

# Profile of the Karenni Community in Nebraska



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## **0. Introduction**

This document provides a community profile of the Karenni in Omaha and Lincoln, Nebraska. The Karenni arrived as refugees in recent years and have been resettled throughout the United States, including the Midwest. The Karenni community in Omaha and Lincoln is relatively small, compared to other refugee communities in the two cities, but has become increasingly active and engaged with the larger community of Omaha and other Karenni communities in the United States. They hosted the Karenni National Day in 2015, which brought together Karenni from across the United States, particularly the Midwest.

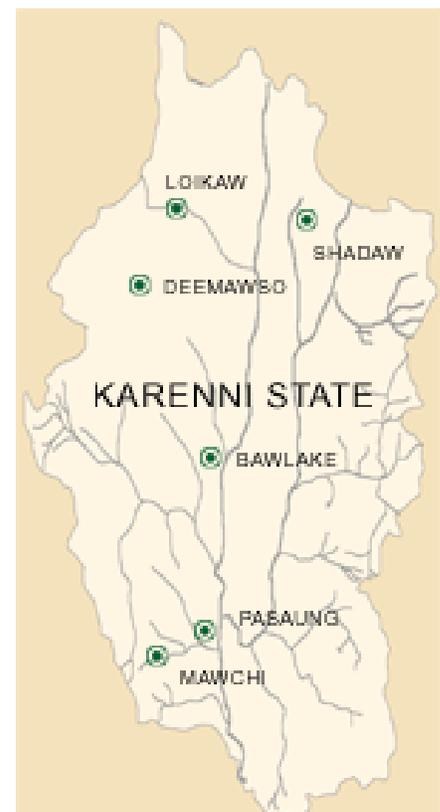
Nevertheless, due to its relatively small size, the community does not have same visibility and recognition as other refugee communities within Omaha and Lincoln. This community profile of the eastern Nebraska Karenni community is intended to help Omaha Public Schools, local health care providers, law enforcement agencies, and other governmental and non-governmental organizations (NGOs) to gain a better understanding of the community, its strengths, and its needs. The information provided in this community profile will help them to assist the Karenni community to become an integrated part of the diverse ethnic and cultural fabric of Omaha and Lincoln.

This community profile: (1) includes a short summary of the Karenni, their journey as refugees to Omaha, and their experience of living in Omaha; (2) describes how the information summarized in this document was collected; (3) summarizes the collected information and presents a brief commentary on each type of information; and (4) concludes with a short letter from community leaders.

## 1. The Karenni in Omaha

### Where do the Karenni come from?

The Karenni originate from Karenni State in Myanmar, also known as Burma. The state is also called Kayah State and is situated near the border with Thailand; Shan State is in the north, Thailand in the east, and Kaw Thoo Lei, also known as Karen State, on the south and west. The area of Karenni State is 11,731 square kilometres, which is 4,582 square miles. The capital of Karenni State is Loikaw, which has a population of 50,000. The state includes the townships of Loikaw, Demawso, Pruso, Pasaung, Bawlake, Meh Sae, Shadaw, and Mawchi. Karenni State has several large rivers: the Salween, Htoo, Belu, Pai, and Pon rivers.



The area of the state has always been known as Karenni (derived from the words *Karen* and *Ni*, meaning red in Burmese). However, on October 5, 1951, the Constitution Amendment Act renamed the state Kayah, after the largest ethnic group in the state. This was a political move by the Myanmar Government to deny Karenni's historical claim to independence and create a rift between the Karenni and the Karen. The leaders of the Karenni resistance movement have retained the state's name of Karenni to ensure historical continuity and to recognize that the state is home to a diverse group of indigenous ethnic groups (and not just the ethnic Kayah). The official population of Karenni state is 246,000 (Ministry of Immigration and Population Census of 1997), but is estimated to be 300,000.

Karenni State is diverse in terms of religious and ethnic affiliation. Karenni adhere to various religions, mainly Christianity, Buddhism, and traditional religion (Kay Tyoboe). The following ethnic groups are mentioned in the 1983 census: Kayah, Geko (Gaykho), Geba (Gaybar), Padaung/Kayan, Bres, Manu-Manaus (Manumanao), Yintale, Bwe, Paku (Karen), Shan, and Pao. Other ethnic groups, though non-indigenous to the area, also live in the state: Kachin, Karen, Chin, Burmese, Mon, Rakhine, Chinese, Indian, Pakistani, Bangladeshi, and Nepalese. The different ethnic groups can be identified by their traditional ethnic dress, among other indicators.



The first language for all these groups is their ethnic mother tongue, but the Kayah language is widely spoken as a language of unity and taught in schools. A script was developed for the Kayah language in 1962. Kayah and several other languages spoken in Karenni State are tonal languages that use the pitch in language to distinguish words and their meanings. While all languages use pitch to express emotions and convey emphasis, tonal languages use pitch to express very different meanings. Below is a chart with the Karenni alphabet and sounds. The teaching of other ethnic languages in schools is prohibited by the central government of Myanmar. Burmese is also spoken among those with higher education.

Consonants

<b>က</b>	<b>ခ</b>	<b>ဂ</b>	<b>င</b>	<b>စ</b>	<b>ဆ</b>	<b>ဇ</b>	<b>ည</b>	<b>တ</b>	<b>ထ</b>	<b>န</b>	<b>ပ</b>
ka	kha	ga	nga	sa	sha	zha	nya	ta	hta	na	pa
[k]	[kʰ]	[g]	[ŋ]	[s]	[sʰ]	[z]	[ɲ]	[t]	[tʰ]	[n]	[p]
<b>ဖ</b>	<b>မ</b>	<b>ဒ</b>	<b>ဗ</b>	<b>ရ</b>	<b>ယ</b>	<b>လ</b>	<b>ဝ</b>	<b>ဋ</b>	<b>ဌ</b>	<b>ဍ</b>	<b>ဎ</b>
pha	ma	da	ba	ra	ya	la	wa	tha	ha	va	ca
[pʰ]	[m]	[d]	[b]	[r]	[j]	[l]	[w]	[tʃ/θ/s]	[h]	[v]	[tɕ]

Vowels

Vowel diacritics

Tone marks

<b>အ</b>	<b>ဇ</b>	<b>ဓ</b>	<b>စ</b>	<b>ဣ</b>	<b>ဥ</b>	<b>ဧ</b>	<b>ဨ</b>	<b>ဪ</b>	<b>ၵ</b>	<b>ၶ</b>	<b>ၷ</b>
a	oe	i	oo	u	e	u	ê	o	high	low	mid
[a]	[ɔ]	[i]	[o]	[u]	[ɛ]	[u]	[e]	[ɔ]	tone	tone	tone

Numerals

<b>၀</b>	<b>၁</b>	<b>၂</b>	<b>၃</b>	<b>၄</b>	<b>၅</b>	<b>၆</b>	<b>၇</b>	<b>၈</b>	<b>၉</b>
0	1	2	3	4	5	6	7	8	9

Naming is very important for the Karenni people and helps to identify to which ethnic group the person belongs, such as the Kayah, Kayan, Kayaw, or Pa Ku (Karen). For instance, a Kayah man may have the first name “Khu,” but the last name is of a Kayah man is always “Reh,” which identifies him as Kayah. A woman may have the first name “Maw,” but always has “Meh,” “Myar,” or “Moe” as her last name, which identifies her as Kayah. Similarly, a Kayan man uses “Khun” as his last name and a Kayan woman uses “Mu.” A Kayaw man uses “El” as his last name and a Kayaw woman “Mu.” A Pa Ku man may use “Saw” as his first name but always uses “Htoo” as his last name. A Par Ku woman may use “Naw” as her first name and either “Htoo” or “Paw” as her last name. Thus, names function as ethnic identifiers. As this sometimes can cause confusion in the United States, some decide to take other or additional names. For example, as there are many “Su Reh” men, someone may choose to be called “David Su Reh.”

The Karenni celebrate several festivals that are part of their identity and function to unify the diverse ethnic and religious population. The two most important festivals are Dee Ku and Kathoobo. Dee Ku is a festival celebrated in September or October during which the Karenni gather, sharing meals of sticky rice and chicken. It was described as a harvest festival and a day of unity for all Karenni. KaThooboo is celebrated in May. It is the Karenni New Year celebration. During the celebration, a tree is painted white and men dance around the tree while women sprinkle water, symbolizing a ritual cleansing that is necessary for starting the New Year.



*Celebrating Kathoobo festival by dancing around the Kathoobo poles*



*Dee Ku is prepared with sticky rice*

Most people living in Karenni state engage in subsistence agriculture, such as lowland and upland shifting cultivation. Paddy fields are common. These are flooded parcels of arable land used for growing rice. Other crops are millet, maize, sesame, groundnut, garlic, and vegetables. In the past, households were able to be sustained through the sale of agricultural products. However, in recent years, due to ongoing civil war and conflict, there has been a significant drop in prices and income through agriculture. The civil war also resulted in a shortage of food in the state that was previously able to support its residents through agriculture. Besides agriculture, the extraction of natural resources - particularly alabaster, as well as antimony, tin, tungsten, and shale from the Mawchi Mine – provides another source of income for the state. Further, teak is harvested in the forests and represents the largest export item. There are also several hydroelectric power plants generating electricity and providing income for the state. However, all these sources of income for the state are in decline as a result of the ongoing civil strife.

Karenni state has a good number of primary, middle, and high schools, as well as several institutions of higher learning, such as Loikaw University, Loikaw Government Technological College, and Loikaw Government Computer College. However, education is not free and the tuition and other school fees are beyond the means of many. Parents struggle to afford textbooks or school uniforms. In particular, the rural areas have few schools compared to the number of children and youth who need to attend school. Villages with a primary school often experience a shortage of teaching staff, and the standard of teaching is poor due to insufficient training for teachers and low salaries offered to them. Further, in areas of ongoing conflict between the central government of Myanmar and the Karenni independence movements, no schools are operating. An additional problem is that school education is done in the Burmese language, which is not the children's first or even second language.

Karenni State's health care infrastructure includes the Public Hospital in Loikaw with 200 beds. There is also a hospital in Loikaw where traditional medicine is practiced. Overall, there are 36 health care facilities in the state, which are overwhelmed by the health needs of the population. Health care is largely inaccessible to the rural population because hospitals are in

towns and patients have to pay for medicines, which they often cannot afford. There are small township hospitals and rural health care clinics across the state, but these are poorly equipped and understaffed and can only provide basic medications. Fortunately, the international community provides some assistance. For instance, UNICEF runs an immunization program and distributes vitamins and deworming tablets to help combat malnutrition. The organization also runs a malaria prevention program. However the number of children immunized in Karenni State is the lowest in Burma, as many children live in restricted areas, closed off by the government, beyond the reach of medical teams. In addition to insufficient health care facilities, the state also faces other public health issues, such as a significant number of communities without access to clean water.

### **Why did the Karenni become refugees?**



*Karenni on their treacherous journey to the refugee camps in Thailand*

Myanmar gained independence from Great Britain on January 4, 1948. The newly independent government invaded Laremmo State in the same year and overpowered the Karenni National Organization's headquarters on August 9, 1948, in Myat Leh village. This day is called the "Day of Resistance" because it marked the beginning of Karenni resistance to successive Myanmar governments, which have not only occupied Karenni State, but also exploited its natural resources. The Karenni have resorted to an armed struggle to liberate their motherland from the oppressive government of Myanmar. The Karenni National Progressive Party (KNPP) is still leading the people of Karenni in trying to reach its goal of being free from all external domination, oppression, and exploitation.

Due to the ongoing civil war in Karenni State, it is estimated that currently up to 70,000 Karenni have become *Internally Displaced People*, meaning that they had to leave their home and move to another area within Karenni State or another state. They end up either at government-controlled relocation sites, often against their will, or live in new or rebuilt villages. Others flee the government's violence and hide in the jungle. The coordinator of the Karenni Social Welfare and Development Centre, Khu Daniel, reports that about 30,000 displaced individuals are still hiding in the jungles of Karenni State, facing severe food shortages because their fields and crops have been destroyed by Myanmar military. Thus, they are forced to rely on wild fruits and vegetables for survival, collected in the jungle. In some areas, they have been able to clear small areas in the forest to plant vegetables and other crops. However, some have died of starvation.

To escape such difficult living conditions, particularly after the Myanmar military started a brutal offensive in 1988 under the name *Tai Lone Hein* (meaning "echo all over the country") targeting the Karenni resistance army's border camps in which many civilians had taken refuge, many decided to leave their home country and to flee to Malaysia or Thailand. The majority of those fleeing their home went to Thailand. The following paragraphs briefly describe their situation in Thailand.

As soon as the major military offensive started in 1988 and Myanmar troops looted their properties and set fire to their villages, many Karenni fled into the jungle and crossed over onto Thai soil. They joined those who had left earlier in five different refugee camps. The military operation continued throughout 1990 and only calmed down in the early months of 1991. Initially, the Karenni refugees were overlooked and forgotten by the international community and received only minimal support in the Thai refugee camps. Later, a few non-governmental organizations (NGOs) arrived in the camps and started to provide assistance.

A second wave of refugees arrived in Thailand in mid-1996 when the Myanmar government carried out a massive forced relocation program in the eastern and southern parts of Karenni State, ordering rural residents living between the Pon and Salween rivers to move into two government-controlled concentration camps near military bases. Those who failed to move were classified as "rebels" and shot on sight. The local population's appeals and petitions were ignored, and two-thirds of the population subsequently went into hiding while the rest moved into the concentration camps. Some disabled and elderly, who could not move, were murdered in their homes by troops. In addition, all villages and rice barns were burned, newly planted paddy fields were destroyed, and domestic animals were butchered by military. The military also pursued those fleeing the forced relocation and violence into the jungle. Those fleeing the violence were attacked by the troops and some were arrested and forced to work for the military. Women were often victims of rape by the military. For instance, one young girl was captured by troops and gang raped by them for a week. She was finally found by Karenni militia and brought to a refugee camp. She received medical care in the camp for several months, but never recovered from this ordeal.

