UCSD Sociologist profiles Indochinese

June 10, 1985

Every month during the last decade, thousands of Southeast Asians, forced to flee their war-wracked homelands, have resettled in the United States.

Some of these unfortunate refugees from Vietnam, Cambodia and Laos have been imprisoned and tortured. Many have witnessed the destruction of their villages and the murder of loved ones. Almost all have arrived in the U.S. variously traumatized by the ravages of war and the formidable challenge of starting a new life from scratch in an uncertain exile.

Beginning in 1982, Dr. Ruben Rumbaut, an assistant professor of sociology at the University of California, San Diego, launched a three-year study of the refugee experience. He sent a host of bilingual interviewers into San Diego's burgeoning Indochinese communities to access the problems inherent in adapting to a totally alien culture.

The immigration began in 1975, when the U.S.-backed South Vietnamese government was toppled and about 130,000, mostly Vietnamese refugees were resettled in the U.S. The flow diminished during the next few years, but increased drastically after the Vietnamese-Chinese War of 1978 and the Vietnamese invasion of Cambodia, now Kampuchea, in 1979.

Refugee movement into the U.S. peaked at 168,000 in 1980, when Western countries were forced to absorb refugees being turned away by overcrowded Malaysia and Thailand. The influx has decreased since then, last year totaling 52,000.

Today, an estimated 900,000 Indochinese are living in the U.S., struggling to resolve the immense differences between Eastern and Western cultures.

"The health and well-being of refugee groups are affected by the stress of forced migration from one's homeland and resettlement in a radically different environment," said Rumbaut, himself a former refugee from Castro's Cuba.

The refugees arrived in two broad waves. The first was comprised primarily of upper middle-class, urban Vietnamese arriving between 1975 and 1977.

"(However) the more recently arrived refugees include much greater proportions of Hmong, Khmer, Lao and Chinese-Vietnamese ethnic groups, and of rural and less educated persons whose economic, cultural and psychological struggle to adapt to U.S. society is sharply intensified," Rumbaut said.

Rumbaut undertook the ambitious study, called the Indochinese Health and Adaptation Research Project (IHARP), to explore the changing patterns of health and mental health among Southeast Asian refugee families and examine their adaptation during the resettlement process. He believes the findings should be used to help shape public policy pertaining to the health and welfare of the refugees.

The study, funded by the National Institute of Child Health and Human Development, is based on in-depth interviews with randomly selected men, women and children from the five major ethnic groups that comprise the Indochinese population in the United States--the Hmong, Khmer, Lao, Chinese-Vietnamese and Vietnamese.

San Diego County, with some 40,000 refugees, is home to one of the largest Indochinese communities in the country, making it an obvious choice for the study site.

To date, Rumbaut has released preliminary reports dealing with the fertility, health and mental health of the Indochinese community. Analyses of other aspects of the refugee experience are still underway.

The study shows that in 1983, 75 percent of the refugee families were living below the federal poverty level, 40 percent were unemployed and 60 percent were on welfare. These rates "are much higher than the corresponding rates of other groups in San Diego County or in the U.S. generally," Rumbaut said.

"On the whole, during the early stages of the resettlement, the Indochinese have been preponderantly marginal, poor families living in crowded conditions in low rent districts of San Diego, typically sharing their apartment with extended family members and friends," he said. Seven people live in the average Indochinese household. In an extreme case reported by a member of Rumbaut's research team, 21 people were discovered living in a single three-bedroom apartment.

Rumbaut found further that the overall population was extremely young, with a median age of less than 18 years. That compares with a median age of 31 for the general U.S. population. Forty-four percent of the Indochinese are children under age 15, and 22 percent of the total are women of childbearing age.

"The age-sex structure of these groups is typical of that of the populations of developing countries," he said, "and reflects high fertility and dependency ratios." Of the five ethnic groups, the Hmong are the youngest, with a median age below 13 years and by far the highest fertility levels.

In the analysis of fertility and adaptation recently completed, Rumbaut concluded: "Without a doubt, the single most important finding is that the levels of fertility within the Indochinese community are so high." He found that the refugees who showed the greatest economic progress in their new environment tended to have lower levels of fertility than those who live in poverty.

"The data clearly underscore the relationship between fertility and poverty in the refugee communities," Rumbaut said. He also found, however, that fertility declines for all groups over time in the U.S., "suggesting that the refugees are undergoing rapid adaptation to the economic demands of their new environment."

His findings have led Rumbaut to call emphatically for "a public policy to deal with the substantial maternal and child health and family planning needs within the Indochinese community."

In another facet of the study, a comparison of the mental health status of the refugees with that of a random sample of the general American population was equally unsettling.

On a test of psychological well-being, only 24 percent of the Indochinese refugees scored in the "positive well-being" range, while 74 percent of the American population had scores in that range. And while 45 percent of the Indochinese were found to have levels of "clinically significant distress," only 10 percent of the Americans scored in that range. The Khmer showed significantly higher levels of depression than any other refugee group, reflecting the extreme trauma suffered by many survivors of Cambodia's "Killing Fields" during the years of the Pol Pot regime.

In recent testimony before the Joint Committee on Refugee Resettlement and Immigration of the California State Legislature, Rumbaut called for major changes in public policy governing refugee health services.

"It seems especially advisable to critically reevaluate state policy...with regard to the allocation of health support services," he said. Such services include translations, health education, outreach and follow-up to insure adequate access to health care as well as proper medical diagnosis and training.

According to Rumbaut, it is precisely those who most require access to health care and health support services--women, dependent children, the old, the retired and disabled, the least proficient in English, the least skilled, the unemployed or unemployable--who have been excluded from health accessing services. Unfortunately, they constitute the majority of the refugees.

Current policies do "not seem to facilitate equal access to needed health care," he told legislators.

Along with influencing public policy and enhancing the public understanding of new groups coming into the community, a major IHARP goal was "to enhance the relationship of the refugee community and the university.

"IHARP seeks to create a model of collaborative, mutually beneficial relationships between survey researchers and minority communities. Such research can provide an effective forum for Southeast Asian communities to give expression to their experience, debunk narrow ethnocentric prejudices and open our vistas_to some painful lessons of contemporary world history," he said.

(June 10, 1985) For more information contact: Susan Pollock, 452-3120