Refugees cited the ability to follow physicians orders, obtaining prescribed medication, procuring pediatric care, and arranging for transportation as the least serious barriers to obtaining health care.
- Overall, Cambodians reported the most difficulty in all obstacles mentioned, especially communications with physicians.

Health Needs and Concerns:

Households were asked about a series of frequently cited problems regarding physical and psychological health at the individual and community level which have been mentioned by health care providers, researchers, and others in studies of refugee assimilation and adjustment. These problems included unhappiness, depression, loneliness, family breakup, homesickness, alcohol and drug abuse, family problems, westernization of children, and the abandonment of traditional ways. An additional subject of investigation concerned health education, specifically subjects about which refugees wished to obtain additional information. The following sections present our general observations regarding these issues.

- Homesickness, loneliness, depression and related psychological concerns were identified as significant health issues by almost 80% of the households studied.
- Next in descending order of frequency were: concerns with the growing westernization of children, unhappiness, alcohol, drugs, family breakup and domestic problems.
 - * - The Cambodian and Laotian populations were most concerned about the westernization of their children.
- Alcohol and drug abuse within refugee communities was seen as a problem of second-order importance after psychological problems .

- * - Although no refugees reported drug abuse was a problem within their households, alcohol and gambling were frequently cited problems among members of the Cambodian community.
- Respondents reported that their major disease or health concerns for themselves or their households were those related to contracting AIDS (36%). However an equal number(34%) reported they had no specific disease or health concerns.
- Among Cambodians a small, but significant number of older refugees expressed a disinterest ("don't care") in their future health coupled with a certain fatalism, "I will just die!"
- The health issue about which refugees expressed the greatest need for information was, how to use the U.S. health care system:
 - * - Information regarding AIDS, nutrition, alcohol and drug abuse, dealing with adolescent children, family planning, Hepatitis B, and mental health issues were also cited in descending order of importance.
 - * - The Cambodian population was rather more concerned about alcohol and drug abuse and Hepatitis B, than how to use the U.S. health care system.
- A promising tool for dissemination of information on health and other issues appears to be video technology:
 - * - Over three-quarters of all households indicated they had access to a VCR and would use it to obtain information on health and other issues.

IV. SERVICE PROVIDER ASSESSMENTS OF REFUGEE NEEDS

A full assessment of needs and problems for this population requires an examination of the nature of these needs as defined by refugees, and a perspective on these issues provided by service providers. The IRNA project sought to provide this balance by conducting selected interviews with a sample of service care providers. This group included twelve individuals representing a variety of agencies and groups located in Western Massachusetts and in Boston. The organizations, which these individuals serve or which are their employers, are funded by federal or state monies, local funds, and others serve entirely as volunteers. In some cases these individuals conduct services as part of their on-going work, with no special directive to serve refugees. The opinions provided through these interviews thus reveal a diversity of experience and perspective. Yet, they also reveal several common, and forceful, insights and interpretations of the refugees' circumstances and needs, and the responses to these needs. This section profiles this group of service providers and summarizes their observations.

Among the twelve service care providers interviewed, three were based in Boston, and nine in Western Massachusetts. Two of these providers are themselves Southeast Asian refugees from Cambodia; the rest are non-Southeast Asian Americans. One-half of this group felt they understood the needs of Southeast Asian refugees fairly well, five very well, and only one not well. The areas of expertise represented by this group were diverse: four represented health fields, two represented a volunteer program matching adults with Southeast Asian children, and the remaining six represented a refugee sponsor, an ESL instructor, occupational training, resettlement, a public safety specialist, and the head of a county task force on Southeast Asian refugee needs.

The programs represented by these individuals received funding from local and federal sources. The three service providers working in Boston were also supposed to receive state funding for all or a portion of their work; however, this source of funding had not yet become available, and was not likely to become available due to the state's fiscal crisis. One of these people was filling the positions normally held by two service care providers because of state budget cuts. All three providers in Boston cited lack of state funds as the reason for the absence of field workers in Western Massachusetts, or the cutting there of previous positions. Three service care providers supplemented their funding through United Way, other grants or through in-kind provision of space, supplies and services. Another cooperated extensively with other agencies, for example, contributing expertise to a workshop funded by another agency. Seven of the service care providers also worked with volunteers and another with interns.

The interviews addressed a wide range of topics, from the types of services provided and their funding sources to the providers' goals and assessment of needs and problems. Although some of this information reflects the particular professional orientation of the service care provider, a number of common themes occur repeatedly.

Issues, Concerns, Problems

- The three areas cited most frequently as important issues or problems were language, mental health issues, and cultural differences.