A third wave of refugees arrived in Thailand when the Myanmar government issued a second forced relocation order to people living in the middle and southern parts of state. It was impossible for people living in that area to make the long and dangerous trip to the designated relocation camps. Thus, they had no alternative to leaving their homes and coming to the refugee camps in Thailand, often being sheltered for months by Karen, the main ethnic group of a different state, which was also facing the same threat by the Myanmar government and military.

Since then, small groups of Karenni have made their way to refugee camps in Thailand. Some come because they are starving due to the restrictions placed on their movements that prevent them from farming and because of the abuses detailed above. Many are young people who have been victims of forced labor, including girls who fear rape and forced marriages to Myanmar soldiers, and those striving to get an education, which they are denied in Burma.

They hope education will one day help them to bring peace to their homeland and enable them to provide a brighter future for future generations.

In recent months, the political changes in Myanmar have brought hope to many Karenni that the situation in their homeland will improve. However, it is not yet clear how the new government will address the situation in Karenni State, and any change might not happen soon. Nevertheless, there is hope that the political situation will facilitate an end to the oppression of the Karenni and will lead to an end of the immense human suffering caused by the conflict.

### **How was life in the camps in Thailand?**



*Karenni Refugee camps in Thailand*



*Student assembly in the classroom*

*Playground and school*

In Thailand, 23,292 people (2007) lived in two refugee camps. The original five camps have been combined into two camps; both are close to the border with Myanmar in the Thai province of Mae Hong Son. As the camps are near the border, the Myanmar troops occasionally attacked them. For example, one of the camps was attacked in 1997 with several individuals killed and injured.

All the camps' residents were registered by the United Nations High Commission for Refugees (UNHCR) in 1999 and again in 2005. Later arrivals were not registered, though the UNHCR created a list of their names. The status of many camp residents remains uncertain because they were only granted temporary permission to live in the camp and the final decision about their refugee status depended on the Thai Provisional Advisory Board. Among other restrictions, this temporary status means they are not eligible for resettlement in third countries, such as Australia, the European Union, Canada, and the United States.

The Karenni Camps Committee supervises much of the running of the camp, including security. However, the presence of Thai militia in the camps makes it difficult for the Karenni to reestablish their lives. There have been reports of some human right abuses committed by these local militias, documented by the UNHCR and other NGOs. These militias and Thai government policies make it difficult to provide education in the camps beyond just basic literacy classes. Young people in the camps have a desire to learn and NGOs would be able to provide education, but official policies do not permit this.

Further, life in the camps is tightly controlled. It is difficult for NGO workers to receive camp passes, and volunteers, donors, relatives, and friends are often prevented from entering the camp. The refugees are therefore kept isolated from the outside world. In 2007, some camp residents received official refugee ID cards issued by the Thai government. Rather than bringing any benefit, the issuing of cards has resulted in further restrictions on the refugees. They have to carry them at all times, access to food depends on having one of these cards, and card holders found outside the camp have been warned that they will be liable for deportation to Myanmar. Also difficult is a policy forbidding the use of cell phone in the camps. This bid to cut off communication to the outside world is harsh and inexplicable. It is especially severe for the residents who now have family members living in third countries. In some cases husbands, wives, and children have been separated by resettlement and mobile phones are their only means of contact.

Nevertheless, the residents in the camps try to reestablish their lives not knowing if or when they can return home, or if they have to start a new life somewhere else. Some residents have lived in camps for almost 18 years. Children who were born in the camps don't know any other life.

### **How did the Karenni come to Omaha?**

In 2006, UNHCR started to resettle Karenni families that had lived in the refugee camps of Mae Hong Son and Khu Yong districts in Thailand. One of the countries accepting Karenni refugees is the United States. Before being accepted for resettlement in the United States, the Karenni refugees had to pass first the UNHCR screening. After this initial screening, the successful candidate for resettlement had to pass additional screenings, such as medical checks, and to attend cultural orientation training for 3 to 4 days. When someone did not pass the screenings or training, the individual's request for resettlement was put aside and the individual was asked to reapply at a later stage, generally after at least six months.

When someone successfully passed through all the necessary stages, the individual could then prepare for moving to the host country, such as the United States. However, the information given during training and preparation workshops in the refugee camps often did not sufficiently prepare the Karenni for the journey to their new home country. Often they were stranded at airports, not familiar with air travel and not knowing whom to ask for help. Several families missed their flights to the United States. Many were lost in airports when they changed planes and did not reach the gate to get their connecting flight.

Already in 2009, a few Karenni families had arrived in Nebraska supported by refugee resettlement agencies, such as Lutheran Family Services. As they were the first ones to arrive, they struggled to adjust, as did resettlement agencies that were not yet familiar with the specific needs of refugees arriving from Myanmar. However, these initial Karenni families managed to settle down and support themselves through work. They were a valuable source of information for Karenni still living in the camps and preparing to move to Nebraska, as well as for new arrivals in Lincoln and Omaha.

### **What are some of their experiences of living in Omaha?**

When the first Karenni families arrived in Nebraska, they were few and lived dispersed in the state and its cities. Resettlement agencies arranged accommodation for them wherever housing and jobs were available. Some families did not even know for several months that other Karenni families were living in Nebraska. This situation made it difficult for Karenni to get together for social events, to support each other, and to become a visible part of Nebraska's increasingly diverse ethnic and social fabric.

One of the most difficult issues faced by initial arrivals in Omaha and Lincoln was communication. They were by and large not fluent in English and could not easily communicate with their neighbors, social workers, and others who tried so support them. This made life for some families very difficult. For example, some families were running out of food at home but did not know how and where to buy food. Thus, they did not eat for a few days until the social worker from the resettlement agency visited them again, identified the problem, and provided assistance. Such issues are now rare as a significant number of Karenni families live in Omaha and Lincoln. They provide new arrivals with guidance and support.

An ongoing major area of concern is transportation. A couple of families managed to purchase a car two years after being resettled in Omaha. Initially, they had to provide transport for all the Karenni families in Omaha! They drove them to stores for shopping, they went with them to appointments at clinics and schools, and accompanied them to religious services. While those owning a car were willing to support other Karenni, it also meant that they were overwhelmed and stressed by addressing the transportation needs of the community. Later, more families bought cars and were able to assist with transportation, easing the pressure on the families who had provided transportation at the beginning. However, even those with cars are not always familiar with the area and are not confident to provide transportation for others.

Fortunately, Lutheran Family Services, Catholic Family Services, and the Southern Sudan Community Association, as well as Karen community leaders (N.B. the Karen is another refugee group from Myanmar that speaks a different language than the languages spoken by the Karenni) and others, provided much needed support and guidance. The Karenni in Omaha and Lincoln are grateful to these resettlement agencies and the Karen community for providing assistance. The Karenni share with the Karen their origin and the refugee experience. Some Karenni said that the Karen, despite speaking a language and having a culture different from

theirs, were an important source of support. They could call them whenever they needed help with shopping, going to appointments, meeting social workers, and so on. The solidarity among the two refugee groups has been a source of support and hope to them and facilitated adaptation to living in Omaha and Lincoln, and to becoming productive members of society.

Many Karenni families have been living in Omaha and Lincoln for a few years now. They are glad that their children are able to attend school and proud that some of them are already going to college. They are pleased that their children speak fluent English and feel comfortable with living in the United States. However, they also express certain concerns. Some of them are concerned with their children's use of cell phones, tablets, and computers. When parents are at work - often working night shifts - some of them spend hours using these technologies without resting, eating, or sleeping. The days after they do this, they are not able to do well in school. They also observe that their children tend to lose fluency in their mother tongues. Actually, English is their first language. This raises the concern of how they can teach Kayah and their other mother tongues to their children. This is important as the children have to communicate with adults in Kayah. Also, if they are able to visit the Karenni State in a few years, they need to speak Kayah and understand the local way of life and customs. The community needs to discuss how to provide language and cultural training for their children. The Karenni feel that their children have a bright future in the United States and that this future will be further enhanced by strong roots in their culture and language.

Most Karenni refugees are Christians and attend religious services in various churches of different denominations. In Omaha, most of them are Catholic and participate in religious services at St. Cecilia's. In addition to attending religious services in English at churches, the Karenni regularly pray at home in their own languages, either as a family or as a group of Karenni families. They also follow religious Christian traditions from their home country. For example, Christian Karenni of various denominations will go caroling from house to house around Christmas. Such practices and traditions bind the community together, strengthen the use of their mother tongue, and support their cultural roots.

The cultural traditions of all Karenni include respect for the natural environment and the lives of all plant and animal species. Some Karenni practice a traditional religion, which regards the natural world as alive with various spirits. In Myanmar, they engage in rituals that are appropriate for and adjusted to specific natural settings. However, it is difficult to practice these rituals in Nebraska, as some are done in the forest. Federal and state laws make it difficult to practice these rituals, and it would be necessary to arrange with the government and private land owners for the use of a wooded area for such rituals.

There are no religious or cultural dietary restrictions for Karenni. This helped them to easily adjust to living in Nebraska and to join other groups and communities during events that include meals. Their diet centers on rice, curries, vegetables, and meat. Most Karenni eat three meals a day, with breakfast being the biggest meal. Traditionally, because of their rural background in Myanmar, many Karenni enjoy fishing and hunting. They struggle, however, to

obtain licenses for these activities and some of them have received fines for illegal fishing and hunting.

The Karenni emphasize respect for others in their daily interactions and consider disrespectful and irreverent communication with and approach to others as particularly inappropriate. They are particularly respectful of those in leadership and authority positions and tend to accommodate their views and expressed wishes. Outsiders not familiar with the Karenni should be aware that Karenni, due to the importance attributed to showing respect, tend to listen to what others say and think but are not quick in speaking their mind. This should not be misinterpreted as having no opinion or being shy or ignorant. It is an expression of respect. Karenni will, after showing respect, express their own views and thoughts, and engage in conversations.

In 2015, the Karenni Community in Nebraska organized and hosted the Karenni National Day in Omaha with the help of local agencies, Karen leaders, and Karenni communities from other states in the United States. This event was an opportunity for the Karenni in Nebraska to strengthen their community; nurture supportive bonds among them and with others; be emotionally uplifted; celebrate their history, identity, culture, and language; and express gratitude for having found a new home in the United States in general and Omaha and Lincoln in particular.

Overall, the Karenni feel they have found a new home in Nebraska and enthusiastically express their desire to become full and productive members of society, committed to contributing their share to the wellbeing of all United States citizens and residents.

## **2. Methodology for Gathering Information**

The idea for creating a community profile of the Karenni in Omaha and Lincoln was raised during conversations between community leaders and Dr. Alexander Roedlach PhD SVD; it was agreed to collect the relevant information during the summer of 2015. Beda Ngelay, who was then a Karenni student at Divine Word College in Epworth, Iowa, spent about three months in Omaha to collect the information needed. He has now returned home to Myanmar. He worked together with Sara Sanders, an undergraduate student at Creighton University in Omaha. Beda was entrusted with gathering the information; Sara entered the information in an Excel sheet, ran descriptive statistics, and created charts to visually represent the frequencies.

Two separate survey instruments were developed based on (1) conversations with Karenni community leaders, (2) observations of household activities, and (3) consulting published sources on issues faced by refugees resettled in the United States and elsewhere. Prior to administering the survey, Beda Ngelay and Sara Sanders took part in an initial meeting with the Karenni community, during which the community leaders presented the project to the community to familiarize them with the purpose and intent of the project and the process. Afterward, data were collected from all 120 local Karenni households in Omaha and Lincoln. Beda made an effort to speak with each member of the household to have as much information as possible on the whole community. He spent a significant amount of time with each community member, ensuring that the questions were understood by respondents and that they were comfortable with answering the questions. Any question to which the individual did not want to respond was left blank on the survey questionnaire. That being said, the community was by and large open to responding to all questions because they trusted their leaders, respected Beda, and felt that this was an important project for them as individuals and a community. The lack of cultural and linguistic barriers between the Karenni community and Beda as the one administering the survey contributed significantly to the success of this project. Meanwhile, additional Karenni individuals and families have arrived in Omaha and Lincoln who are not included in the survey. However, the survey results are most likely not significantly changed by the new arrivals.

All community members were asked a series of questions in the first survey, which is referred to as the "Basic Demographics Survey." This survey was composed of questions about religion, age, birthplace, gender, language competency, and time in the United States. Additionally, this survey included questions about the employment and education status of each individual. To better understand the individual's access to education, we also assessed their access to technology and communication. Interestingly, there were mixed responses within the same household about these elements of the questionnaire. This might indicate a difference in technological competency between generations. In total, 505 "Basic Demographic Surveys" were completed, representing most members of the community - only few members could not be reached.

In addition, all community members over the age of 19 (the age of majority in Nebraska) were asked to respond to questions from the "Confidential Survey." This survey was completed by

282 individuals. The “Confidential Survey” focused largely on the individual’s finances, health, and concerns for the community. This survey was only administered to community members of majority age, as these questions were more applicable to individuals over the age of 19 with access to employment, alcohol, and tobacco and who had the ability to make personal health and healthcare decisions.

To maintain confidentiality, no personal identifiers were collected and each individual was assigned an identification number by assigning to each household a unique number and then each individual living in the household a unique number that was added after the household number. For instance, Household D was given the number 16. Household members were 16-1, 16-2, 16-3, and so on. Beda kept a record of the physical address of the household associated with the number, which enabled him to return to the same household in case more information was needed; this process also guaranteed confidentiality and anonymity. This record was destroyed after data collection was completed. The identification numbers were only on the paper copies of the survey but were not included in the Excel sheet. In addition to completing the surveys, Beda created a family tree for each household with demographic data for each household member. He also took photos of all household members. The family trees were made available to the families themselves, as well as for the religious leaders of the various faith communities to which the families belong.

This community profile is the first of its kind for the community. As such, we could only include the most important questions that were raised by the community and the existing literature on refugee resettlement. There are additional questions that we could not ask in the short amount of time available for administering the surveys. Nevertheless, we hope that this document is helpful to the Karenni community, governmental organizations and NGOs in Omaha and Lincoln, and others in the area.

