Addressing Healthcare Disparities of Chicagoland Rohingya Refugees

Chicago
Lake Forest College, Northwestern University, University of Chicago
Bilaal Ansari (Lake Forest College), Salman Javed (Lake Forest College), Sufyaan Syed (Northwestern University), Ahmed Malik (University of Chicago)

Summary:

Two presentations were delivered by a psychiatrist to Rohingya refugees on coping mechanisms for trauma and stress. One presentation was delivered by an internist on methods to improve health — attendees' A1C and blood sugar were measured and individuals at risk for diabetes were identified and given relevant monitors.

Project Description:

Coming from Muslim households, our team consistently heard about the persecution the Rohingya community faced in Myanmar. Furthermore, we have backgrounds in biology and medicine, which led us to attempt to use medical means to ease some of the burden the Rohingya population faces while settling in the United States.

The Rohingya Cultural Center already had a massive network of Chicagoland Rohingya individuals; all it took from us was to reach out and ask permission from them for us to leverage their network in finding an audience for the presentations. The center was happy to host us, which made gathering individuals significantly easier.

A deviation from our original plan of hosting 5 sessions (3 mental health, 2 diabetes), is that we only conducted 3 sessions (2 mental health, 1 diabetes). This was due to the center not being able to fully accommodate our sessions in certain circumstances.

Next, in planning the talks, we reached out to Dr. Khalid Afzal, Dr. Fareha Mir, and Dr. Muhammad Aftab of UChicago Medicine. They offered to develop the talks and pointed out to us what must be done in order for us to facilitate these events. A deviation from the original plan was that Dr. Afzal and Dr. Mir requested no compensation.

Dr. Afzal suggested that, in order to boost attendance, gift cards be offered to attendees alongside food. Furthermore, he directed us in the making of a flyer that could be easily translated into Rohingyan (a non-written language). This allowed word to spread quickly around the Rohingya community that monetary incentives and refreshments would be offered at our event, which significantly increased attendance at the last two events.

Dr. Aftab, the internist we worked with, suggested testing all of the Rohingya individuals present at his talk for their A1C and blood sugar. This added a practical component which required us to become familiar with the monitoring tools and take measurements at the center. Consequently, we identified several individuals at high-risk for diabetes and provided them with monitoring equipment for home use. Alongside delivering the presentations, the center communicated to us a need for chromebooks for establishing an educational program. We were able to purchase five chromebooks to assist the center in developing this program.

Our operation in Chicago has made it abundantly clear that this project is easily scalable throughout the United States, and with other refugee groups. In essence, already established, local centers can do most of the heavy lifting in finding an audience, whereas we can connect these centers with physicians and reimburse the center for operating costs such as catering. Furthermore, many of our team members already have connections throughout the United States to individuals who are familiar with refugee communities in their area. Hence, the foundations for scaling this project are already laid out.

Currently, the data obtained in the mental health sessions is planned to be published as a manuscript to enable physician education of these local disparities. Further pursuits with local diabetes education may also be used for publishing purposes.

Reflection:

In the context of our project, peace means comfort in settling into a new home. Our project facilitated this by connecting Rohingya individuals with means of mental comfort and bodily comfort.

The Rohingya community have come to America shouldering great burdens. They are completely incapable of functioning as ordinary citizens; basic communication is impossible since they cannot speak or read and write English. If their future is as bleak as their past, they will lose hope and fall victim to the same social ills that plague other underprivileged communities. This will become a systemic problem whose scope will expand far beyond the Rohingya community. Our efforts will curb this trend by providing them the resources and the initiative to improve their physical and mental health — the foundations of a successful human being.

The Rohingya community in Chicago are the victims of a devastating ethnic cleansing campaign that has been perpetrated by the Burmese government since the 1980s. This denial of basic human rights and resources has left them strangers in their own homeland. They arrived in America completely unequipped to succeed in an urban environment. Every community member is burdened by the struggles of violence, expulsion, culture shock, poverty — the list goes on. Thus, a whole population of traumatized individuals in desperate need of mental health treatment sits in our city. This was made apparent in the sessions led by Dr. Afzal. Some shared the horrific tragedies they witnessed in Burma. Others described the harsh conditions they endured while in limbo in neighboring countries like Malaysia. Equally important, many expressed their hopes for a better future in America; safety, financial security, and a better life for their children. This inspired us to learn more about refugee populations across the country.

Working with the Rohingya Cultural Center has made us realize that the lack of information about important chronic diseases such as diabetes and mental health deprivation requires us to provide care to impoverished places in the world. The workshops we provided have inspired us to provide support to more refugees who suffer from similar issues and lack access to information that can lead them to having an easier transition moving into the United States.

This experience has allowed us to appreciate the complex nature of public projects. In our proposal, we described our intent to rigorously quantify the impact of our workshops through detailed surveys. However, this idealistic goal was quickly shattered when we became more acquainted with the community we were assisting. Rohingya is not a written language, so the vast majority of these individuals did not know how to read or write; in fact, the RCC communicates with its members via WhatsApp voice messages. Therefore, traditional survey methods would not be effective. We had to construct questionnaires that could be easily verbalized since nobody could answer a survey independently. Even in English, mental health is already a difficult subject matter to broach and survey due to its abstract and personal nature. The Rohingya language does not even contain a word that can express the idea of mental health without making it sound derogatory. It is a testament to the skill of Dr. Afzal that he was able to creatively leverage the common language of Urdu to gently approach the idea of mental well-being. The enthusiastic responsiveness of the attendees vindicated the effectiveness of our novel approach. Dr. Aftab continued this trend by using creative analogies to distill complex physiological details about diabetes into actionable items for the community.

“This project opened our eyes to the plight of people in our very backyard. We are motivated to become agents of change in our communities so we can all excel together” - Ahmed Malik.

“It always seemed impossible — until we actually did it” - Bilaal Ansari.