- * - These issues were identified by providers working in Boston and Western Massachusetts, by those in health and non-health fields, and by Cambodian and non-Cambodian providers.
- Secondary issues or problems in Western Massachusetts were alcoholism or alcohol-related issues; parent-child conflicts; the need for qualified staff (bilingual and bicultural workers); and the lack of services in this region due to the relatively smaller refugee population.
- * - Those working with federal funds were more acutely aware of the lack of services in Western Massachusetts and the funding reasons for this.

Obstacles to Providing Services

- A lack of resources, both funding and appropriate human resources(i.e. bilingual and bi-cultural workers),were cited repeatedly as major obstacles to service provision.
- Restrictions placed on the use of federal funds.
 - * - This ranged from the restriction of food vouchers to foods inappropriate to these populations (i.e. dairy products for a population with a high level of lactose intolerance) to employment training periods set too short to accommodate the low level of English skills among Southeast Asian refugees.
- The existence of language and communications differences are reflected in 1) levels of adult refugee English ability, and 2) shortages of staff with an appropriate knowledge of Southeast Asian languages.
- Cultural differences, especially the lack of understanding by Americans of this population's culture and traditions, are a major obstacle to the provision of services.
 - * - Ignorance, unsympathetic attitudes, intolerance and prejudice are widespread in service areas ranging from medical to legal.
 - * - Cultural differences may often render services inaccessible for much of the refugee population.
 - * - Several of the service care providers felt that a cultural reluctance to admit problems and seek help was worsened by the bad state of the population's mental health.

Service Provider Needs for Service Delivery

- More resources (i.e. staff funding), better coordination of these resources, and more appropriate resources.
 - * - Appropriate resources is seen in terms of staff who are culturally and linguistically qualified.
 - * - Additional services, such as mental health facilities, that are appropriate to this particular population.
- Cross-cultural training of Americans, particularly police, those working in the legal system, firefighters, medical personnel, and service care providers themselves.
- More flexible or appropriate guidelines in using federal funds to provide services to this population.
 - * - Top-level agency and state-level decision-makers must take more interest in refugee needs.

Strategies to Assist Refugee Clients

- More services was widely identified as the most needed strategy to assist refugee clients.
 - * - Specific services cited were more translation, ESL training, transportation, and child care which would enable refugee clients to access services.
- The delivery of services depends heavily on three areas: the coordination of these services; the provision, in part through more outreach, of better information on the services; and, most importantly, culturally sensitive services and workers.
 - * - In this context it was also acknowledged that the refugees themselves must become more involved and self-sufficient in meeting their own needs.

Deterrents to Refugees
Accessing Services

- Cultural differences preventing clients from accessing services
- A lack of culturally appropriate services.
- Lack of English knowledge among the adult refugee population.
- A shortage of refugee sponsors.
- Lack of appropriate information about available services.
- Inadequate staff .
- Complicated and conflicting rules, procedures, and documentation often required to access specific services.
- Difficulties of refugee service provider agencies in identifying clients, especially secondary migrants.

Other Issues in Providing
Accessible Services

Service provider comments were also solicited concerning larger contextual issues which would clarify problems surrounding access to and delivery of services to refugees. Many of these comments have taken the form of recommendations which have immediate planning and policy implications. Those comments are summarized below:

- Service agencies need to accept responsibility for refugee clients, and become more involved in the refugee community.
 - The refugee community should be more involved in the decision-making process concerning service provision. Too often those decisions are made with little or no consultation with the refugee community.
 - More Southeast Asian community workers are needed.
 - Refugees need to learn to take more control over their lives, be more realistic about the limitations of the service care-delivery system, and become more assertive in using the system.
- * - Two factors were cited as mitigating against greater self-sufficiency of the refugee population: (1) the mental health status of the population does not receive enough consideration. It affects the population and its actions, yet no Southeast Asian refugee counseling services exist in Western Massachusetts; and (2) the refugee sense of privacy often prevents them from revealing problems.

- Agencies must learn to coordinate services and address conflicts among them in priorities. Clients remain confused and inhibited from using the full range of services because of these problems.
- Agencies must be more flexible in the distribution of their budgets. This is a particularly acute need as funds for refugee services diminish, both because the influx of Southeast Asian refugees has declined and because state funds are increasingly scarce. Yet refugee needs have not decreased. A more flexible use of funds might enable some agencies to hire bilingual staff, for example.
- The lack of services for Southeast Asian refugees in Western Massachusetts is clearly recognized by service providers as a problem which results from shortages of funds, the relatively small size of the population and its geographic dispersal.
 - * - There was a general concensus that increased funding from state sources was unlikely.
 - * - The regional shortage of services has perhaps been mitigated somewhat by this region's liberal tradition of voluntarism and community support. Examples cited were Amherst town funding for some refugee services and the work of the Hampshire County Task Force on Southeast Asian Refugee Needs. Unfortunately, the prosperity of some communities and their liberal traditions are not shared by all towns in this region of the state.

