

Chapter Seven

TIBETAN REFUGEES IN SOUTH ASIA

Why Are the Refugees There?

Tibet was a distinct nation and maintained its own government, religion, language, laws and customs until it was forcibly overtaken by China in 1949. A decade later, 85,000 Tibetans followed His Holiness the Dalai Lama, Tibet's spiritual and temporal leader, into exile. They are still coming.

Each year, some 2,500 Tibetans become refugees rather than face religious and other forms of persecution at home. Most of Tibet's 6,000 Buddhist monasteries have been desecrated or destroyed since the Chinese occupation. While China's Communist Party now permits some religious practice, it does so only with stringent restrictions. Tibetan Buddhists, for example, are prohibited from owning photographs of the Dalai Lama; other objects of veneration are tightly controlled. In addition, educational opportunities for Tibetans are limited, if available at all; and instruction in Tibetan language is rare. Always overshadowing Tibetans' lives is the risk of imprisonment and torture for openly defending their religion, their rights, their freedom. Few of the hundreds of Tibetan political prisoners have ever been released. Today, about 100,000 Tibetans live as



New arrivals from Tibet wait for health services at the Kathmandu Reception Center.

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refugees in India; another 25,000 live in Nepal. In Tibet, a program of population transfer orchestrated by the Chinese government, has rendered Tibetans a minority in their own country.

Which Agencies Are Assisting the Refugees?

From its headquarters in a Himalayan hill station, the Tibetan government-in-exile attends to the various health, welfare, education, and cultural needs of the population. A parliamentary assembly of *people's deputies* represents the refugees; and special interest groups, such as those for women and youth, address specific needs.

This government-in-exile, or Central Tibetan Administration, operates with funding from national governments, endowments, and personal contributions. Volunteers and Tibet support groups from all over the world offer time, technical expertise, celebrity status, and compassion to aid the refugees. But as the number of refugees and the time they have spent as refugees increase, so do the demands placed on the Central Tibetan Administration.

General Conditions

Tibetan refugees cross the highest mountain range in the world, the Himalayas, to reach safety in exile. If they can secretly cross the border into Nepal and reach the Office of His Holiness the Dalai Lama, they are safe. But many are detained at the border. Sometimes, refugee women are raped during their flight by guides, border officials or others, while some are coerced into providing sexual services for the police

PUTTING THE RHR CONSORTIUM'S SMALL GRANTS PROGRAM TO GOOD USE

In 1996 the RHR Consortium gave a small grant to the Tibetan DOH and the Tibetan Women's Association (TWA) to fund a program of comprehensive, culturally acceptable and accessible RH care for Tibetan refugees in South Asia. With additional resources from the United States Department of State, Bureau of Population, Refugees and Migration and technical assistance from JSI Research and Training Institute, the program was inaugurated in Spring 1997.

Goals for the first year of the project include increasing the awareness, knowledge, and skills of health providers, and disseminating information and supplies for comprehensive RH services. During the first ten months of the project:

- the DOH hired a full time Reproductive Health Officer;
- project staff selected ten settlements for early implementation of the RH services package;
- the Honorable Health Minister inaugurated the first Tibetan Women's Center. The center offers information concerning women's health, family planning and referrals to clinical care;
- project staff, including the DOH's RH Officer and Medical Consultant, and Delek Hospital's Head Matron, conducted the first RH training-of-trainers course for five nurses and key persons;
- project staff created an RH curriculum for training community health workers using materials developed by CARE. Training was conducted by the RH Officer and the new corps of RH trainers in 9 settlements;
- the DOH produced an AIDS-awareness video in the Tibetan language; and
- the DOH, together with settlement office staff and the local Tibetan Women's Association, offered the MISIP in 9 settlements and is promoting the services through various community outreach approaches including group discussions, person-to-person contact and video screenings.

