



Caring for the Health of Refugees and Immigrants

Nepali-Speaking Lhotsampas of Bhutan

Population of Bhutan: 798,000 (2016 estimate)

Bhutan is a small, South Asian country nestled in the Himalayan Mountains between China and India. The Lhotsampas (“People of the South”) are an ethnically- and linguistically-Nepali people from Bhutan. They are descendants of Nepali people who settled in Bhutan mostly during the early 1800s to early 1900s. In the 1980s, xenophobic fear spread that the ethnic minority Lhotsampas were starting to overtake the ethnic majority Druks. This led the country’s king to institute a “one country, one people” policy that required all Bhutanese citizens to dress, worship, and speak as the Druks did. Textbooks were burned, Lhotsampa teachers were dismissed, and Nepali was banned from schools. Protests were declared subversive and illegal. By the early 1990s, the minority group was frequently subject to detention, imprisonment without trial, and torture. The citizenship of Lhotsampas was questioned and their Bhutanese nationality documents were often rejected. In December 1990, the government decreed that any Lhotsampas who could not prove they were residents of Bhutan in the year 1958 would have to leave the country.

More than 100,000 Lhotsampas fled to Nepal, where they have spent the past quarter of a century in crowded, impoverished refugee camps. Nepal did not allow refugees to integrate into Nepali society, seek employment, or travel outside of the camps and initially refused to allow any refugees to be resettled in other countries. An intractable humanitarian crisis emerged, further complicated by the failure of diplomatic negotiations between Bhutan and Nepal. In 2008, the Nepali government agreed to allow the resettlement of nearly all Bhutanese refugees to other countries. A rift began to develop between Lhotsampas in the camps who wanted to resettle in Western countries and those who felt this would diminish the political leverage needed to pressure Bhutan to allow their return. While about 10,000 refugees who refused or were ineligible for resettlement remain in the camps, more than 108,000 have been resettled (85% of them to the United States).

Disability in Bhutan

Stigma

Because Lhotsampas practice the Hindu religion, some Lhotsampas may believe karma or committing sin in a past life can cause disability. There is also a belief that if a parent commits a sin, their children could be born with a disability. Families may attempt to hide their children’s disability out of shame. However, this belief is more common among rural individuals of lower socioeconomic levels. More educated, urban Lhotsampas tend to share Western beliefs related to disabilities (disabilities are genetic or caused by accidents).

Education

Most children with disabilities attend school in the refugee camps. There have been successful early childhood intervention programs for children with disabilities and resources to integrate those students into mainstream schools. Children with intellectual disabilities in refugee camps are encouraged to participate in mainstream education.

Services

Children with intellectual disabilities are offered occupational therapy services in refugee camps, as well as assistance in cultivating life skills, physiotherapy, and special aids. The infrastructure of camps may impede access to facilities such as schools, health clinics, latrines, and food distribution points for people with disabilities, which can increase risk of isolation. Food distribution centers can be inaccessible for people with disabilities or lack appropriate food rations (example: formulated food for children with cerebral palsy and cleft palates). Camps often lack specialized health care, psychosocial support, and counselling services for persons with disabilities.

Ethnically and linguistically Nepali people from Bhutan are referred to as Lhotsampas. The predominate religion for Lhotsampas is Hinduism, which 60% of the population follow. 27% follow Buddhism and 10% follow Kirat. The predominant language spoken by Lhotsampas is Nepali and less commonly Dzongkha.



Healthcare Beliefs: Lhotsampas typically (though not universally) prefer biomedical approaches to health, though many still respect traditional approaches. In rural parts of Bhutan and in camps in Nepal, access to biomedical health care was often limited or sporadic. Understanding of the concept of preventive health care is often limited. Traditional and herbal remedies for disease are common and may be pursued prior to seeking medical care. Sickness can be viewed as an imbalance of passions, requiring a traditional healer (*dhami-jakhri*) to re-establish balance.

Mental Health: It is important to note that some refugees may have been tortured before fleeing Bhutan and therefore may show signs of trauma. A 2013 study found that the majority of Nepali-speaking individuals in the U.S. approve of psychology as a profession and do not feel that mental health disorders bring shame to their family.

Gender Roles: Typically, both men and women work outside the house, however women are also expected to do the majority of the housework and caregiving for children. Some Lhotsampas may expect that women stay inside and rest during their menstrual cycle.

Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, “a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease.”

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world’s population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women’s Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client’s history, life and experience in the country of origin or host country, and cultural perceptions of disability.

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