V. CONCLUSIONS AND IMPLICATIONS

The previous sections of this report have outlined the general findings of the IRNAP study of Southeast Asian refugee resettlement and adjustment in Western Massachusetts. A variety of issues related to refugee needs and barriers to service provision have been noted in these observations. In this final section, areas of primary concern regarding refugee needs are summarized, and barriers and constraints to the provision of services for this population are outlined. These observations must also be placed in the context of current state funding and economic constraints. We must ask how this context impacts a situation already made difficult by the dispersal of this population and the prior depletion of case workers and support services in the western region of the state. How does this combination of factors impact the maintenance and development of refugee service programs?

Although the primary objectives of this project have not included making program and policy recommendations, the current economic environment within the state suggest that a summary list of recommendations may be essential if the most critical needs of this population are to be recognized and given appropriate consideration. Therefore, we have concluded this report with a list of specific program and policy considerations.

A Needs Summary :

- Educational concerns surrounding the past, current, and future adjustment of this population emphasize a broad spectrum of needs. Of specific importance for refugees is the need to expand educational and communications outreach with respect to accessing services. [This includes providing information regarding what services exist, their accessibility to refugees, and their location. It also includes increasing refugees' abilities to recognize their own needs for these services.] Service providers have emphasized the need for refugees to become more assertive in identifying and articulating their needs and to improve their knowledge and ability to manipulate the various service systems to meet those needs.

Our study has also noted from direct inquiry and anecdotal evidence that cultural preservation is an important issue. It underlies problems resulting from differences in inter-generational levels of English language competency, concerns over the rapid acculturation of refugee youth, and stresses which have developed between refugee parents and youth. The only present initiative in this context is an effort to build a Buddhist religious center in Leverett through voluntary contributions. There is clearly a strong need to widen educational activities and programs which encourage strengthening of traditional cultural values, arts, history, and traditions, especially among the younger generations. These activities may well provide a greater buffer between the stresses of adapting to a new life and their impact on family and community solidarity.

Finally, the one age group of Southeast Asian refugees least served by all existing services and most vulnerable to social, medical and psychological stress resulting from resettlement is the elderly. Although they represent a small minority of this population, their importance to these various cultural and ethnic groups has probably been underestimated with respect to their needs and the provision of services.

Educational needs of service providers and sponsors have also not been adequately met. This is most apparent in the areas of cultural sensitivity, knowledge of refugee culture and tradition, and openness in acknowledging the special needs of this population. Where voluntary sponsors are concerned, refugees express a general consensus on their support and assistance. However, there is clearly room for improvement in educating sponsors, volunteers, and case workers.

- Employment needs of refugee populations illustrate one of the more significant differences between groups. Although age and educational backgrounds are important factors in explaining these differences, unemployment is high among those above 40 years of age, especially in the Cambodian population. Their ability to benefit from occupational and skill training programs is seriously impaired by their educational and English language deficiencies. Compounding the situation, those programs are frequently ineffective in imparting skills or not sufficiently flexible to meet the special needs of these groups. One result is a distinct sense of despair, frustration, and depression which weakens traditional family relations and places heavier burdens on families and relatives. Our investigation has also noted some concerns over job placements, working environments, and the absence of employment benefits even after refugees have held positions for several years.

- English language and ESL training is an additional area of serious concern, especially among adults and for those whose previous educational and occupational skills are inadequate in the context of employment opportunities. This need is particularly acute among the adult Cambodian population where past ESL training has frequently not enhanced their ability to find employment nor produced the level of English competency desirable in aiding their adjustment. English language continues to be a barrier in finding employment, accessing and understanding medical services, and in general learning about and using the variety of social, economic, and health services which may be available. Moreover, the perceived and real sense of isolation which this problem presents continues to be a contributing factor to the emotional instability and mental health of this population. This is even more pronounced for individuals isolated because of the geographic dispersal of the refugee population.

- Housing for refugees initially resettled in this region has been provided or arranged for by resettlement organizations and community sponsors. In most instances the basic essentials required to furnish a home or apartment have been provided and there is no evidence that refugee needs in this area are not being met. Although this population is generally satisfied with their present accommodations, safety, crime, noise, and ethnic conflicts within multi-family housing units and neighborhoods are problems for many households, especially those living in larger urban areas like Holyoke and Springfield. The effects of these conditions on refugee feelings of individual and household well-being is a subject whose importance should not be underestimated. It is also clear that overcrowding poses potential social and health problems for some members of this population.