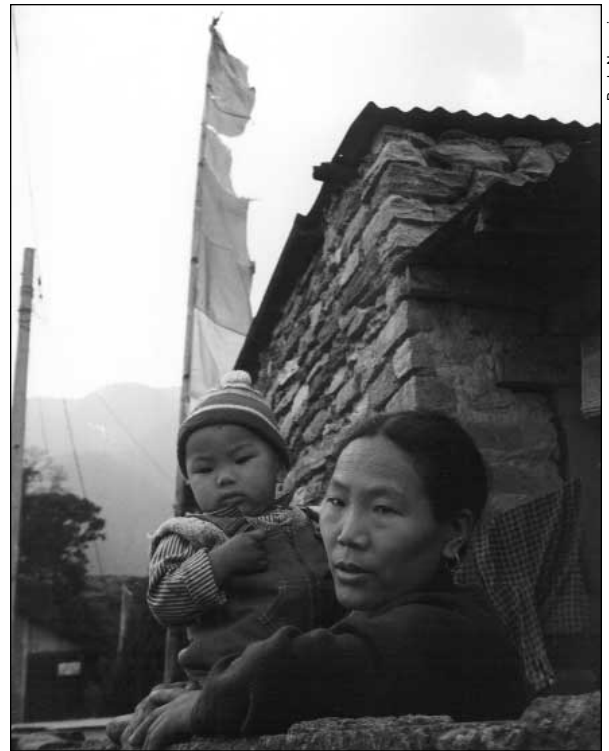
in exchange for the group's safe passage to Kathmandu, Nepal.

After reaching the Kathmandu valley, refugees are registered at a reception center and then usually move on to Dharamsala, India, headquarters of the government-in-exile. From there, they will go to a settlement, a training center, a monastery or nunnery. Many of the refugee settlements are located in South India where the weather is hot, living conditions are sometimes crowded, and work opportunities are limited. Often, the refugees earn money by selling sweaters; but the work requires frequent travel, long separations from families, and, often, extended stays in even more inhospitable living conditions.

General Health Services

The Tibetan Department of Health (DOH) is the main health delivery organization for Tibetan refugees living in South Asia. The DOH is run by Tibetans along with a limited number of short-term volunteer expatriate health professionals. Community health workers provide basic preventive and curative health care services at 66 primary health care centers. A network of eight Tibetan hospitals and government and private hospitals are used for referral services. This allopathic health system is complemented by a traditional health system administered by the Tibetan Medical and Astrological Institute which runs 37 clinics in India and Nepal.

The DOH's programs and projects include: immunization, mother and child health, tuberculosis control, drinking water and sanitation, health education and media, primary health care, care for the disabled and handicapped, torture victim survival, health data and research, provision of essential drugs, training of



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A pregnant Tibetan refugee woman with her young child at Tashi Palkhiel Settlement: Pokhara, Nepal.

health personnel, integration of allopathic and traditional systems of medicine, and emergency medical care.

Reproductive Health Services

Recently the DOH began focusing on reproductive health. Some issues related to the reproductive health of Tibetans in Tibet—including sexual assault of refugees, particularly women, while attempting to flee the country—have been well-documented. Many Tibetan women, including Buddhist nuns, have been victims of brutal assault in Chinese prisons in Tibet; and Tibetan women still living in Tibet are subjected to coercive family planning methods by Chinese officials. Basic data on maternal health indicators and on HIV/AIDS infection are, at present, unavailable.

But the DOH plans to track RH indicators in the exiled population through its developing health information system.

Although each refugee settlement in South Asia boasts a primary health center, facilities vary widely in use and quality of services. Refugees do not necessarily have access to family planning and STD services at the primary health centers. However, many women are aware of family planning, and some go to Indian hospitals for sterilization or IUD insertion. Deliveries commonly take place at home. Emergency obstetrical services are not usually available at primary health centers and often require long transfers to referral hospitals. Though rape is thought to be uncommon in the settlements, domestic violence does exist in the Tibetan community.

The RH services routinely provided at primary health centers include antenatal care, HIV awareness-raising through poster campaigns, and limited family planning services at some centers. Information about AIDS is readily available on television; and the DOH's *Year of AIDS Awareness* in 1997 appears to have increased knowledge of AIDS among the refugees. The DOH-run hospitals offer a few more RH-related

services such as diagnosis and treatment of some STDs, HIV testing for donated blood, limited obstetrical services, and, depending on the staff's training, additional family planning services, such as IUD insertion.

The Next Step

The early accomplishments of the RH project, partly funded by the RHR Consortium's small-grants program (*see box*), are impressive; but they were hard won. To keep the momentum going, we must continue our efforts to raise public awareness of the importance of reproductive health among the Tibetan community. Funding was limited for some program activities, such as the prevention and control of sexual violence, and we must ensure that these issues are more thoroughly addressed in later phases of the project. And we must work to design a specific strategy to provide RH care to those, like the Tibetans in South Asia, who face the prospect of long-term exile.

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