CHAPTER I

INTRODUCTION

New Zealand accepts 750 refugees annually through the United Nations High Commissioner for Refugees (UNHCR) as an annual quota. During recent years New Zealand has accepted refugees from the Middle East, Africa and South East Asia. Hundreds of asylum seekers also arrive in New Zealand every year (UNHCR, 2001).

The "Mangere Refugee Resettlement Centre" (MRRC) is a place to start resettlement for all quota refugees in New Zealand. All quota refugees have to stay at the MRRC for six weeks to attend orientation sessions, initial health assessment and prepare legal documents to go to live in community. All refugee families have to pass through these processes to get the basic necessary documents and connections for settling in the community (UNHCR, 2001).

After staying six weeks at the MRRC, refugees go to live in the community. Refugee and Migrant Service (RMS) support the refugees through training volunteers who work with refugee families for six months. The quota refugees received different introductory level information including New Zealand health system and health services when they were in the MRRC. After initial orientation sessions and initial health assessment in the first six weeks in the camp, there is no particular structure of follow-up health education sessions and follow-up health assessment except for

patients with communicable diseases. Refugees receive New Zealand Permanent Resident status on arrival so they can access all health services like other New Zealand citizens. However, the New Zealand health system is totally different from their home country (Myanmar) and the second country (Thailand) that they passed through. Refugees therefore face a number of health issues to deal with in their resettlement period.

Refugees are dealing with practical resettlement issues like employment, housing, learning local language (English) or helping (sending money to) their relatives who live in their home country or in the refugee camps. They usually put their health concerns as the last priority (Gray & Elliott, 2001). Refugee Voices research which was conducted by the New Zealand Immigration Service (NZIS) (2004) found that two in ten established refugees (more than five years in New Zealand) said their health status was worse in their resettlement period. These research findings clearly stated that refugees' health statuses need to be addressed even after their long-term resettlement period. Dr Nagalingam Rasalingam, a Glen Innes general practitioner (GP) also said that "When refugees and migrants arrive they have problems with language and employment, so their health is left behind" (Bradford, 2005).

The New Zealand Government introduced a new public health strategy in 2001 to address primary health care through Primary Health Care Organisations (PHO). PHO is a multidisciplinary team and it also would like to fill the gap of community health needs (Ministry of Health New Zealand [MOHNZ], 2001). However, because of the language barrier and a new health system for refugees in the

resettlement country, refugee communities' voices do not reach the PHO personnel all the time. On the other hand, PHOs and existing health service providers cannot implement appropriate health programmes, if they do not get the right information about the refugees' health needs.

Myanmar refugees have resettled in New Zealand since 2000. About fifty two percent (180 refugees) of the resettled Myanmar refugee population (344) in New Zealand are residing in Glen Innes, Auckland, and the rest of them are in North Shore City and Nelson City. In Glen Innes, 25 New Zealand born children and 180 resettled refugees, total 205 were in the Myanmar refugee community. Myanmar refugee resettlement in New Zealand has occurred over a short period of time compared with other refugees. There was no ethnic specific survey or research, which related to Myanmar refugees' health needs and health concerns. The survey findings, community members and health care providers' comments on possible solutions will be very useful to address the primary health care services and projects that are in the planning stage by PHOs and other health service providers.