



The Health of Refugees from Burma

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Over 3.5 million Burmese have been displaced following more than five decades of violent conflict and political unrest. In 2007, Burma, what is today Myanmar, was ranked among the top ten largest groups of refugees around the globe. The United Nations High Commissioner for Refugees (UNHCR) estimates that approximately 267,000 refugees are living in the camps along the border regions of Thailand alone, over 500,000 are internally displaced, and roughly 40,000 are registered as people of concern. The armed conflicts between military, political and ethnic groups resulted in extreme human rights violations. Burmese citizens have endured years of forced relocation and displacement, restricted political and economic freedoms, ethnic persecution, as well as physical and sexual abuse. Despite intense international focus, following the 2008 Cyclone, the Burmese people continue to experience one of the most neglected human rights and humanitarian crises in the world.

Primary Causes of Burmese Refugees' Health Concerns

- Lack of resources and services, as well as poor living conditions in the refugee camps present high risks for parasitic and infectious diseases. Burma currently has the highest HIV and malaria rates in Southeast Asia.
- Malaria screening and treatment is not readily available for most refugees. Refugees arriving from the Thai-Burma border region are at high risk for malaria, particularly MDR strains.
- Malnutrition and vitamin deficiencies contribute to a diminished immune system.
- Forced displacement and extensive traumatic experiences, including murder, torture, forced labor, and sexual violence contribute to a substantial mental health burden.
- Complete lack of oral and dental health care is the most prevalent personal health problem faced, leading to periodontal disease, gingivitis, and tooth decay.

Health Problems as They Transition to America

Upon arrival, many refugees are transitioning from not only unsafe, but unsanitary living conditions. Access to services has been limited as the Thai government allows agencies working in the camps to provide only basic care. Cultural and language barriers make the shock of navigating the U.S. healthcare system very difficult and overwhelming. The Burmese refugees are comprised of different ethnic groups and religions. Health practices vary between groups and many approach health from a traditional medicine perspective, which may include practices of spirituality and harmony, as well as a focus on diet change. Finding culturally sensitive and respectful care is extremely important. Many refugees will have been recently immunized and will continue to need age-appropriate vaccines and boosters. Mental health requires special attention as high rates of depression, post traumatic stress disorder, and some psychiatric disorders are common with traumatic pre and post-migration experiences. Dental hygiene education and proper nutrition are also important issues for a healthy transition.

Additional Resources

U.N. High Commissioner for Refugees: www.unhcr.org/country/mmr

World Health Organization: www.who.int/countries/mmr

Refugees International: www.refugeesinternational.org/where-we-work/asia/burma



MAJOR HEALTH ISSUES EXPERIENCED BY BURMESE REFUGEES

- Avian Influenza
- HIV/Aids
- Malaria
- Reproductive Health
- Tuberculosis
- Polio
- Dengue
- Malnutrition
- Infectious Diseases
- Alcoholism
- Parasitic Diseases
- Mental Health Disorders
- Hepatitis
- Oral Health
- Scabies
- Diarrheal Diseases

International Rescue Committee
www.theIRC.org