- Refugee children and youth often assume a heavy burden of family responsibility due in part to their relatively greater English language competency. One of the gaps in our study has been the lack of a specific focus on these age groups. It is apparent though that the majority of this population is young. Moreover, under existing fertility rates, especially among the Cambodians, the greatest needs of this population will be felt in the public school systems in the next decade. Among this group there is also concern regarding adolescent aspirations or expectations about pursuing education at the college level. Family economic and social pressures tend to mitigate against

Cambodian youth aspiring to higher education. Although there have been concerns raised regarding drugs among this age group, our information shows this to be more the result of anxiety based on conditions elsewhere in the state.

- Legal advocacy has frequently been absent for the refugee community. Some of the problems which arise include commercial transactions, civil disputes, and legal issues. In most cases misunderstandings regarding legal obligations or liability are the result of limited language proficiency and of inadequate efforts by officials to insure that individual rights are adequately explained and understood. There is little apparent intent among this refugee population to circumvent legal obligations. Resolving legal and communication problems through the provision of bi-lingual interpreters is often difficult because of limited community resources, the geographic dispersal of the population, and the shortage of available and trained interpreters.

- Health profiles of the Western Massachusetts Southeast Asian refugee's self-perceived health status and experience with the health care delivery system note significant differences between ethnic and age groups, despite an encouraging health assessment overall. Self-assessment of health status, while imperfect, provides clues to planners and providers as to areas of health concern and need within refugee households. Refugee experiences from war, to camp, to resettlement, as well as cultural perceptions of 'health', differ greatly among the four ethnic groups studied. Some similarities can be identified, but each group must be viewed with attention to its own world view and individual experience when planning or providing health services.

Patterns of utilization in the types of services used and barriers to accessing those services reveal differences between groups and households, and by geographic location. The services most frequently used by all refugees were the physician's office visit, dental care and pharmacy service. Dental care, while ranked second in frequency of use, was also first among the outstanding unmet health needs. This observation merits further examination. It is also significant to note the rather infrequent use by refugees of federal or state-funded programs such as the Refugee Health Program, Lead Screening Program, Family Planning Program and WIC Programs. Further examination of this issue may help to determine whether this finding is due to misunderstanding in self-report or of ignorance about these programs and, therefore, lack of access. Anecdotal comments from our study suggest the latter may be true for at least some of the governmentally supported programs.

Of the twelve obstacles to care, the most problematic for all refugees was getting physicians and nurses to understand what they were saying and then understanding what was being said to the refugee. This barrier to health care has continued to plague refugees despite the length of residence and improved English language skill. Financial concerns played prominently for all groups; but the most critical barriers clustered around communication and language acquisition, i.e. being understood and understanding, lack of interpreters, determining where to seek care and obtaining an appointment.

The IRNAP study also revealed rather widespread concern over problems linked to the refugee experience. Growing feelings of unhappiness, depression, loneliness, homesickness, and concern over the westernization of children were reported on both the individual and community level. Concern also exists about actual or potential drug and alcohol abuse, AIDS, family violence and breakup, and increased intergenerational conflict. There was a rather broad consensus among all groups about

the need for more information and help in dealing with these problems. Furthermore, the most prominent need with regards to health information for all groups concerned how to use the health care system. Instruction regarding services and how to use them was seen as very important. It is also critical that providers learn to communicate better with this population, and that they learn to better understand the population. Respondents did not feel that health care providers understood the kinds of health problems or the cultural context of these problems and this appears to widen the communications gap for refugee client and provider alike.

Overall, our study provides planners, providers, and policymakers with a more precise profile of the health status and needs of Southeast Asian refugees living in western Massachusetts than may have been previously available. Perhaps, the heterogeneity and dissimilarities between and among refugee groups should serve as the most important clue for planning and intervention. Not all Southeast Asian refugees have the same health care needs or experience a similar pattern of interaction with the health care system. Geographic location, ethnicity, age, language ability, and other factors subtly and dramatically change the health experience. Improvement, especially within an increasing austere financial climate, can only occur through better understanding and sensitivity to match need and service. Then, and only then, can services be culturally and linguistically appropriate and acceptable to this high-need population. The information gleaned in this study can assist in determining which groups are at high risk and in greatest need of service and the most efficient path to delivering that service.

Recommendations

The following recommendations are provided as guidelines in considering actions to address the needs outlined above and the changes that should be made in related areas of policy and refugee service delivery programs. No priority has been assigned to the order in which these recommendations are presented.

Occupation/Training:

1. Job training programs should be developed which include an emphasis on both English language instruction and retraining for employment. This is especially important for the Cambodian population. Such programs should include on-site ESL instruction which combine English language training and job skill training.
2. Full-time employment opportunities should be developed with benefit programs including medical and dental benefits, vacation time, and insurance.
3. The potential for tapping the farming skills of the Cambodian population should be examined, especially where these programs can augment self-sufficiency and market potentials for seasonal agricultural produce. This might be done in collaboration with the Small Business Development Center to create cooperative entrepreneurial farming efforts to provide seasonal outputs for restaurants, markets, and direct retail sales.
4. Educational opportunities should be developed with a link toward job improvement
5. Activities should be directed toward women to assist with ESL education and job training education. Child care provision should be encouraged to support educational opportunities and social interaction outside of the home. The development of cooperative transportation systems may also be important to assist those not able to drive or without personal transportation .