The following include simple descriptive statistics (raw numbers and frequencies). Due to time constraints we did not do bivariate statistics. We can make the data set available for others who would like such statistics.

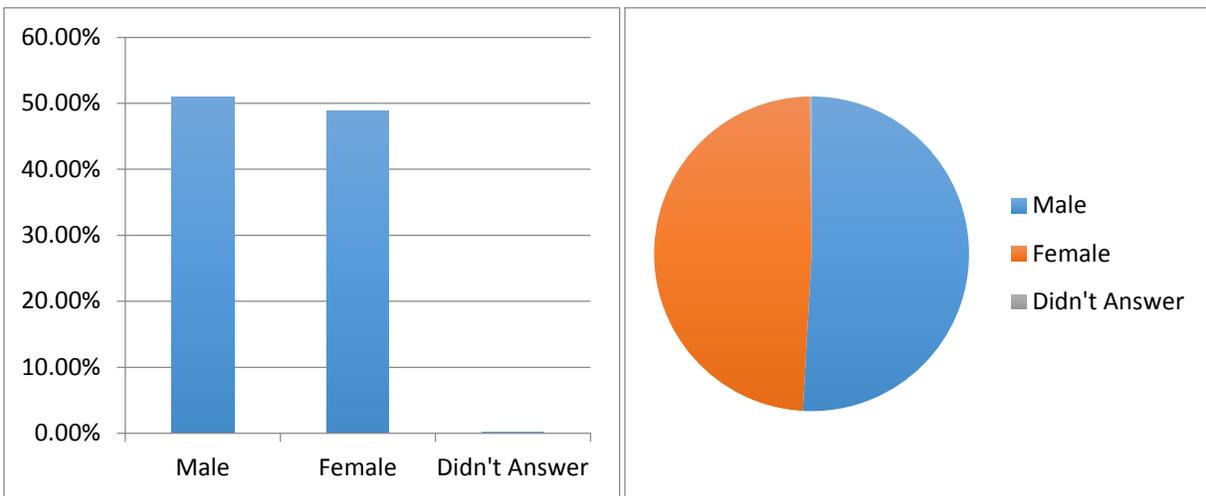
We invite you to provide us with feedback regarding questions or concerns you may have and errors you have identified (Sarah Sanders checked the data and the charts repeatedly, but errors are unavoidable). Please use the email addresses on the title page to contact us.

## 1. Survey Results

Even though 505 Basic Demographic Surveys and 282 Confidential Surveys were completed, the actual numbers for each variable may be slightly different as some data were missing in some surveys or were not identifiable. Overall, the number of missing data is very small due to the diligent work of Beda Ngelay and Sarah Sanders.

### Gender Distribution

The gender distribution within the community is roughly equal: 50.89 % (257) of the Karenni in Omaha and Lincoln are male and 48.91% (247) are female. Only 0.2% (1) did not respond to this question.

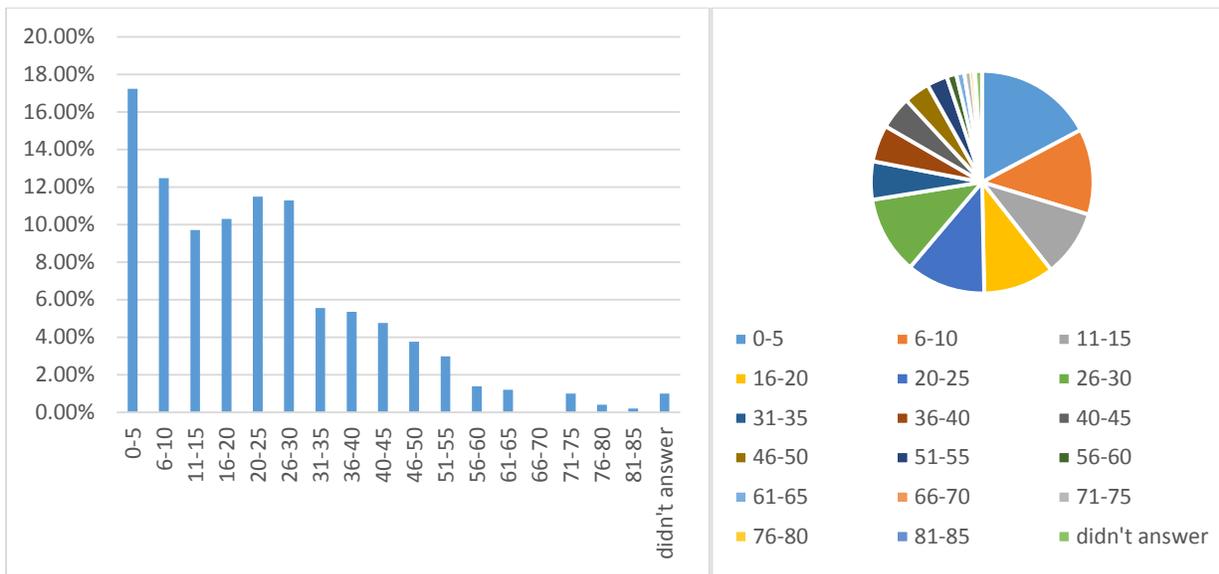


### Age

To provide an easy-to-read display of the age distribution in the community, the table below uses five-year intervals displaying percentages and raw numbers. The data indicate that the community is very young, with a large number of children who are not yet in school, children of preschool age, and children in school. As different age groups require different types of support, the table allows agencies in Omaha and Lincoln to draw conclusions about possible avenues to provide support to the community (e.g., provide interpreters in schools or pediatric health care settings or address the specific needs of the elderly).

Age Range	Percentages	Raw Numbers
0-5	17.23%	87
6-10	12.48%	63
11-15	9.70%	49
16-20	10.30%	52
21-25	11.49%	58

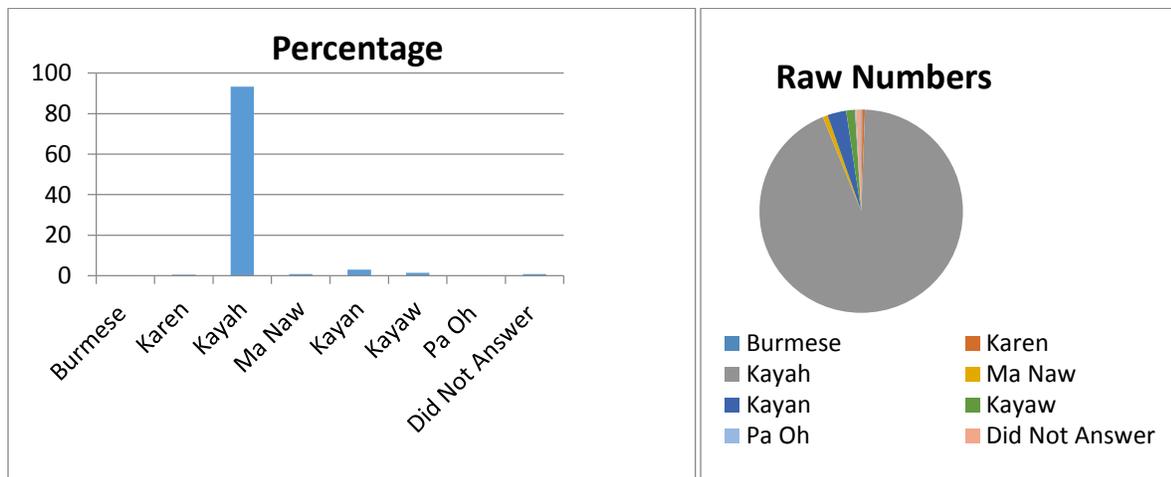
26-30	11.29%	57
31-35	5.54%	28
36-40	5.35%	27
41-45	4.75%	24
46-50	3.76%	19
51-55	2.97%	15
56-60	1.39%	7
61-65	1.19%	6
66-70	0.00%	0
71-75	.99%	5
76-80	.40%	2
81-85	.20%	1
Did Not Answer	.99%	5



## Ethnic Group

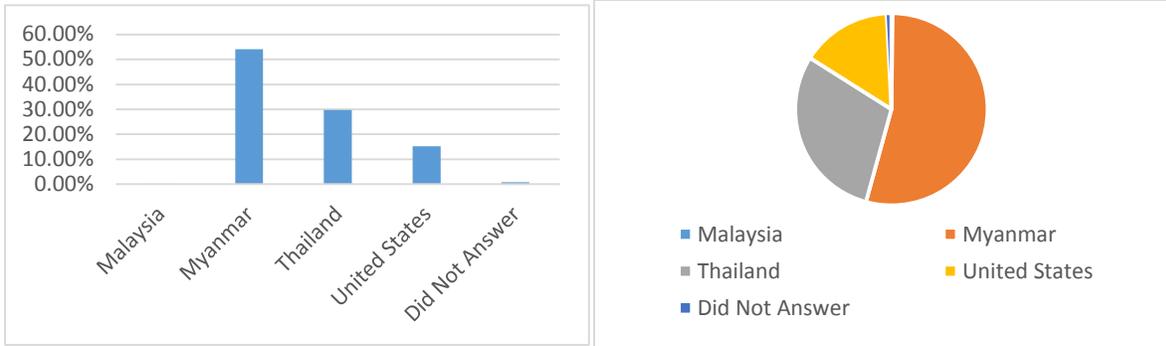
The Karenni community in Omaha is ethnically diverse; Karenni is both an ethnic identifier and a referent to originating from the Karenni State in Myanmar, which includes several ethnic groups. The Karenni in Omaha include members of various ethnic groups, even though the overwhelming majority are ethnic Karenni. A table and graphs are used to present the percentages and raw numbers for each ethnic group. It is important for agencies in Omaha and Lincoln to be aware of the diversity within the Karenni community and not to assume that all Karenni have the same ethnic identity.

<i>Ethnic Group</i>	<i>Percentages</i>	<i>Raw Numbers</i>
Burmese	0.20%	1
Karen	0.40%	2
Kayah	93.26%	471
Ma Naw	0.79%	4
Kayan	2.97%	15
Kayaw	1.39%	7
Pa Oh	0.20%	1
Did Not Answer	0.79%	4



### Place of Birth

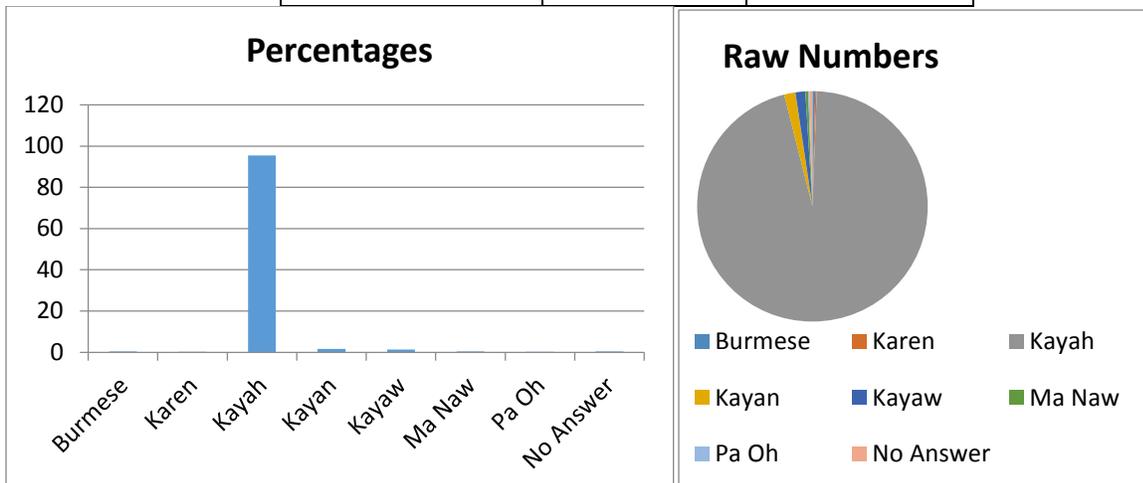
Of the Karenni in Omaha, 54.06% (273) were born in Myanmar, 29.70% (150) were born in refugees camps in Thailand, 15.25% (77) were born in the United States, 0.20% (1) were born in a refugee camp in Malaysia, and 0.79% (4) did not answer this question. The large number of Karenni born in Thailand and Malaysia indicates that many community members spent a significant amount of time in refugee camps, started families there, and had children in the camps before they were resettled in the United States and came to Omaha and Lincoln. Therefore, it is important for agencies to understand life in refugee camps to understand resettled refugees; the years in the camps have shaped the attitudes, perceptions, and behavior of refugees. The larger number of Karenni born in the United States during the last few years after arriving in the United States indicates that families are young and comparably large. Again, this is important to know for agencies in Omaha and Lincoln.



### First Language Spoken

The ethnic diversity of the Karenni community implies that community members speak several languages. The graph and charts below list the *first language spoken* by members of the community. It is important for agencies in Omaha and Lincoln to know that not all community members speak Karenni as their first language, though the overwhelming majority does, and to ensure that, if an interpreter is needed, they should utilize the services of an interpreter who can communicate with the community member in his or her first language. This is particularly important in health care settings where patients' and providers' accurate understanding of diagnosis and treatment are crucial for achieving positive health outcomes.

