

Uprooted/Rerouted: the Bhutanese resettlement project in North Carolina

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In the fall of 2009, Fiona Terry was a visiting scholar at the Kenan Institute for Ethics at Duke University in Durham, North Carolina. Terry is the author of *Condemned to Repeat? The Paradox of Humanitarian Action* (2002), based on her extensive work with humanitarian relief in different parts of the world, including in Northern Iraq, Somalia, Myanmar, the Great Lakes region of Africa, Liberia, and along the Sino-Korean border. Terry came to North Carolina from Kathmandu where she and her family had recently moved. In her first week at Kenan, Terry causally remarked in a faculty seminar how she'd been quite surprised to hear from several people in Kathmandu that there were refugees from Bhutan in eastern Nepal. Neither she nor anyone in the room had realised there were refugees from Bhutan in Nepal. The idea of refugees from 'heaven on earth' was a curiosity to all. Even more surprising was that many Bhutanese were slated to resettle to the United States. Shortly after there was an article in the local paper referencing this resettlement and the fact the Bhutanese were coming to Durham.

It was this informal conversation and the serendipity of resettlement in Durham that sparked a four-year community-based research project in Jhapa, Nepal, and Durham, North Carolina, examining the impact of displacement and resettlement on refugee well-being at the Kenan Institute for Ethics. In this research report, I briefly outline the work of this project over the past three-plus years and offer some suggestive findings. More specifically, I introduce this project—its goals, methods—through the experience of one family who resettled to Durham in the fall of 2010.

The Tamang family

Late one September evening, the Tamang¹ family arrived after two-plus days in transit at the Raleigh-Durham airport. The resettlement agency

1 All the names and many locations used in this narrative have been changed. The story of this particular family is widely known in North Carolina as it was a source of considerable debate, discussion and some community mobilisation. It is a story the family wanted shared. They have since moved on to another city. That said, as per IRB, all names are pseudonyms randomly assigned.

working with the Tamang family described Susmita Tamang as a thirty-something mother of two girls and two boys ranging from 1-15 years. No other information was provided. Two undergraduates and I met them at the airport. Work with the community is an integral part of the Kenan Institute's Bhutanese Resettlement Project—giving students and faculty an experiential understanding of the ongoing daily challenges of displacement. The Tamangs were, however, the first family the project sponsored.² Late one afternoon in September, the resettlement agency had called noting their failure to find accommodation for the family and asking if the project could assist with temporary housing. With their flight due four hours later, I volunteered my home. I suppose that should have been the first warning sign of what was to be six months of chaos—for the Tamang family, for my family and for the entire project team.

Welcome to Texas

At just after 9:00 p.m., the Tamangs arrived: Susmita, Shreeni, Gopal, Rita, and Ram glided down the escalator to baggage claim, exhausted and confused. There was a brief attempt at introductions, but it quickly became clear they spoke no English whatsoever. Smiles and 'namastes' were exchanged, and we slowly lead them to a van, with one large and one smallish suitcase in tow. As we reached the car, Gopal handed me a scrap of paper he had held tightly in his hand and said, 'Houston, Texas?' as if to ask a question. One of my students smiled back and said, 'No Raleigh-Durham, North Carolina'. Susmita and Shreeni chimed in again to ask, 'Houston, Texas?' As we drove the 20 minutes to my home, the only words they spoke were 'Houston, Texas.'

We arrived back at my house and began trying to help them settle in. Everything was a curiosity for Rita and Ram—the ice cubes, the light switches, the sound of the flushing toilet, the piano, my daughters' long blonde hair—were all a source of endless delight. The only Nepali undergraduate at Duke came over to help translate while the students, the Tamangs, and my own three children shared some Indian food. The

2 Refugees resettling to the United States all have a sponsor who, together with a case worker, helps in the initial process of resettlement. Individuals, families, and community-based organisations (churches, schools, NGOs) can all serve as sponsors. Many sponsors develop a lifelong relationship with the resettling individuals and families they come to know.

chatter was animated. The only bit I picked up was the repeated question, 'Houston, Texas?' Finally, the student translator turned to me and said, 'You've picked up the wrong family. They are supposed to be in Houston, Texas, and were to be met by their family who resettled there in the spring.' She handed me their resettlement paperwork. There in black and white—destination: Houston, Texas. Panic. I had picked up the wrong Bhutanese family. How could this happen? I began frantically trying to call a caseworker at the resettlement organisation. No answer. I called the airport to see if there was in fact another family waiting for a pickup. No other refugee family had arrived that evening. Through the student translator, Susmita asked me to call her husband in Texas so she could explain the mistake. They talked, and she cried. She handed me the phone. Bijay was irate. They had planned a welcome party: What was I going to do to fix the situation? I promised all would be well. I was sure I could fix things. And so we all fell into bed overwhelmed, confused and exhausted.

