



Minnesota's new Hmong immigrants

Medical challenges and opportunities

By Patricia Walker, M.D., D.T.M.&H.

Minnesota is one of a handful of states that saw an influx of Hmong refugees in 2004. By the end of the year, approximately 3,300 Hmong refugees had arrived in Minnesota, accounting for 34 percent of the 7,600 new arrivals nationally. St. Paul has received the greatest influx of Hmong new arrivals in the country at almost 1,900 individuals, followed by Fresno, California. Most new arrivals are settling in Minnesota, California, and Wisconsin, with a smaller number in North Carolina and Michigan.

In 2003, the U.S. State Department decided to support an effort to reunite 15,000 Hmong refugees from the Wat Tham Krabok camp in Thailand with their families here in the United States. Years before, during the Vietnam War from 1961 to 1975, the CIA recruited many Hmong to join the U.S. in fighting the communists. Nearly 45,000 Hmong lost their lives or remain missing in action. Of those who survived, many fled to Thailand, where they lived in refugee camps, often for many years. Some refugees were repatriated to Laos as refugee camps closed in the 1990s, but other Hmong, afraid to return to Laos, sought refuge in other parts of Thailand, including the Wat Tham Krabok refugee camp.

The new arrivals

In order to come to any state in the U.S., the refugee must have a sponsoring relative.

About 43 percent of the refugees coming from Wat Tham Krabok have relatives in Minnesota. This is expected, as St. Paul has the largest urban concentration of Hmong in the country. More than 60,000 Hmong currently live in Minnesota, in addition to the nearly 1,900 refugees who had arrived as of mid-November 2004.

Relocating to the U.S. will be a tremendous cultural and environmental change from Wat Tham Krabok, where the majority of the Hmong refugees coming to the U.S. were born. More than 60 percent of the refugees arriving are 18 years old or younger; 50 percent are younger than age 14. There are no playgrounds for the children at Wat Tham Krabok, a camp that keeps its residents closed in with fencing. Despite the high volume of children at the camp, there are only two formal schools, one Hmong and one Thai. Only half of the camp's children are in school because the other half cannot afford the education.

Most refugees will arrive with little or no knowledge of the English language. To overcome the language barrier, English language classes are being taught to help integrate both the adult and the child refugees into the world of work and school, respectively. Refugees from Wat Tham Krabok come from a community where education is valued and encouraged. This latest wave of new arrivals will have a stronger education base than the first Hmong arrivals in the 1970s.

What is remarkable is how quickly newly arriving Hmong refugees will adapt to their new surroundings. Because most of the refugees are children who are unfamiliar with their native country of Laos, they may be quick to adapt to U.S. culture and adopt American customs, an issue that concerns many parents and families.

Minnesota has more than 30 years of experience in resettling the Hmong to our state, and Minnesota's Hmong community is vibrant, strong, and ready to accept and aid new arrivals. Many Hmong Americans who have been here for decades are physicians, lawyers, educators, business owners, and politicians; they, along with the sponsoring families of new arrivals, will prove a major asset for the last group of refugee arrivals.

Health-related obstacles

Along with potential opportunities, refugees must deal with the reality of learning about the culture and society they are joining. Health care is one challenge for the Hmong as they integrate into American society. Native-born Americans are familiar with preventive care and routine check-ups by a physician, but Hmong traditions may differ in this regard. In many cultures, for example, it is less common to make an appointment with a physician if you are not sick. Traditional Hmong may opt for spiritual healing and care, perhaps with their shaman, whose role is to heal sick people and prevent illness by communicating with the spirit world. New arrivals may have a tendency to turn to traditional Eastern medicine before seeking professional guidance from a physician who practices Western medicine.

Some alternative practices often used by the Hmong include spiritual healing through shamanism rituals, herbs from which ointments are made, and *coining*, a remedy that involves scraping a coin on a person's skin. Some Hmong have strong beliefs and trust in their shamans, and may find more comfort with their traditional customs than with the modern American health care system. Because of this, educating Hmong new arrivals about the availability of high-quality medical care will be important. When interviewed at Wat Tham Krabok, people do not express significant fears or concerns about interacting with the health care delivery system in the United States. Many young Hmong Americans have become medical assistants, nurses, and doctors in Minnesota, and they will help with providing high-quality, culturally competent care to new arrivals.