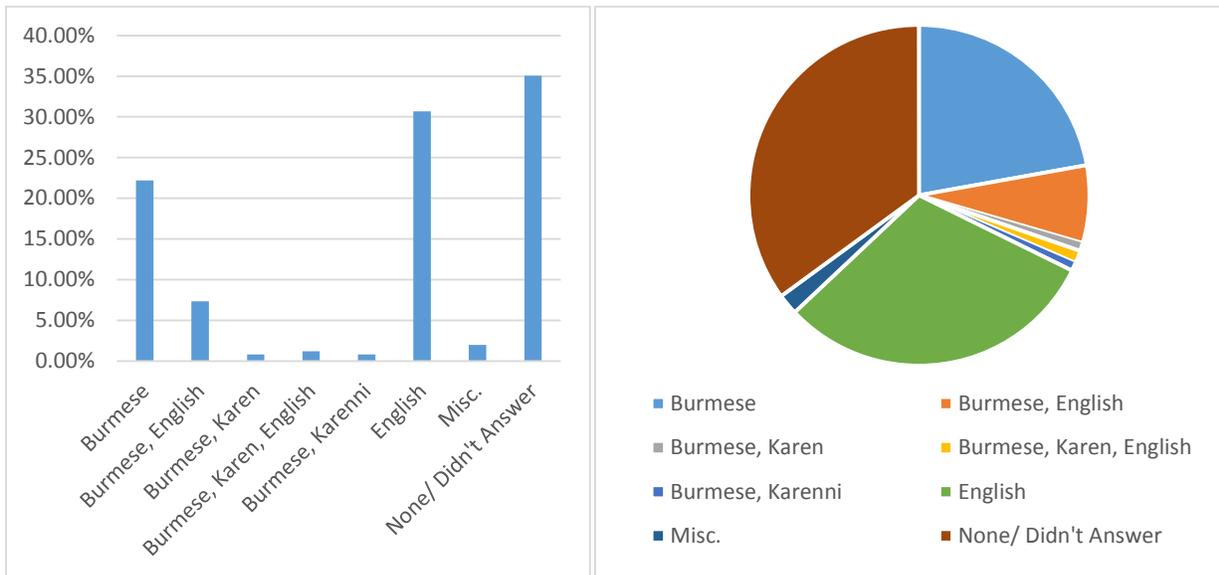
Language	Percentages	Raw Numbers
Burmese	0.40%	2
Karen	0.20%	1
Kayah	95.42%	482
Kayan	1.59%	8
Kayaw	1.39%	7
Ma Naw	0.40%	2
Pa Oh	0.20%	1
No Answer	0.40%	2



## Additional Languages Spoken

In addition to their first language, most Karenni community members speak *additional languages*. It is important to note that, even though English is listed, fluency in English is not common. More than 30% mention that they speak English; however, these are mainly children and adolescents. Adults struggle with comprehending, speaking, and writing English.

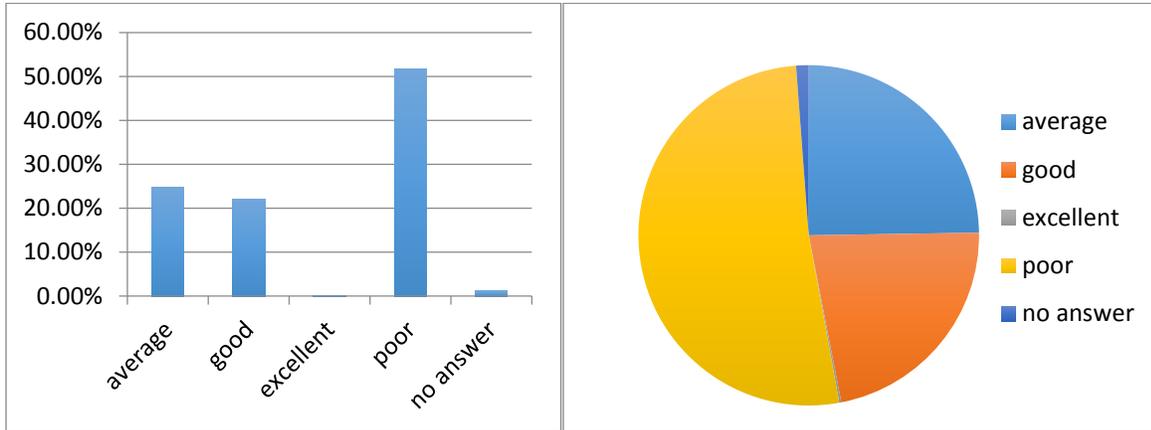
Additional Languages	Percentages	Raw Numbers
Burmese	22.18%	112
Burmese, English	7.33%	37
Burmese, Karen	0.79%	4
Burmese, Karen, English	1.19%	6
Burmese, Kayah	0.79%	4
English	30.69%	155
Different Ethnic Language	1.98%	10
No Second Language	35.05%	177



## English Language Skills

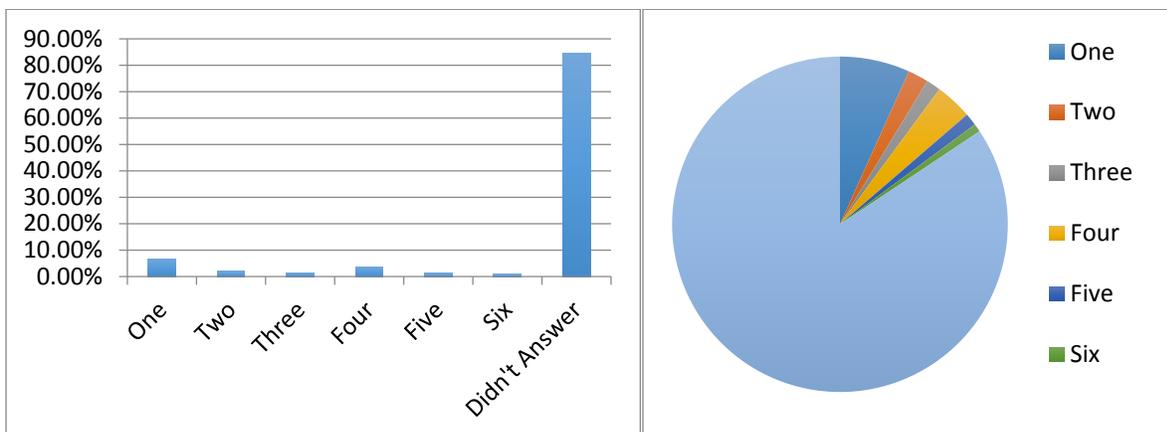
Participants were asked to rank their English language skills on a scale between poor and excellent. Of the participants, 1.19% (6) did not answer this question, 51.68% (261) ranked their English language skills as poor, 24.75% (125) have average English language skills, 22.18% (112)

have good English language skills, and 0.20% (1) have excellent English language skills. It has to be noted that most of those who ranked their English fluency skills as excellent or good are the younger generations. Most adults are in the “poor” category and would require additional support to learn English.



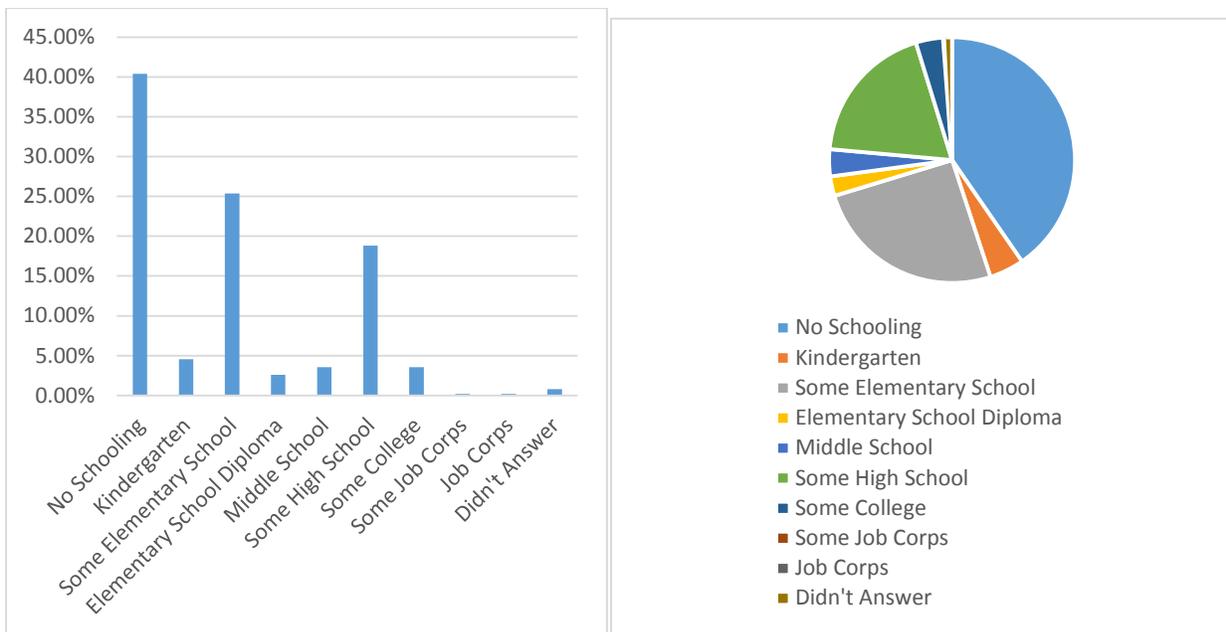
### English as a Second Language (ESL) Level

One question in the survey probed Karenni participation in local ESL programs and the ESL level they achieved. However, after administering the survey and during conversations with a local ESL teacher, we became aware that students are generally not informed of the ESL level they have achieved. This explains that a large number of respondents, 84.36% (426), did not answer this question. Nevertheless, the question allowed Karenni ESL participants to rank their English skills on a quantifiable scale: 6.73% (34) report that they are at ESL level one, 1.98% (10) at ESL level two, 1.39% (7) at ESL level three, 3.56% (18) at ESL level four, 1.19% (6) at ESL level five, and 0.79% (4) at ESL level six. The low number of responses does not allow us to draw any conclusions. However, anecdotal evidence suggests that most of the adult Karenni have fairly low fluency in English and would be at Level 1 or Level 2, and any agency interacting with them might require an interpreter.



## Highest Level of Education

When interpreting responses to the question probing the highest education level, it is important to remember the age distribution of the community: 40.40% (204) received no formal education, which can be explained through the large number of young children in the community, as well as the rural background of adult Karenni, which did not enable them to pursue education; 4.55% (23) completed kindergarten; 25.35% (128) completed some elementary school; 2.57% (13) have an elementary school diploma; 3.56% (18) completed middle school; 18.81% (95) have some high school education; 3.56% (18) have some college education; 0.20% (1) have some job corps training; 0.20% (1) have completed job corps; and 0.79% (4) did not answer this question. Overall, the level of formal education is low, suggesting that the community would need support for adults interested in furthering their education, as well as additional support for children and adolescents who lack educational role models at home encouraging and motivating them to further their education. As several adolescents in the community have completed high school and are in college, they could be encouraged to be role models for others in the community and supported by scholarships encouraging them to complete their college education.



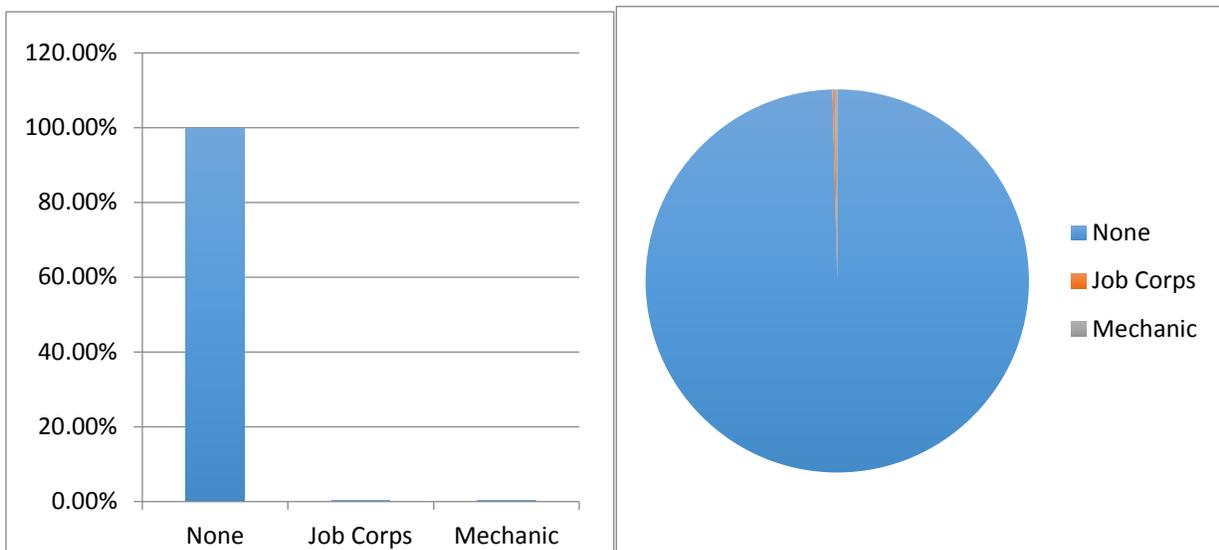
## Currently in School

Of the respondents, 34.85% (176) are currently enrolled in school, indicative of the overall young age of the community; 64.16% (324) are currently not enrolled in school, representing the adult and working generations; and 0.99% (5) did not respond to this question.



### Professional Training

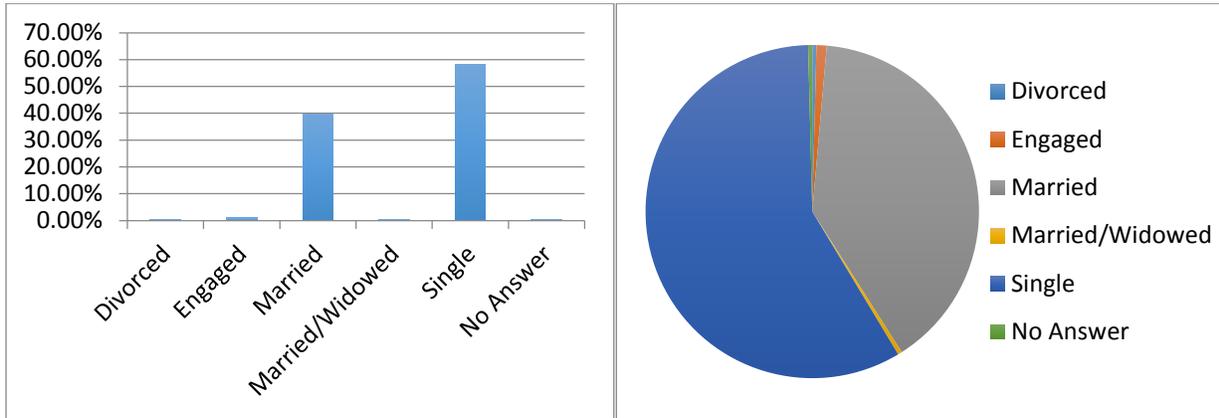
Of those responding, 99.60% (503) have received no professional training. However, this does not mean they don't have a wealth of practical professional experience. Only 0.20% (1) received professional training through Job Corps and 0.20% (1) received professional training as a mechanic. The low number of individuals who underwent professional training would suggest that there is a need for the community to receive support to complete professional or other training, which would increase their chances to earn a higher income, which in turn would allow them to provide better for their families and the education of their children, and ultimately better integrate in society.