Early the next morning, the Tamangs' case worker called to set up a time to meet, do some paperwork, give them some petty cash. I nervously inquired about the mix-up. He was now confused. There was no mix-up, just a last-minute decision to 'divert' them to North Carolina. More confusion followed. Why? How? There was no answer. I pressed, he resisted. Again, the Duke student from Nepal arrived to help translate. This time she assisted the caseworker. Through the student, he struggled to explain that, no, they would not be going to Texas to resettle with family but instead would have to stay in North Carolina. In unison the family of five began to cry, to wail. The caseworker then handed Susmita a \$50 bill and asked her to sign a document. Still crying, she signed in the designated spot and asked him what he had handed her. Susmita was illiterate and had rarely used currency. He left flustered, saying he would be back in two days to move the family into an apartment.

The next two days were simultaneously wondrous and harrowing. Wondrous were a bubble bath, a trip to a shopping centre, an afternoon at the playground. Harrowing was the set of confusing and fragmented conversations in translation mostly with Susmita, her 9-year-old son Gopal, and husband Bijay, and a series of pleading calls I made on their behalf to the resettlement agency. Couldn't something be done? Why couldn't they go to Texas? In bits and pieces it became clear that Susmita was not Bijay's only wife. While the U.S. will not resettle families from

a plural marriage in the same home, they do generally resettle them nearby one another so they can maintain their family relations. But while in transit from Kathmandu, the resettlement agency made the decision to send them to North Carolina—a state where they had neither family nor friends. There were unconfirmed rumours that Bijay's first wife had issued threats against Susmita and her children if they resettled nearby. I was told it was a matter of safety. Neither Susmita nor Bijay were told of this change in plan. The resettlement organisation said I could relay the information if I chose. They had no intention of doing so.

Do something, please

Two days later I left Susmita and her children at their new apartment. They ran through the small, dark apartment, excited by the idea they had a home of their own with keys, carpet, and, best of all, a freezer. They would wait there until Bijay came and brought them back to Texas. But Bijay never came. And over the next four months, Susmita and Shreeni became increasingly distraught at being so far from family. Susmita had never been the head of a household. She had never been alone in this way. More significantly, Susmita fell gravely ill with an infection in her femur—an infection identified and initially treated before she left Nepal. Her caseworker twice planned to take her to a doctor but never found time. Instead he suggested aspirin. As a result, Susmita had surgery to save her leg from amputation after the infection ate a hole the size of a silver dollar in her leg. In all she spent three weeks in the intensive care unit. Ram was weaned because Susmita was too ill to breastfeed. It was also discovered that Susmita had for more than a decade suffered from a chronic illness and had been on medication prior to leaving Nepal, which never seemed to have been flagged in her state-mandated health check. Shreeni, Gopal, Rita, and Ram were shuttled between my home and the homes of other Bhutanese refugees while Susmita was in the hospital, and Susmita converted to Christianity because 'a nice lady from the church said all Americans love Jesus.' Her caseworker asked that Susmita and I stop contacting him as he could provide no further assistance. Bijay, too, asked that Susmita and I stop calling because, despite his former promises, he had no means to assist. In the middle of all this, and without warning, the resettlement organisation picked up Susmita's children from school and childcare and dropped them at the Department of Social Services, leaving

me a message—which I was to convey to Susmita—that her children were in foster care. She was released early from the hospital to prevent her children from being formally removed by the courts. Indeed, she would forgo the two months recommended in a rehabilitation facility to keep her children. Ram was severely burned in a cooking accident 48 hours after her release from hospital and spent several weeks in a burn unit. Soon thereafter, Susmita was assaulted by a drug addict in her apartment building and severely beaten. Susmita's refrain throughout these difficult months was 'Do something, please.' It was never really directed at me or anyone else. The refrain was just a sign of her helplessness and despair.

Patterns

The U.S. resettles more refugees than any other country by a wide margin. In 2012 it resettled 58,170 people from around the world. 15,070 of those individuals were Bhutanese. That same year North Carolina was ranked tenth amongst the fifty American states in the number of refugees resettled. Here, too, the Bhutanese were the most commonly resettled group. In the past decade almost 20,000 refugees have settled in North Carolina. In the past three years more Bhutanese were resettled in North Carolina than any other group: some 2500 Bhutanese have resettled there—mostly in Durham, Guilford, Mecklenburg, and Wake counties. In this broader context, Susmita Tamang's story is certainly unusual. But while not typical, Susmita's case raises three key questions about the dynamics of Bhutanese resettlement in the United States, in general, and in North Carolina, in particular. First is the problem of health vulnerabilities; second is the role of faith-based organisations in the U.S. resettlement process; third is the challenges posed by the public private partnership model the U.S. employs when resettling refugees.