Education/ESL Training

6. Adult ESL education should be linked to job sites through partnership models with industry and employers.
7. Model programs for collaborative employment should be investigated as a strategy to provide full time employment, develop work skills, on-site ESL classes with trained instructors, and assistance with child care for women in the work place. These model programs would involve service providers, skill trainers, ESL programs, and employers.
8. In-home outreach programs providing ESL programs for older refugees and women with children should be introduced. The issues of child care and transportation must also be addressed to increase the likelihood that this segment of the population can be reached.

Adolescents/Children

9. Programs in the public schools providing ESL and integrated educational opportunities for refugee children should be continued and expanded. Areas of specific concern include: a) counselling and tutoring programs for adolescents to provide assistance with academics and issues of social development; b) support for career development and preparation for higher education and professional careers; c) programs for teachers, parents, and schools to expand communications, particularly model parent-school partnership programs.
10. Programs within refugee communities should be developed to strengthen awareness and continuity in cultural heritage, language, history, dance, art, and music. These activities might be most cost-effective if they involve the collaboration of community, regional, and state groups .
11. Social and cultural activities should be encouraged which build on the rich cultural heritage of these populations. These activities should also extend to the general community at large.

Transportation

12. The Registry of Motor Vehicles should translate driving regulations and manuals into other appropriate Southeast Asian languages, particularly Khmer (this has already been done in Vietnamese) to assist refugees with limited English skills. This could be carried out cooperatively with bilingual high school, college and university students by creating internship programs bearing academic credit.
13. Employment sites could take some initiative in organizing car-pooling for refugee employees to relieve transportation burdens.
- 14 .ESL/work programs could utilize instructional activities to assist in teaching the theoretical and practical aspects of vehicle ownership, licensing, driving and procedures to be followed in the event of vehicular accidents.

Health

15. A bank or pool of trained, bi-lingual, bi-cultural medical interpreters should be developed and made available to communities in western Massachusetts, especially the key points of Amherst, Northampton, Holyoke, and Springfield which have large Southeast Asian refugee populations.
16. Continuing education workshops, seminars, and educational materials for care providers are needed to improve sensitivity to the specific needs of the refugee population. This continuing education should address cultural context, specific health problems, mental health issues, the context of assimilation and adaptation, the refugee experience, and how to provide service with the assistance of an interpreter.

17. All communities in western Massachusetts must address improvement of access to services for refugees. As federal and state economic constraints increase, the need to mainstream services and provide better access becomes critical. Strategies which will improve communications, thereby reducing this barrier to access to services, must be given a high priority.
18. Further exploration is needed to determine why utilization of governmentally-funded services is low. These inquiries should also examine actual levels of use, knowledge of the existence of these services, and what improvement in access may be necessary.
19. Educational initiatives are needed to instruct the refugee population in the use of the health care system, what services are available, and how to obtain an interpreter. The use of videotape methods seems to be a promising medium for this purpose as well as for other health education programs.
20. Collaborative planning and program development is required with schools and other agencies to address the needs of children, adolescents, present and future needs of the elderly, and intergenerational conflict and resultant family stress.
21. A regional clearing house should be developed in Western Massachusetts for health education materials in translated format for use by providers as well as in a format suitable for use with refugee groups.
22. Central planning and policy development should receive more attention to maximize the use of existing service and funds especially when those at high risk are concerned. This must be built on a data base with on-going monitoring and supplementation, and greater collaboration between government and public sector health services.
23. The mental health needs of working and non-working adult refugees warrants more attention. This may be provided through collaboration with ESL and on-the-job skill training programs.
24. The specific and unique needs of refugee women in the areas of child care, family planning, family health, and family violence should be explored further. Although the IRNAP study did not examine these areas in depth, substantial anecdotal evidence argues that these issues are important .

Legal Advocacy

25. Voluntary legal assistance and/or referral services should be considered, organized collaboratively by the Western Massachusetts Bar Association, Western New England Law School, and college and university students.

Inter-Agency Collaboration

26. Increased collaboration can reduce conflicts between the various public and private groups working to assist refugees. A regional organization for example, similar to the Hampshire County Southeast Asian Refugee Task Force could be created to coordinate and facilitate communications between the many organizations serving the refugee community. Alternatively, MORI could take a more pro-active role in filling this need, enhancing the office's responsibilities for coordinating state-wide services to refugees.