### Relationship Status

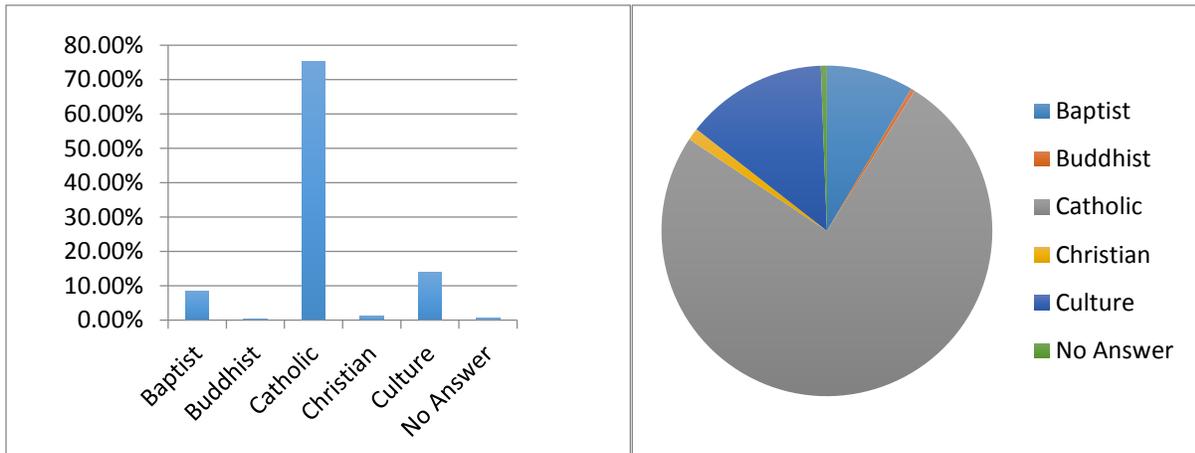
Of the individuals surveyed, 58.22% (294) are single, due to the young average age of the community, with a large percentage being minors (not yet 19 years of age); 39.6% (200) are

married, 0.40% (2) remarried after the death of the first spouse, 0.99% (5) are engaged, and 0.40% (2) are divorced. Only 0.40% (2) did not respond to this question.



### Religious Affiliation

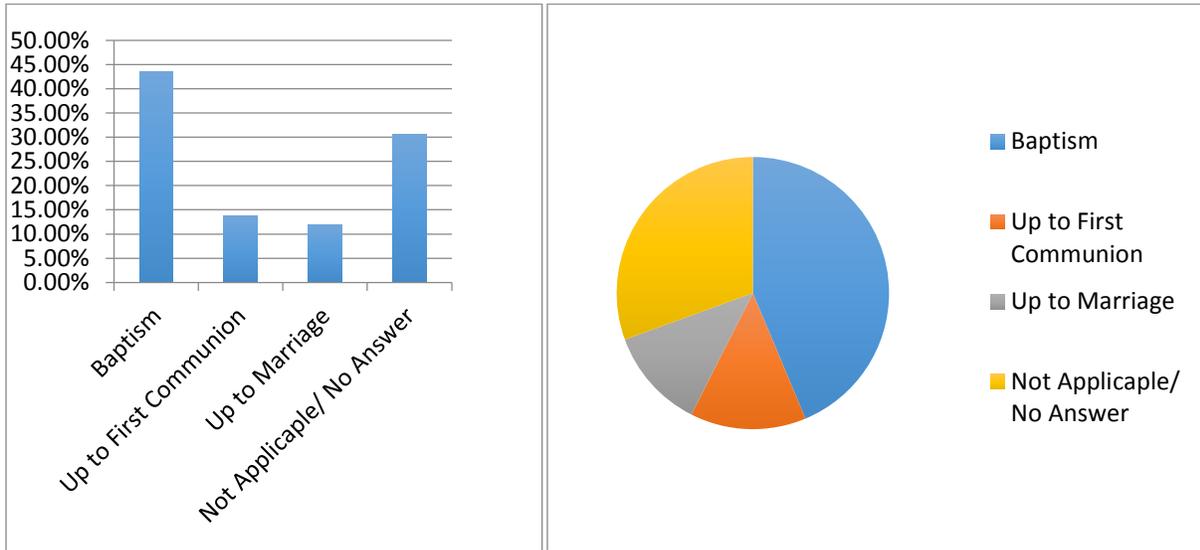
Of those surveyed, 75.45% (381) identify as Roman Catholic, 13.86% (70) as followers of a traditional religion, 8.51% (43) as Baptist, 1.19% (6) as Christian without indicating a denomination, and 0.40% (2) as Buddhist. Only 0.59% (3) did not respond to this question.



### Roman Catholics

Roman Catholics are the largest group (75.45% (381) identify as Roman Catholic), so the survey probed into the degree of affiliation with the church by asking a series of questions regarding whether the respondent has received certain sacraments: 43.67% (193) of Roman Catholics received only baptism; 13.77% (61) received baptism and First Communion; 11.99% (53) received baptism, First Communion, and were married in the church; and 30.54% (135) did not respond to these questions because, (1) they are Roman Catholics who have not yet received sacraments, (2) they are not Roman Catholics, or (3) they were unsure if and what sacraments they have received. We do not know how many are in (1); however, conversations with the

Karenni leadership indicate that a good number of Karenni in Omaha, who so far have had no or only a little affiliation with the Roman Catholic Church, are considering joining this church. There is a need for the Catholic Church to provide religious education for this subgroup. This is currently being done at St. Cecilia Cathedral Parish, where most of the Karenni Catholics worship.



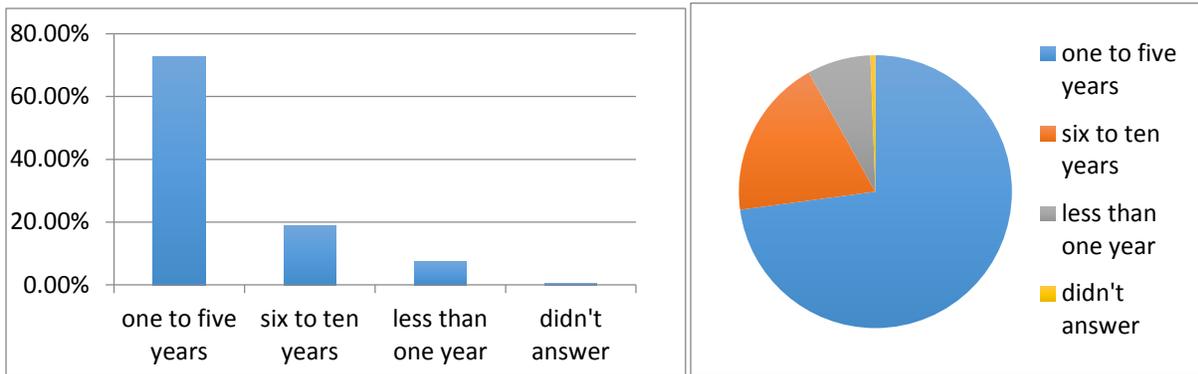
### Time in the United States

Of the respondents, 72.08% (364) have been in the United States for one to five years, 22.18% (112) of them for six to ten years, 4.95% (25) for less than one year, and 0.79% (4) did not answer this question. These percentages indicate that most of the Karenni are recent arrivals in the United States and can be expected to significantly struggle with adjusting to life in this country, as is common among recent immigrants, and would require significant assistance to successfully adjust and integrate.



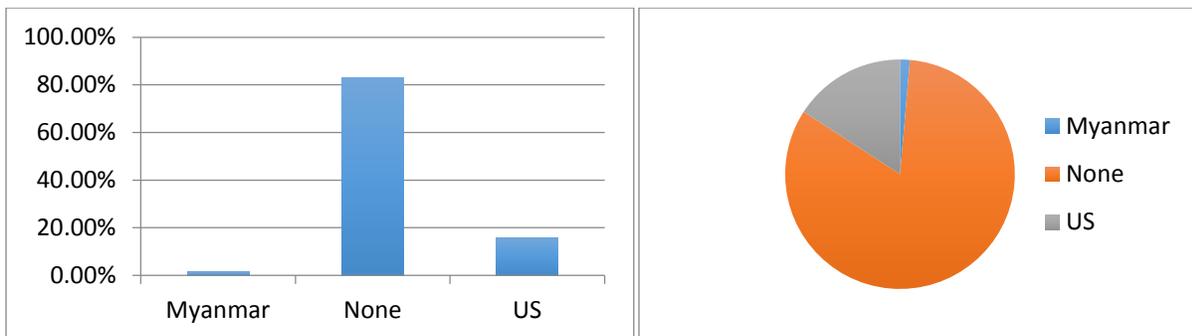
## Time in Omaha

Of those responding, 72.87% (368) have been in Omaha for one to five years, another 19.01% (96) have been in Omaha for six to ten years, 7.52% (38) have been in Omaha for less than one year, and 0.59% (3) respondents did not answer this question. It is probable that some community members moved to Omaha after living elsewhere in the United States. They may have done so to reunite with relatives, to be close to supportive networks of friends, or to take up employment in Omaha. There is a significant number of Karenni who lived in Tennessee before moving to the Omaha area. This conclusion was drawn from the relatively large number of surveyed Karenni-American children who were born in Tennessee.



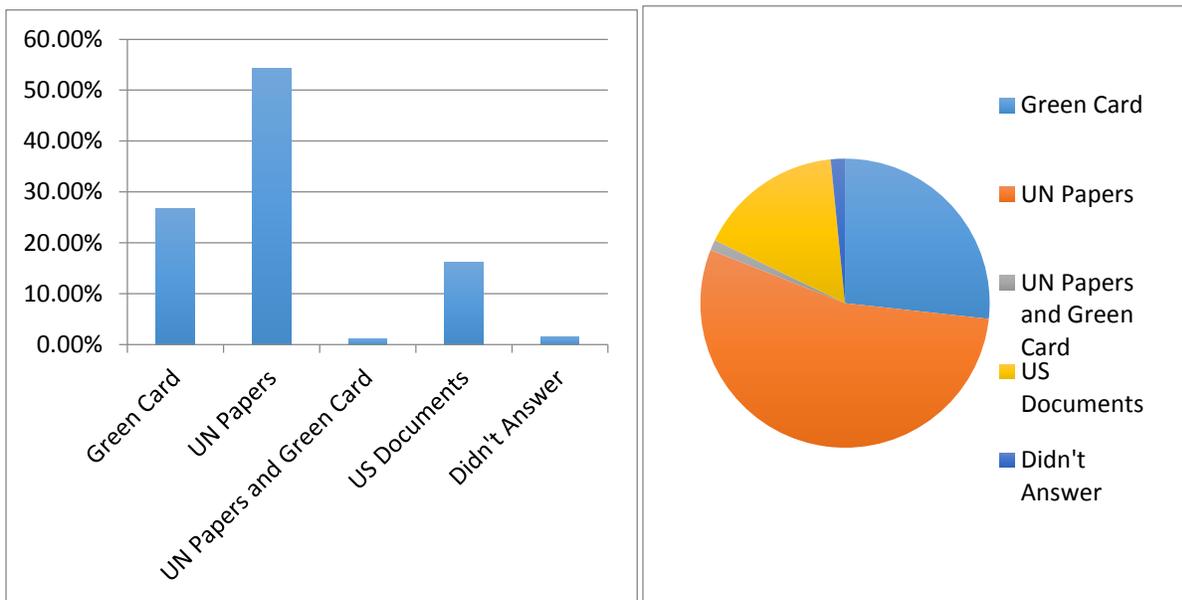
## Citizenship

The majority of those surveyed, 82.77% (418), do not have any citizenship. While fleeing Myanmar, they lost their papers and could not renew their Myanmar citizenship. However, this is an evolving issue and, as the political situation in Myanmar changes, the citizenship status of this group of respondents could also change. Only 15.84% (80) have US citizenship, most of them young children born in the United States. Only 1.39% (7) have Myanmar citizenship. The fact that many in the community do not have any citizenship is especially relevant in light of the recent UNHCR campaign to eliminate statelessness and highlights an important area of concern that agencies in Omaha and Lincoln may want to address.