Health Vulnerabilities

The medical problems that beset Susmita immediately upon arrival were extraordinary. But the level of care both she and Ram received was also extraordinary. They each spent more than three weeks in two of the world's best hospitals under the care of some of the world's best physicians. Susmita herself attributes her survival to her outstanding medical treatment at Duke University Hospital. 'I know I would have died if I had stayed in Beldangi II (Refugee Camp). No one would have been

able to help me the way they helped me here.’ Ram spent three weeks in the University of North Carolina Hospital’s burn unit and had six months of physical therapy to rehabilitate his hand after the burn. He now has full use of his right hand, a fact very hard to anticipate in the days immediately following the accident. And in each case with hundreds of thousands of dollars at stake, cost was no object. The eight months of Medicaid (federally funded health care) coverage afforded newly arrived refugees provided for every expense.

But the Tamangs’ access to quality health care came only after a foreseeable problem. Susmita’s infection had progressed dangerously before she was treated. For the rest of her life she will be on and off antibiotics and will be forever physically limited by her compromised leg. Could it all have been avoided? Should the infection have been identified earlier? And what about her prior health status? Despite being clearly indicated on her records, no attempt was made to manage her serious pre-existing medical condition until her health situation was critical. Report after report decries the critical problem of health care—including assistance with mental health issues—for refugees and yet there are few mechanisms or resources available to redress the problem (Reed, et. al. 2012).

Inevitably, Susmita’s story prompts the question of whether refugees and the communities that welcome them can in fact appropriately manage health vulnerabilities. Is the U.S. policy of nondiscrimination based on health status prudent? Refugees with health vulnerabilities are not only welcomed but indeed have priority status for resettlement to the United States. But is this generosity not reckless if resources are not in place to manage even the most extreme circumstances? While the quality of U.S. health care unquestionably saved Susmita’s life, it is not clear that this same system will be able to manage what will be a lifetime of health needs.

Faith-Based Organisations

The Tamangs’ conversion to Christianity remains a puzzle to many on our research team. Indeed, one of the most debated dimensions of our work with the Bhutanese in Durham has been the role of faith-based organisations and the tendency of refugees to convert to Christianity. Refugees resettling to the Durham area are mostly either Hindu or Christian, with equal proportions of both. But six month after arrival, few Hindus in Durham have retained their original religion.

The U.S. relies upon a public-private partnership in the resettlement process. There are eleven voluntary agencies that partner with the Department of Homeland Security to resettle refugees. Eight operate in North Carolina. These organisations receive a grant of approximately \$700 per resettled refugee. Additionally, each refugee receives eight months of medical and cash assistance along with access to language and job training. Each refugee also has a caseworker who works with him or her for the first ninety days after arrival. But many of the resources the voluntary organisations are able to provide refugees are based on philanthropic donations and the time and financial resources provided by partner organisations. These partner organisations help provide a warm welcome, a furnished apartment, clothes, school supplies, and other incidentals needed to set up house. They are vital to refugees' ability to become quickly self-sufficient. And self-sustainability is a resettlement agency's core goal—ideally within six months but certainly within a year. While six of the eleven voluntary agencies that partner with the U.S. government have some religious affiliation or tradition, they are strictly prohibited from proselytising. In all our interviews, we are confident that this bright red line is rarely violated. The concern emerges from the organisations and individuals who partner with these agencies in the resettlement process. Faith-based organisations are quite supportive (materially and emotionally) of newly arriving refugees. And in a state like North Carolina in which faith-based organizations, and churches in particular, are the primary actors in civil society, these entities provide the bulk of the supplemental support for refugees. There are simply few other organisations with the resources or desire to support refugees. Thus, while high conversion rates are not especially surprising, it is unclear whether they are desirable.

Indeed, in the context of Durham, membership in a church appears an almost essential mechanism of integration for many refugees. Church membership is a primary social network in many Southern communities. I recall Gopal's excitement the day he was baptised. "Now we both love Jesus," he smiled, assuming it signalled a greater bond between him and me. Church membership was a form of belonging. But how voluntary was this membership? Is it acceptable for churches to offer English instruction solely through Bible study? Is it acceptable for churches to house missionaries in housing apartments largely inhabited by refugees to spread the word of Christ? Should church members insist that refugees

pray with them each time they drop off some pre-used clothing or a hot meal? Should churches rearrange the family photos and keepsakes in the Tamang home because they resemble a Hindu shrine too closely? Should church members teach Rita to chastise me and anyone else for using the greeting 'Namaste' because it is a pagan term? When does the generosity of faith-based organisations come at too high a price? These questions are not easily answered but warrant further exploration.