In Thailand, Hmong commonly deal with health concerns such as gout, intestinal parasites, kidney stones, and respiratory illnesses. Before and after refugees arrive in Minnesota, they will be screened for tropical medicine problems, and evaluated and treated for chronic medical issues.

Tuberculosis (TB) is also more common among the Hmong. A refugee who tests positive for active TB will be treated in Thailand for nine months. Refugees will be allowed to enter the U.S. only after they have been successfully treated for TB.

As the Hmong become more grounded in American habits and culture, they will become as susceptible as Americans are to obesity and heart disease. Current chronic health diseases such as diabetes, hypertension, and cancer often go untreated in Wat Tham

Krabok, and the medical community here will need to identify such chronic illnesses in new arrivals.

To accommodate the large group of refugees arriving from Wat Tham Krabok over such a short time period, HealthPartners and Regions Hospital are helping support the work of the Minnesota public health system by offering mass health screening clinics. These clinics, which began in November, will be offered at the Center for International Health, located at Regions Hospital in St. Paul. The clinics provide new arrival screening only, and volunteer physicians from around the Twin Cities have participated. Physicians and advanced practice providers interested in participating in future screenings can contact Susan Dicker, R.N., for more information (see sidebar).

Mental health concerns

During a trip to visit the Wat Tham Krabok refugee camp as part of St. Paul Mayor Randy Kelly's delegation this past spring, I was able to oversee 41 mental health screenings of Hmong refugees. An electronic survey tool allowed our medical team to assess the mental health status of these Hmong individuals. Depression, in particular, was evident.

Diagnoses of depression and other mental illnesses, including anxiety and post-traumatic stress, will be a reality for some of the Hmong refugees coming to Minnesota. In fact, findings from the Wat Tham Krabok camp showed that 32 percent of men and 77 percent of women displayed some symptoms of mental stress. Older women had the highest rate

of depression, and 45 percent of the women had suicidal thoughts. These are significant findings that must be addressed. In our early work with mental health screening at the mass screening clinics at Regions Hospital, the incidence of significant mental health concerns has been very low, with clear improvement in mental health symptomatology after arrival in the U.S. The Hmong Mental Health Network in the Twin Cities, among others, will aid refugees with mental health issues.

Moving forward

Since our delegation's medical report was shared with the U.S. State Department in Thailand, medical care at Wat Tham Krabok has improved. A team of experts, including a physician, a psychiatrist, and nurses, were recruited to work at the camp until it closes its doors later this year. The Wilder Foundation sent Hmong-American mental health staff to the camp, and Hmong American public school experts visited as well. An active public health surveillance system was put in place, mass immunization campaigns launched, and directly observed therapy for tuberculosis instituted. Refugees also received Albendazole as empiric treatment for nematode (roundworm) infections prior to departure for the U.S. Electronic information exchange between the U.S. and Wat Tham Krabok has been outstanding, and close cooperation between the Minnesota medical community and the State of Minnesota Refugee Health Program has been a major asset to the state and to new arrivals.

For Hmong children, the transition to the U.S. should be smooth. Providing immunizations and new arrival examinations will be important in order for the children to

start school right away. There are not many concerns about the health of the children, who are expected to thrive in their new environments.

Although the medical community has more than 25 years of experience in screening newly arriving Hmong refugees, the recent large influx of refugees will keep those of us who provide screening and primary care services very busy. While there are challenges in educating the Hmong about American and Minnesota culture, we, as a state, have the opportunity not only to welcome our new neighbors, but to learn from them as well.

Patricia Walker, M.D., D.T.M.&H., is medical director of the Center for International Health at Regions Hospital.

Sidebar

Medical outreach

To accommodate the large group of refugees arriving from Wat Tham Krabok over such a short time period, HealthPartners and Regions Hospital will help support the work of the Minnesota public health system by offering mass health screening clinics. These clinics are taking place at the Center for International Health, located at Regions Hospital in St. Paul.

Physicians, advance practice providers, R.N.s, L.P.N.s, C.M.A.s, and interpreters are needed to work at the screening clinics. Everyone will be required to participate in an orientation prior to assisting at the screening clinics.

For more information about the screening clinic dates and times, or to obtain a sign-up form to work at the screening clinics, contact Susan Dicker, Hmong screening coordinator at Regions Hospital, at (651) 254-3165 or by email at susan.b.dicker@healthPartners.com.