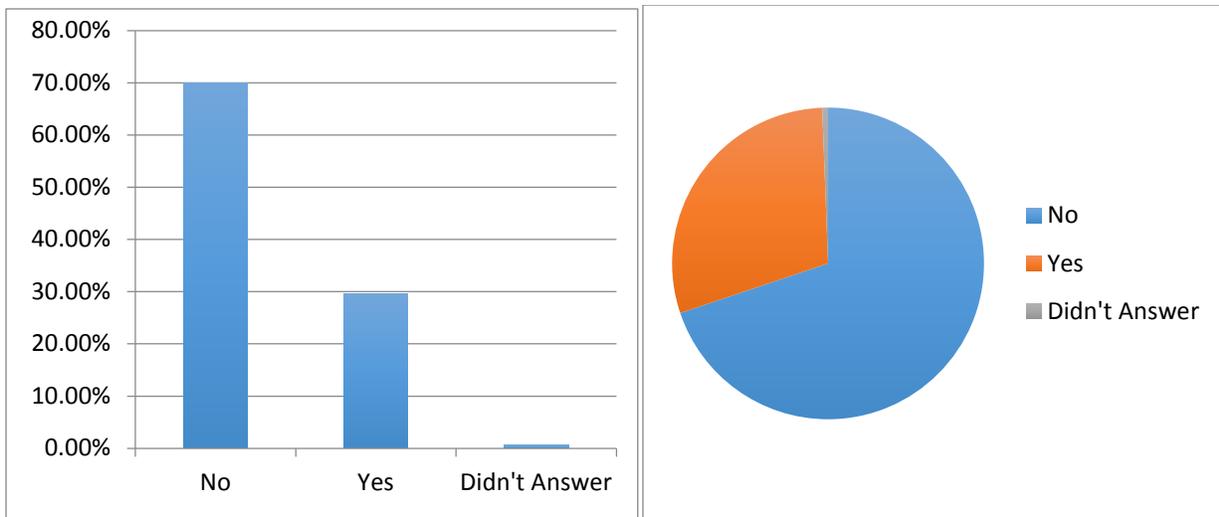
## Legal Documentation

Of those surveyed, 26.68% (135) reported using a Green Card for documentation, 54.15% (274) reported using United Nations papers, a small portion, 1.19% (6), reported using United Nations papers and a Green Card, and 16.20% (82) used other United States documents. There is some indication that the United States requirement for refugees to obtain a Green Card after a certain amount of time is not being followed as the number of Green Card holders, compared to the number of years living in the United States, seems low. This might be an issue for resettlement agencies to follow up with in the Karenni community. It is possible that some overlook the need to apply for a Green Card due to poor English language skills and possibly financial difficulties, but it could result in problems later, even deportation.



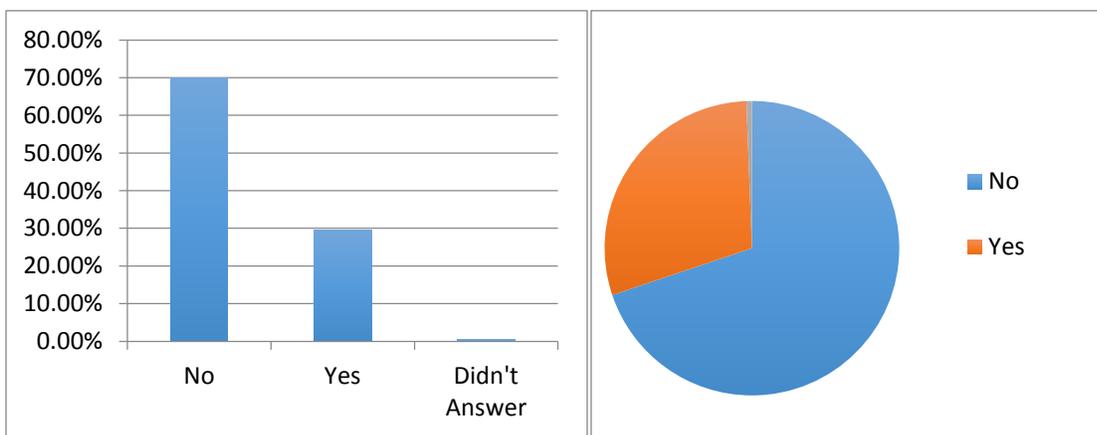
## Driver's License

Of the respondents, 69.70% (352) do not have a driver's license, indicative of the young age of the community, but also suggesting that a good number of adults do not drive a car; 29.5 (149) have a driver's license; and 0.35% (1) did not answer this question. Due to the lack of good public transport and because Omaha and Lincoln are spread-out cities, transportation requires access to a vehicle. It might be helpful for the community if agencies assist community members getting a driver's licenses (e.g., by providing interpreting support for driving tests and opportunities to learn how to drive a vehicle).



### Car Access

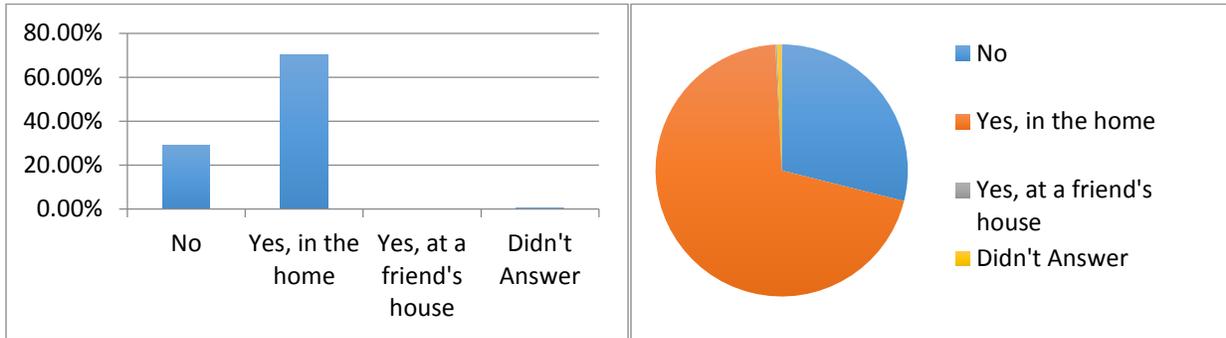
It is notable that the responses to the question probing access to cars are identical to the question about driver's licenses: 69.70% (352) do not have car access. In other words, those who do not have a driver's license generally have also do not have access to a car. Similarly, the 29.50% (149) who have car access generally are also the ones who have a driver's license. Only 0.79% (4) respondents did not answer this question. However, analyzing the individual surveys, it became evident that some have a driver's license but no access to a car, and vice versa. This could suggest that some drive without a driver's license, which is corroborated through the fact that one of the community members reported to having been arrested for driving without a license.



### Computer or Tablet Access

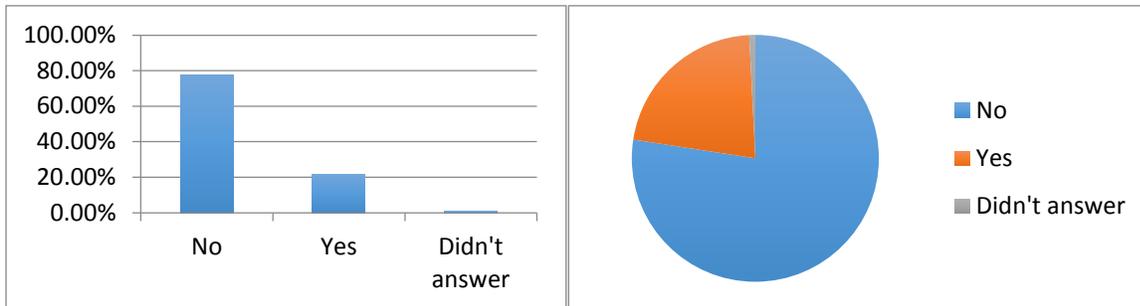
Access to technology is key to success in education and in many professional settings. One of the questions in the survey probed access to computer technology. Notably, many members of

the same household had different responses to the same question, which can be explained through age-related ability to use a computer or tablet: 28.91% (146) of the community do not have computer or tablet access, 70.30% (355) have computer or tablet access in their home, 0.20% (1) have access to these technologies at a friend's house, and 0.59% (3) did not answer the question. Overall, there is a high rate of access to computers and tablets.



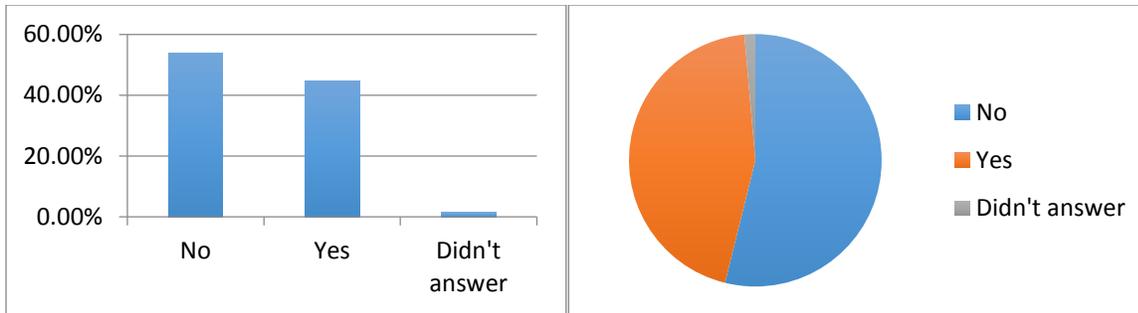
### Home Phone Access

Of the community, members, 77.43% (391) do not have phones through a landline, 21.78% (110) have home phone access, and 0.79% (4) did not respond to this question. As landlines become increasingly obsolete in our society, these numbers reflect a common trend in the United States.



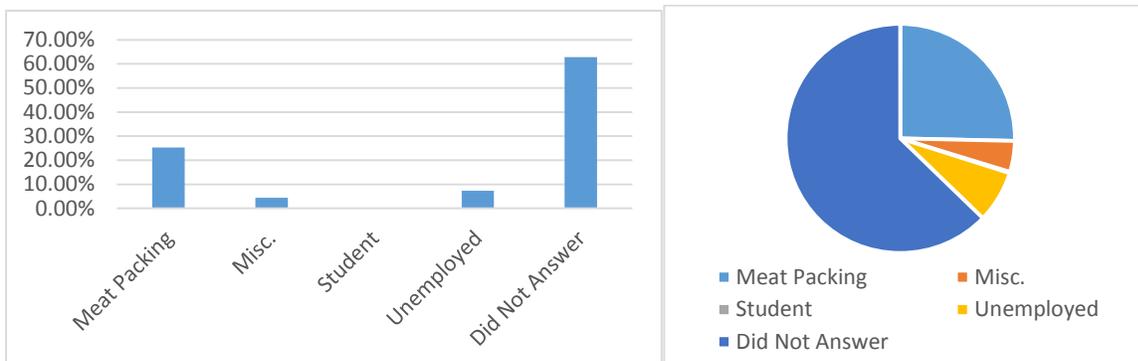
### Cell Phone Access

Of those responding, 53.86% (272) did not have cell phone access, 44.75% (226) had cell phone access, and 1.39% (7) did not respond to the question. As we also collected phone numbers, it became apparent that a significant number of individuals listed the same cell phone number, most likely because they are sharing a cell phone. Compared to the general population, the access to cell phones among the Karenni is significantly lower, which might result in difficulties for organizations to communicate with individuals, possibly resulting in negative outcomes.



## Employment

The employment question was included in the basic demographic survey because many take a job before they turn 19 years old. However, it is important to recognize that a large portion of those surveyed are too young to be employed. This is reflected by the fact that 62.77% (317) that did not respond to the question. Of those who have jobs, 25.35% (128) work in the meat-packing industry; 4.36% (22) work in miscellaneous positions, including positions at Shopko and Walmart; 0.20% (1) are a full-time students; and 7.33% (37) reported being unemployed. The fact that the majority of those being employed at meat-packing plants, which tend to be low-income jobs with straining manual labor, would allow us to draw some conclusions about the community’s wellbeing, but more detailed information is needed. It would be worthwhile to follow up with the community through qualitative interviews and focus groups about the impact of this type of labor on families, households, and the community.



***This concludes the summary of the data from the “Basic Demographic Survey”. The following sections are based on the “Confidential Survey” with adults.***

## Retirement Saving

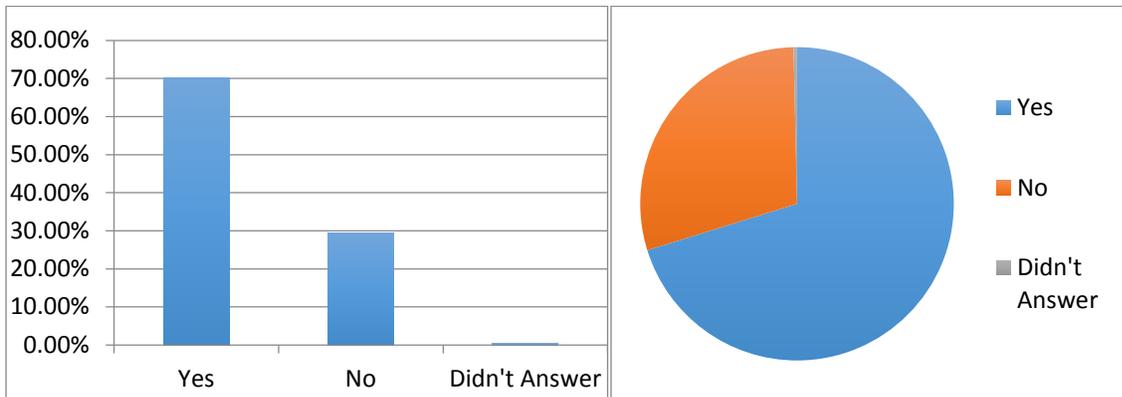
Only 9.57% (27) respondents reported regularly saving money for retirement, 86.88% (245) do not save for retirement on a regular basis, and 3.55% (10) did not answer this question. The low percentage of community members saving for retirement might be related to the low income status of many households, which does not allow saving for retirement. It may also be related

to a limited understanding of how retirement works in the United States, or to cultural understandings regarding preparations for future. It would be necessary to further explore this issue. It might be important for agencies to raise awareness of the need to save for retirement, as this evidence suggests that the community might face financial problems as they age and retire, though they can obviously rely on other sources of support (e.g., a strong social network).