Public-Private Partnership

The role of religious organisations calls into question the more general structure of a public-private partnership in regard to refugee resettlement. The U.S. is not highly selective in its resettlement programme. Age, education, work experience, and health status matter little. It is, in this respect, a remarkably generous programme. But the U.S. system also provides minimal resources for each refugee, and the public-private partnership means that refugees are more vulnerable to the vicissitudes of volunteer good will than is ideal. There is an expectation that local communities will support resettling refugees financially and organisationally. Is the U.S. perhaps admitting refugees that communities have no ability to assist effectively?

Social provision in the United States has historically been a mix of public and private initiatives. The particular relationship between faith-based organisations was further institutionalised through the 2001 George W. Bush initiative and the establishment of the White House Office of Faith-Based and Neighborhood Partnerships. Resettlement is, then, no different from many poverty or educational initiatives, and in many ways this partnership is what enables refugees to manage so effectively upon arrival and find ways to integrate into communities across the United States. Like the policy of admitting most anyone in need, it is a laudable principle. But what happens when a refugee has extraordinary needs like Susmita? Should an ill, single mother of four with no formal education and no work experience be expected to become self-sustainable in six months to a year? Does this partnership and the need to rely on the goodwill of others for even the most basic needs make a vulnerable woman even more vulnerable? Is the unpredictability of private assistance not a source of enormous stress? Maybe the problem is not the religious nature of the partners, but rather the private nature of the provision.

Research design

The Tamangs' experience has in many ways shaped our research agenda and our focus both on questions of well-being and moral boundaries. 'Uprooted/Rerouted: The Bhutanese Resettlement Project' is a multi-site community-based research project that examines the impact of displacement and resettlement upon refugee well-being, broadly defined. Of particular interest are both how displacement/resettlement affects mental health and moral boundaries. The research is conducted by a vertically integrated team of faculty, post-docs, graduate students, and undergraduates. The team's work is facilitated by a set of local Nepali or Bhutanese research assistants. The methods include participant observation, modified life story interviews, and photo elicitation. Life story interviews are a form of oral history during which the respondent focuses on a few key events, characters, challenges, and ideas in his or her life. The objective of this form of interview is to allow the respondents to provide information in their own terms about their general physical and social well-being, social values, social capital, and culture. Each interview ends with the question, 'If your life were a book, what would its title be?' Interviews run for an average of 2–3 hours, but some go on for as long as eight hours. Of equal importance are the information shared and the subjects' perspective/reflection on that information. It is both about 'their life and how they tell it.'³ Versions of this interview form have been used extensively with populations, including refugees, who have experienced some significant personal trauma or dislocation.⁴ The life story interview protocol we employ begins with a simple mapping exercise where both the interviewer and interviewee draw their childhood homes. After sharing the significant elements of their homes the interviewer asks about the interviewee's most significant life events, a typical day, family and community, health and mental health, and beliefs/religion.

Beginning in 2010 the team has spent 4–6 weeks each spring collecting data at the refugee camps in eastern Nepal. Data collection occurs year round in Durham and is done in conjunction with a series of community engagement projects including a language class for adults, a series of health workshops, a craft circle for women, and a mentoring programme

3 See <http://www.nytimes.com/2007/05/22/health/psychology/22narr.html> for a discussion of Dan McAdams's life story methodology and its benefits. See also McAdams (2006).

4 See <http://www.sesp.northwestern.edu/foley/instruments/interview>.

for youth aged 5–15 years. The project has also served as both formal and informal sponsor to several families resettling locally.

Limits of Obligation

‘Uprooted/Rerouted’ is still very much in the initial phases of data analysis, trying to understand both the dynamics of refugee well-being after displacement and resettlement and how radical displacement and resettlement affect moral boundaries (or what people understand to be right, wrong, fair and just). But our research and engagement with the Bhutanese community has also raised important ethical questions about U.S. resettlement policy and in particular the structural reliance upon a public- private partnership. While the U.S. has clearly articulated a moral responsibility to refugees and annually admits 50–80,000 resettling refugees as a reflection of that responsibility, it is not clear how that responsibility unfolds over time. Is our state obligation to the Tamangs any more or less than that to any other family in need in the United States? And for how long should that obligation be maintained? The contours and limits of this moral obligation remain much more murky, as do the best mechanisms to fulfill it.

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