27. Bi-annual or quarterly workshops for service providers and sponsors should be organized on a regional and state-wide basis to facilitate exchange of information, explore out-reach strategies to the Southeast Asian refugee population, and improve state-wide and intra-regional collaboration.

Program and Policy:

28. Monitoring refugee adjustment as part of an on-going program to assess refugee needs is, perhaps, one of the most important recommendations resulting from this study. Current efforts to monitor refugee needs and adjustment are fragmented among a variety of state and private agencies. No state budget line-item for refugees exists, and most service providers lack the staff, experience, and resources to maintain a comprehensive monitoring program. A longitudinal assessment would provide continuing information about how the population is adapting, what new adjustment problems may emerge as adaptation continues, and what program and policy steps can be initiated to address problems. Appropriate and cost-effective policy depends on knowledge and information about this population.

29. Promotion of greater collaboration and cooperation is needed among the various public and private sector agencies serving this population. This is true especially at a time when federal and state resources in support of their activities are diminishing. Collaboration is important both within western Massachusetts and between agencies in eastern and Western Massachusetts.

30. Public service agencies should establish a clearer mandate to address refugee needs within the context of their general responsibility to provide services to residents of the Commonwealth. This clearer mandate should include, a) expanded outreach activities; b) more training of bilingual/bi-cultural workers, recruited especially from the refugee population in the 18-25 year age range; c) the development of new methods using video technology as projects, which can utilize college and university resources and skills; and d) exploration of methods to increase refugee involvement in decisions which directly affect them.

31. Partnership programs involving schools and industry should be encouraged to broaden job training, skills development, and cooperative education programs for refugee youth and adults who remain marginally employable.

32..Public and private sector support is needed for refugee cultural associations. These minority, community-based organizations can provide an important structural basis for refugees to articulate needs and to collaborate in meeting those needs.

33. The Commonwealth's educational institutions should be encouraged to develop more applied research, training, and outreach programs focusing on the Southeast Asian refugee population.

The energy, commitment and resources necessary to implement these recommendations is perhaps, the single greatest challenge facing the Commonwealth in the context of its immediate and short-term fiscal problems. However, current federal plans to promote increased national voluntary public service may provide opportunities for innovative ways to address some of these needs. The President's program for involving Americans in community service will be formally launched in December. Congressional approval will be sought for \$25 million annually over four years to create and partially fund a "Points of Light Initiative Foundation" to manage this program. This initiative acknowledges that government and non-profit organizations alone cannot solve many of the critical social problems facing the nation. Tapping the potential of this program through coordinating public and private-sector efforts, those of business and community organizations, the media and other groups may enable refugees to improve their capabilities to resolve many of their own needs in a way which is collaborative, cost-effective, and rewarding for all involved. Translating these 'thousand points of light' into state and local action must also insure that the results are sustainable and will meet long-term needs. Perhaps, only in this way will the Southeast Asian refugees be heard as well as seen.

NOTES

1. The term Indochinese refugees is often used to identify this population. In this report we have used the term Southeast Asian refugees, a label which bears little of the negative political connotations associated with Indochina.
2. A state-wide refugee needs assessment study was completed in 1981. However, MORI data indicate that from 1983-1988 the number of Southeast Asian refugees initially resettled in the state increased by 67% (see, United Community Planning Corporation, 1982. **NEEDS Assessment of the Southeast Asian Refugee Population in Massachusetts**; MORI, n.d **Refugee Arrivals in Massachusetts FFY 1988.**)
3. The proportion of Cambodian and Vietnamese contained in the project census file are 32% and 53%, respectively. This distribution is almost exactly reversed from that reported in the latest official MORI data for Western Massachusetts in 1988.
4. Despite the intention of official US resettlement policies to achieve a geographic dispersal of refugees, they have become increasingly concentrated. Desbarats (1987) and Forbes (1985) have cited secondary migration, a shift in policy since 1979 toward family reunification, a change in the characteristics of refugees, and more liberal public assistance programs in some states as forces affecting this pattern.
5. Although many reports on refugee arrivals combine Lao and Hmong populations into a single category, Laotian, we have intentionally separated them in this study.
6. This problem is illustrated by the fact that MORI reports only incoming resettlement cases, resettlement locations before 1981 were rather haphazardly documented, and officially reported figures for refugees are not adjusted for births, deaths, or out-migration. The UCPC produced state-wide needs assessment completed in 1981 reported 12,500 Southeast Asian refugees in the state, but federal figures for the third quarter of 1982 included only 4,000 (**Refugee Reports, 1982.**)
7. The term household is used here rather than family because it better reflects the traditional kinship unit in these cultures which includes collateral relatives. Nuclear families include parents and siblings, while the abbreviated nuclear family is a social unit with only one biological parent. Extended families contain both biological and collateral family members (e.g. aunts, uncles, brothers, cousins). The household has no more than two members from the same family or kin group while the category 'other' includes those households where no two members reported kinship ties with those resident in the same household.