### Health Insurance

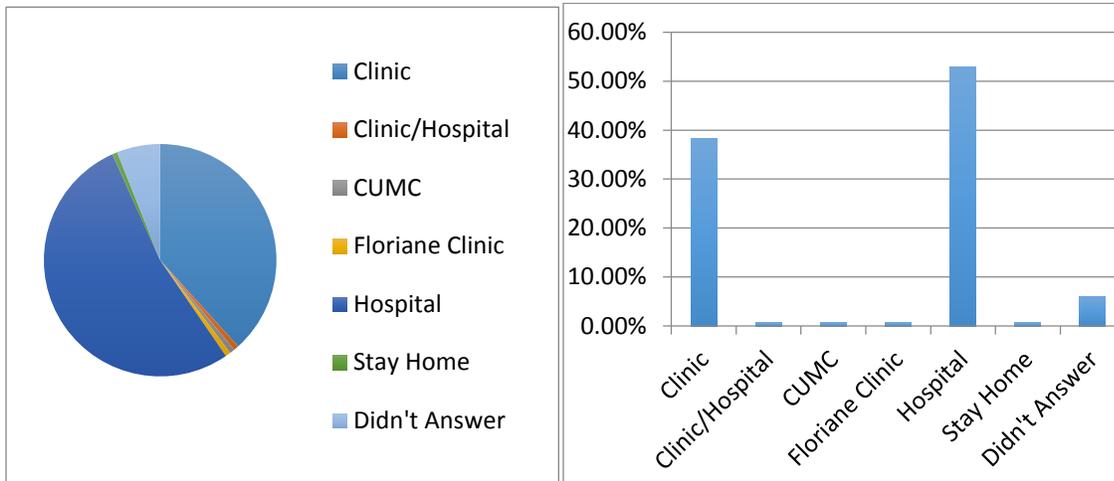
Those surveyed were asked about their health insurance coverage. This was a simple “yes” or “no” question. It did not include any reference on how helpful the coverage is. Basic health insurance coverage includes significant copayments, which many households may not be able to afford. Of those responding, 70.21% (198) had health insurance, 29.43% (83) did not have health insurance, and 0.35% (1) did not answer. Interviews with community members suggest that insurance is obtained through the workplace, through Medicare, or through Medicaid.



### Treatment When Sick

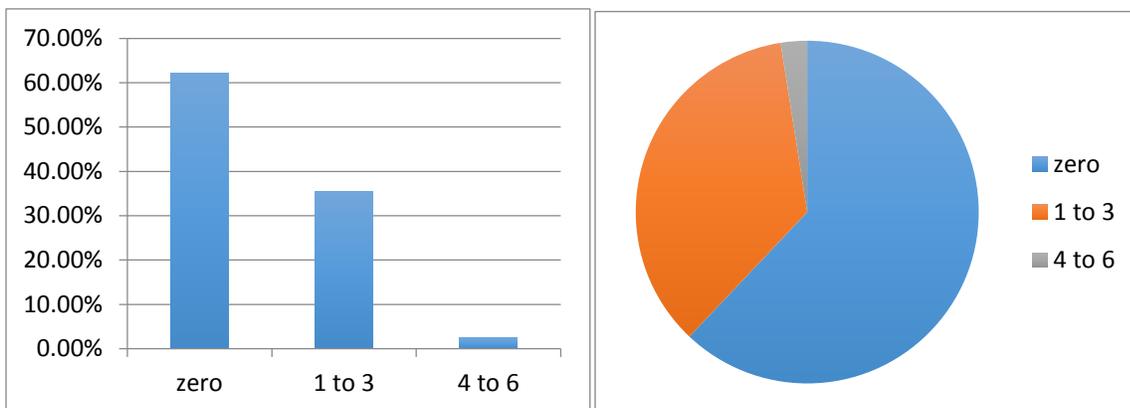
To get a better sense about the community’s understanding of the local health care system, they were asked what they would do when they or another household member is very sick. More than half (52.84% (149)) said they would go to the hospital emergency room, 38.30%

(108) said they would go to a clinic, 0.71% (2) said they would go to a clinic or hospital, 0.71% (2) said they would go to Creighton University Medical Center, 0.71% (2) said they would go to the Florence Clinic, 0.71% (2) said they would stay home and hope that the health issue would improve by itself, and 6.03% (17) did not respond.



### Doctor Visits in the Last Year

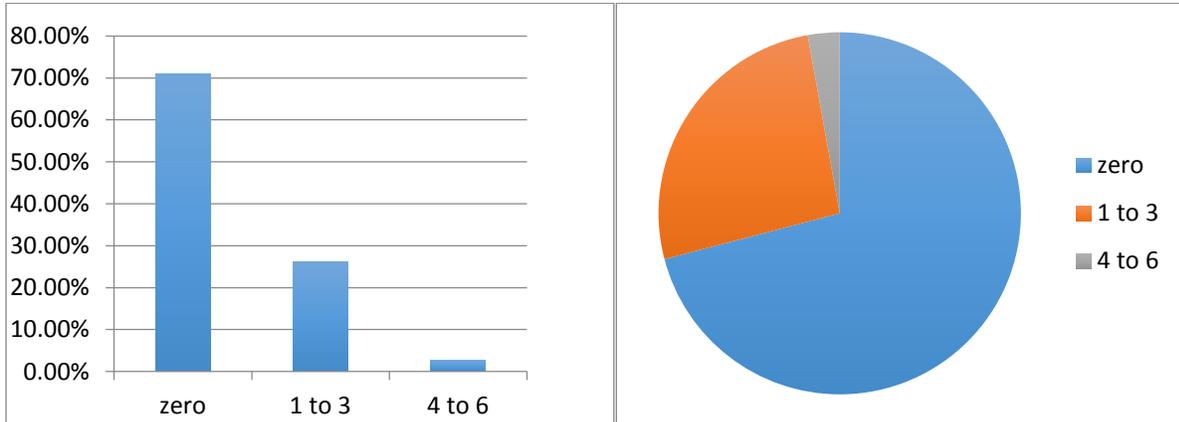
We also probed into the Karenni's overall health, as indicated by being seen by a physician. Of those surveyed, 62.06% (175) had not visited a doctor, mainly because they did not feel health issues warranted it, but also because of the lack of insurance; 35.46% (100) had seen a physician between one and three times in the last year; and only 2.48% (7) had seen a physician between four and six times last year, suggesting significant health issues.



### Hospitalizations in the Last Year

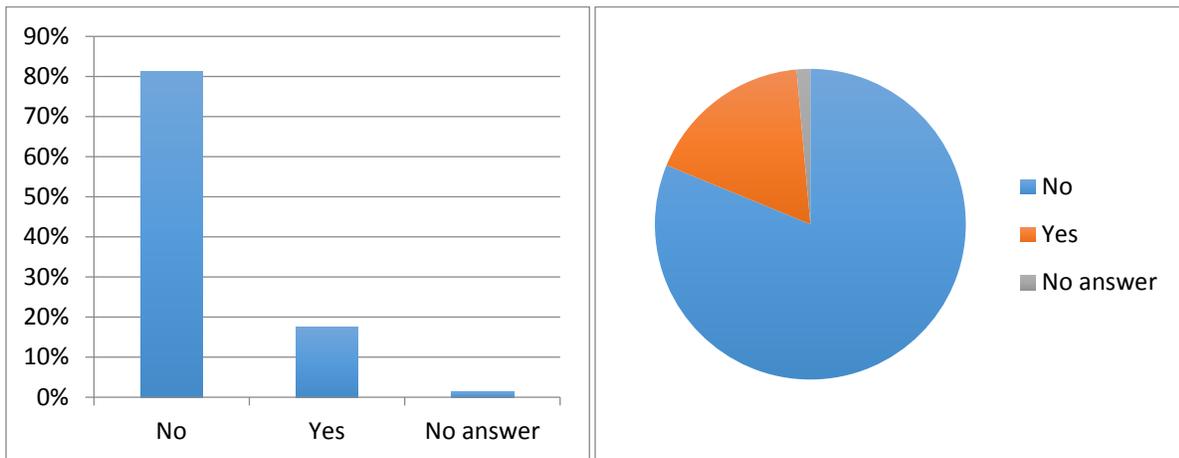
We also probed into more serious illnesses that required hospitalization. Of the respondents, 70.92% (200) had not been hospitalized in the past year, 26.24% (74) had been hospitalized one to three times last year, and 2.84% (8) had been hospitalized four to six times during the last year. The comparably large number of hospitalizations warrants further exploration. Anecdotal

evidence from informal conversations with community members suggests that this may be related to (1) unhealthy living conditions in some sub-standard apartment complexes; (2) dangerous and unhealthy jobs, particularly at meat-packing plants; and (3) other issues related to the refugee experience.



### Disability

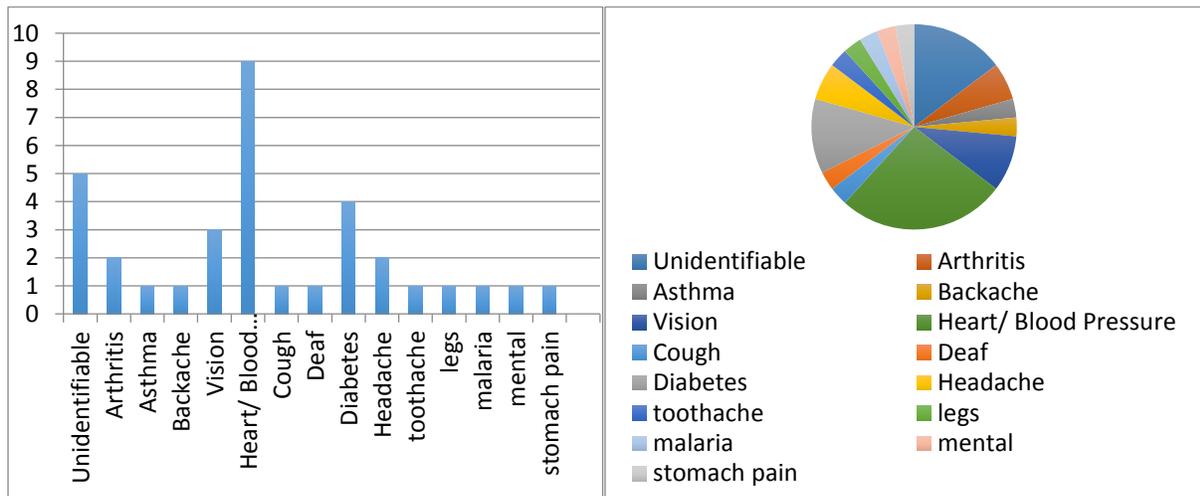
Respondents were asked whether they had a disability. Disability was defined in the question as “a condition that makes it difficult to perform daily tasks.” Of those responding, 81.21% (229) said that they do not have a disability, 17.38% (49) reported having a disability, and 1.42% (4) did not answer. Considering the young age of the community, the high number of reported disability is unexpected and warrants further exploration.



### Chronic Conditions

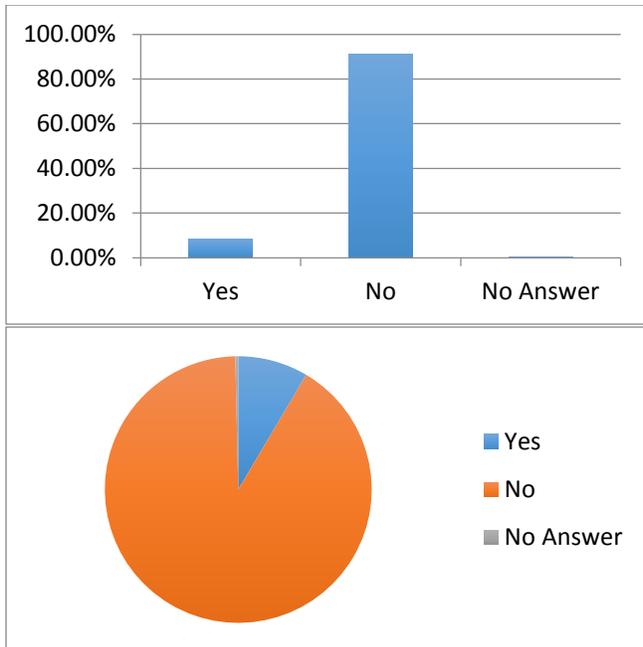
Respondents were asked whether they suffer from a chronic condition. This was an open-ended question and the reported conditions and their frequency in the community are represented in the following table and chart.

Chronic Condition	Raw Number
Unidentifiable	5
Arthritis	2
Asthma	1
Backache	1
Vision	3
Heart/Blood Pressure	9
Cough	1
Deaf	1
Diabetes	4
Headache	2
Toothache	1
Legs	1
Malaria	1
Mental	1
Stomach Pain	1



## Smoking

As smoking is a major factor in poor health and premature death, we also probed tobacco use within the community. Of the adult respondents, 91.13% (257) do not smoke and 8.51% (24) reported they do smoke. Only 0.35% (1) respondent did not answer this question.



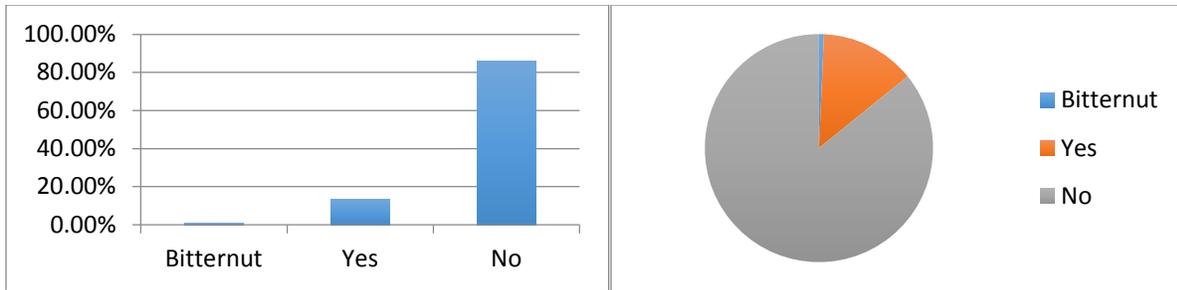
### Smoking Frequency

Those who smoke were asked about frequency: 8.33 % (2) of this sub-group did not answer the question; 45.83% (11) smoke more than once a day; 25% (6) smoke once a day; 12.5% (3) smoke once a week; and 8.33% (2) smoke once a month.