Literature Cited

- Burton, Eve. 1983. Khmer Refugees in Western Massachusetts: Their Impact on Local Communities. in **Migration Today**. XI, 2/3: 29-34.
- Desbarats, Jacqueline. 1987. Forces of Dispersal and Forces of Concentration in Refugee Resettlement. in **Refugees, a Third World Dilemma**. John R. Rogge (ed.).New York: Rowan & Littlefield: 309-317
- Forbes, Susan S. 1985. **Residency Patterns and Secondary Migration of Refugees: A State of the Information Paper**. Washington(DC): Refugee Policy Group.
- Grigg-Saito, Dorcas, 1988. Demographic Data on Southeast Asian Refugees in Massachusetts. Boston: Department of Public Health [data prepared for a legislative briefing, May 4,1989]
- Massachusetts, Executive Office of Human Services. 1988. **Refugee Arrivals in Massachusetts FFY 1988**. Boston (MA): Office of Refugees and Immigrants.
- _____. 1988. **Demographic Data on Refugees in Massachusetts (4/8/88)**. Boston (MA): Office of Refugees and Immigrants.
- _____.Department of Public Welfare,n.d. **Information on the Refugee Program in Massachusetts**. Boston (MA): Massachusetts Office of Refugee Resettlement.
- Rumbaut, R.G. and J.R. Weeks. 1986. Fertility and Adaptation : Indochinese Refugees in The United States. in, **International Migration Review** 20(2); 428-466
- United Community Planning Corporation. 1982. **A NEEDS Assessment of the Southeast Asian Refugee Population in Massachusetts**. Boston (MA)
- U.S. State Department. 1987. **Refugee Reports VIII**. Washington (DC): Office of Refugee Resettlement

Appendices

- A.1 Demographic Profiles of Sample Southeast Asian Refugee Households
- A.2 Distribution of Sample Households by Town of Residence
- A.3 Age Distribution of Western Massachusetts Southeast Asian Refugee Population in 1988
- A.4 Distribution (%) of Refugee Population by Type of Social Unit
- A.5 Pre- and Post-Resettlement Occupational Patterns for Southeast Asian Refugees
- A.6 Level of Educational Attainment (%) of Refugees Prior to Resettlement
- A.7 English Language Ability of Southeast Asian Refugees
- A.8 Self-reported Health Status by Ethnic Group and Age
- A.9 Health Services Used by Refugees in Previous Six-month Period
- B.1 IRNAP Staff

APPENDIX A

Table A.1- Demographic Profiles of IRNAP Sample Households

Group	Number	Household Size	Total Population	Gender(%)		Age Distribution			
				Female	Male	0-4	5-18	19-64	65+
Cambodian	47	5.2	222	47	53	11	37	49	3
Vietnamese	43	4.7	193	38	62	7	28	64	1
Laotian	7	5.6	39	49	51	0	49	51	0
Hmong	3	6.7	20	65	35	40	30	30	0

Table A.2 - Distribution of Sample Households by Town of Residence *

Town	Nationality/Ethnic Group				Total
	Cambodian	Vietnamese	Laotian	Hmong	
Agawam	0	2	0	0	2
Amherst	20	4	0	0	24
Chicopee	0	1	0	0	1
East Hampton	0	0	0	0	1
Granby	0	1	0	0	1
Greenfield	0	0	3	0	3
Holyoke	6	1	0	0	7
Longmeadow	0	2	0	0	2
Ludlow	0	1	0	0	1
Northampton	8	0	0	0	8
Pittsfield	2	3	0	0	5
South Hadley	0	1	0	0	1
Southwick	0	0	1	0	1
Springfield	5	16	3	3	27
West Springfield	1	5	0	0	6
Westfield	3	4	0	0	7
Wilbraham	0	1	0	0	1
Totals	46	42	7	3	98

A.3 - Age Distribution of Western Massachusetts Southeast Asian Refugee Population in 1988

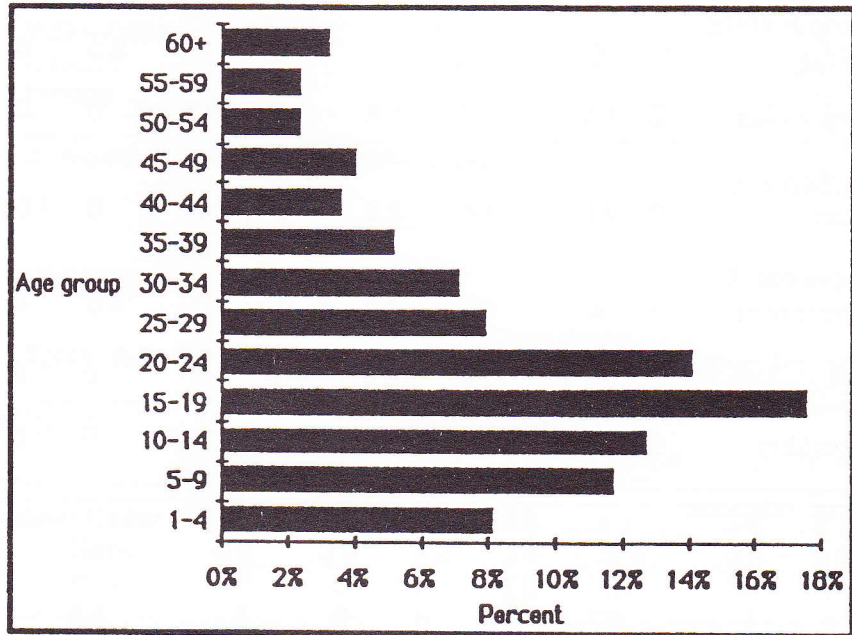


Table A.4 - Distribution(%) of Refugee Population by Type of Social Unit.

Social Unit	Cambodian	Vietnamese	Laotian	Hmong	Mean
Nuclear Family	50%	45%	71%	100%	51%
Abbreviated Nuclear family	17	7	0	0	11
Extended family	26	7	14	0	16
Household	4	33	0	0	16
Other	2	7	14	0	5

A.5 Pre- and Post-Resettlement Occupational Patterns for Southeast Asian Refugees

Occupational Category	Cambodian		Vietnamese		Laotian		Hmong	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Farming, Fishing Mining	78	9	6	0	1	0	50	0
Manufacturing	2	11	3	18	0	67	0	0
Sales, Service, Trades	2	22	14	29	14	0	0	100
Professional & Government	9	4	47	18	33	0	50	0
Other ^a	7	4	29	26	0	0	0	0
Not working	0	49	0	9	0	14	0	0

a- Student or religious

A.6 - Level of Educational Attainment (%) of Refugees Prior to Resettlement^a

Grade	Cambodian	Vietnamese	Laotian	Hmong
1-6 (primary school)	79	10	29	50
7-9 (middle school)	3	15	14	0
10-12 (high school)	12	40	57	0
13-16 (college)	6	33	0	0
17+ (post-graduate)	0	2	0	0

a- columns may not equal 100% due to rounding error.

A.7- English Language Ability of Southeast Asian Refugees ^a

Group	% Household Members with Functional English Skills			
	Speaking	Understanding	Reading	Writing
Cambodian	53	54	39	34
Vietnamese	45	55	20	15
Laotian	76	76	80	74
Hmong	80	69	69	65

a- based on refugee self-assessment.

Table A.8 - Self-Reported Health Status by Ethnic Group and Age

Group/Status	Age Cohort(%)						Total
	0-4	5-14	15-19	20-39	40-64	65+	
Cambodian: Better	40	62	55	48	47	38	51
Same	40	38	42	39	26	25	36
Worse	3	0	3	10	19	38	8
n.a.	18	0	0	4	9	0	4
Vietnamese: Better	47	68	63	55	39	0	54
Same	7	4	22	32	15	0	21
Worse	7	4	7	8	42	100	15
n.a.	40	24	7	4	3	0	10
Laotian: Better	0	46	44	36	25	0	37
Same	0	46	56	64	25	0	46
Worse	0	0	0	0	50	0	10
n.a.	100	9	0	0	0	0	7
Hmong: Better	100	100	0	83	0	0	95
Same	0	0	0	17	0	0	5
Worse	0	0	0	0	0	0	0
n.a.	0	0	0	0	0	0	0

Note: column totals may not equal 100% due to rounding : n.a. = not answering

A.9 Health Services Used by Refugees in Previous Six-Month Period^a

Service	% Households Reporting Use by Group				% All Services
	Cambodian	Vietnamese	Laotian	Hmong	
1. Hospital stay	7%	5%	5%	0	6%
2. Emergency Room	7	12	15	0	10
3. Public Health Ctr	2	3	0	0	2
4. Physician	26	20	15	25	22
5. Nurse	14	5	0	13	8
6. Health Department	0	3	10	0	3
7. Family Planning Clinic	0	5	13	1	1
8. Dental Care	12	18	15	13	15
9. Optometric Care	6	8	10	13	8
10. Pharmacy	10	15	20	25	14
11. WIC	10	3	5	0	6
12. RHP	0	0	0	0	0
13. Lead Screening	2	1	0	0	1
14. Family Therapy	0	0	0	0	0
15. Health Care:work	0	3	0	0	1
16. Health Care:school	0	3	0	0	2
17. Others	0	0	0	0	0

a < than 1.0% not shown.

APPENDIX B: IRNAP Staff

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