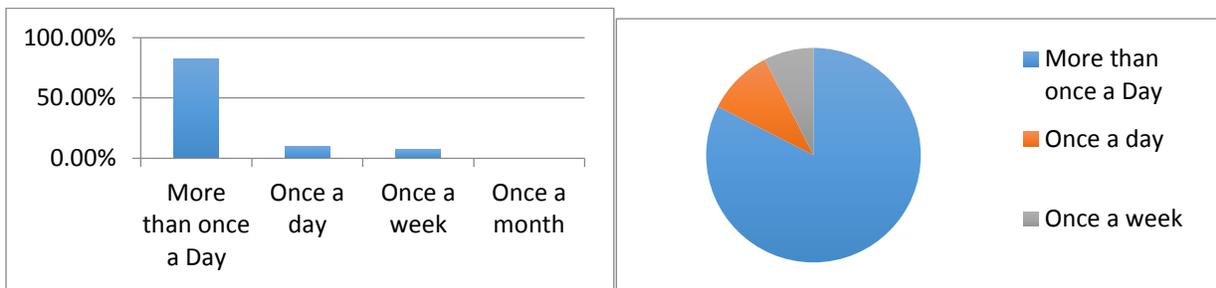
### Snuff Tobacco

Although the question about snuff tobacco was posed as a “yes” or “no” question, a few responded stated that they use “bitternut,” also called Betel nut, the seed of the Areca Palm. This nut is chewed for its effect as a mild stimulant, which could be compared to the effect of drinking a cup of coffee. As such, the following charts reflect these responses: 0.70% (2) use bitternut, 13.48% (38) use snuff tobacco, and 85.82% (242) do not use snuff tobacco.



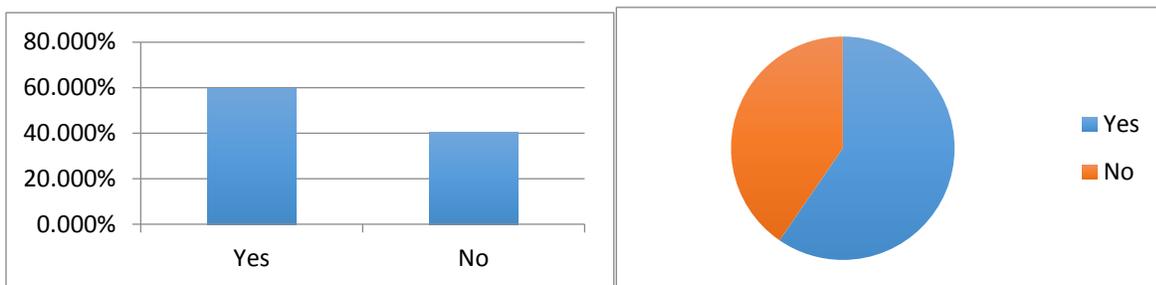
### Snuff Tobacco Frequency

Those who responded “yes” were asked how often they use snuff tobacco. Of this group, 84.21% (32) use snuff tobacco more than once a day, 7.89% (3) use snuff tobacco once a day, and 7.89% (3) use snuff tobacco once a week. No participant uses snuff tobacco once a month.



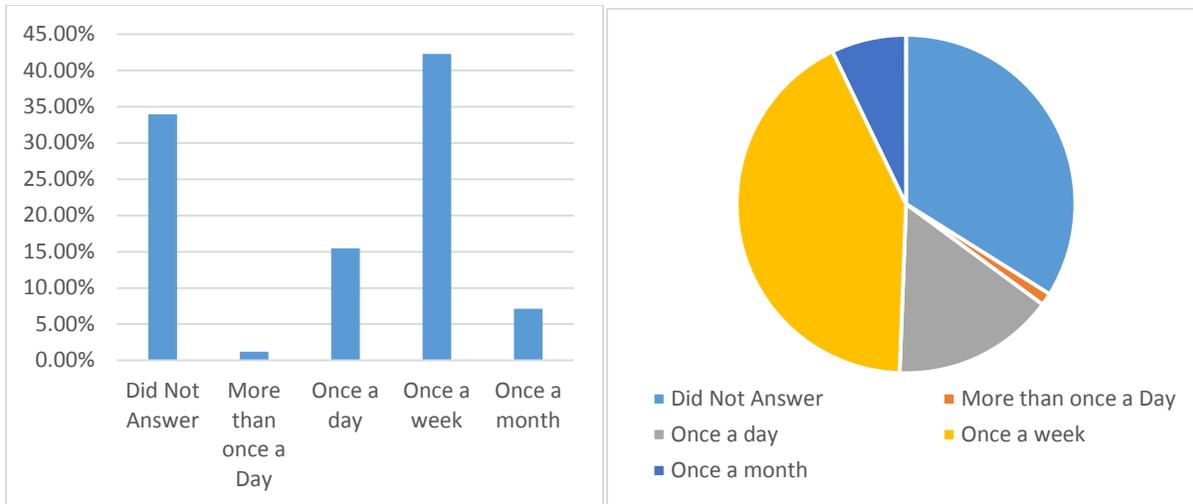
### Alcohol

Of those surveyed, 59.57% (168) responded with “yes” when asked about alcohol usage; 40.43% (114) do not use alcohol. Please note that this question was asked of all community members over 19 years of age. We have no record of underage drinking



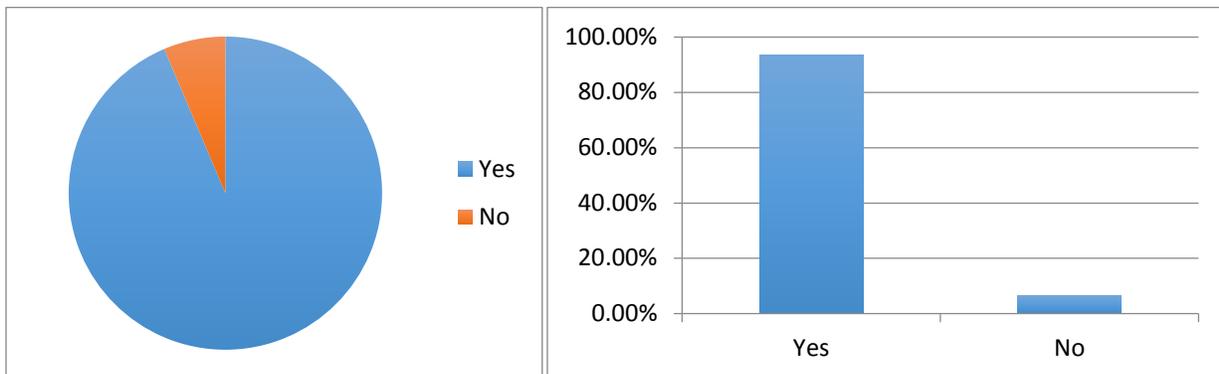
### Alcohol Use Frequency

Those who responded with “yes” regarding alcohol usage were asked about their frequency of usage. Of these, 33.93% (57) did not respond to this question, 1.19% (2) use alcohol more than once a day, 15.48% (26) use alcohol once a day, 42.26% (71) use alcohol once a week, and 7.14% (12) use alcohol once a month.



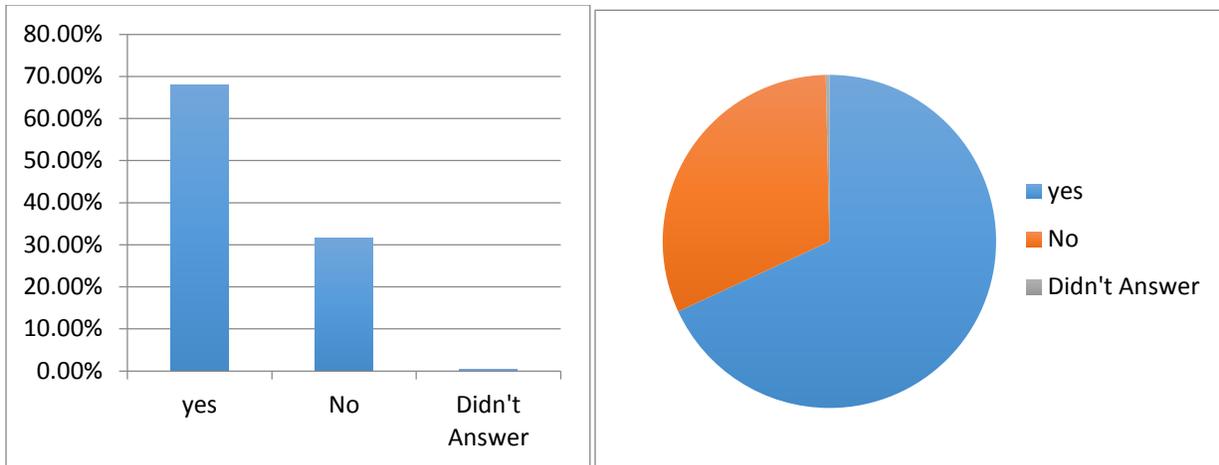
### Safety in Neighborhood

When asked whether they feel safe within their community, 93.62% (264) of those surveyed said “yes”. Only 6.38% (18) of those surveyed said they did not feel safe in their neighborhood. Interestingly, when respondents reported feeling unsafe in their neighborhood, they frequently referred to certain racial groups and gangs associated with them. It would be worthwhile to further explore this issue and for community organizations to work with the Karenni community regarding awareness of safety and security issues, and what to do when they feel unsafe.



### Comfortable Calling 9-1-1

Survey respondents were asked if they felt comfortable calling 9-1-1. Of those surveyed, 68.09% (192) felt comfortable calling 9-1-1, 31.56% (89) did not feel comfortable, and 0.35% (1) respondent did not answer this question. Notes taken during survey administration suggest that those who were not comfortable calling 9-1-1 felt so because of language barriers. It might be worthwhile for agencies to consider providing guidance to the Karenni community regarding calling 9-1-1.



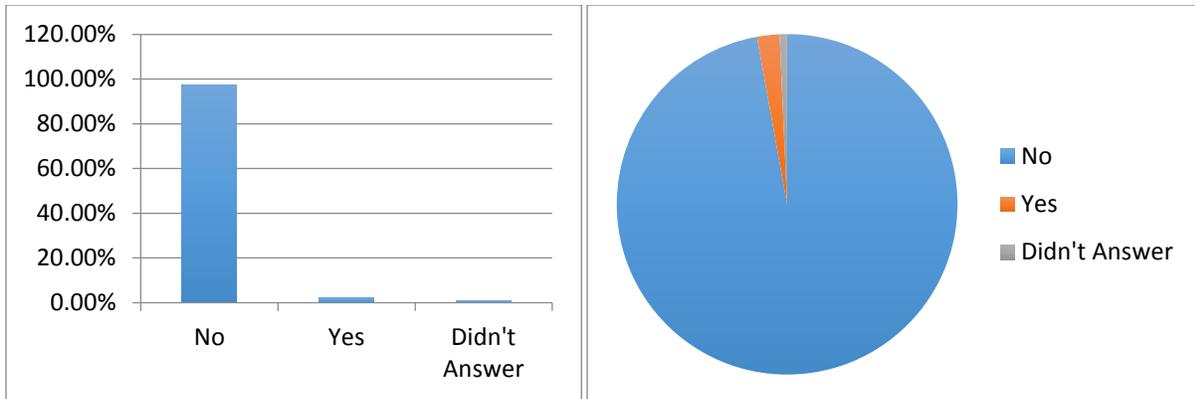
### Knowledge of Contacting a Lawyer

Survey participants were asked whether they knew how to contact a lawyer: 94.68% (267) did not know how to contact a lawyer, 4.61% (13) knew how to contact a lawyer, and 0.71% (2) of the respondents did not answer. The fact that the majority of respondents, who are adults, do not know how to contact a lawyer might be related to the fact that they have never had to contact a lawyer. Conversations with members of the community showed that those who knew how to contact a lawyer generally did so via the legal services provided by Lutheran Family Services. It might be worthwhile for Lutheran Family Services and other resettlement agencies to raise awareness in the community of existing services available to refugees.



### Arrest History

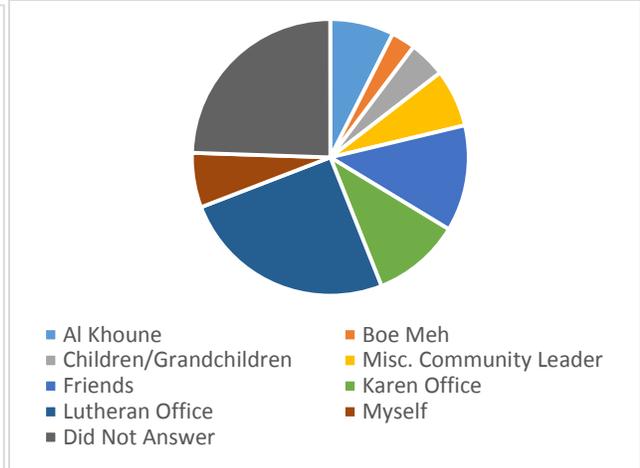
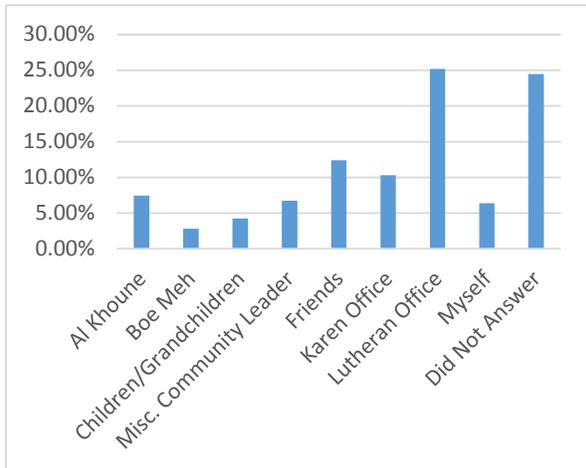
When asked about arrest history, 97.16% (272) responded that they have never been arrested, 2.13% (6) respondents have been arrested, and 0.71% (2) respondents did not answer. Those who have an arrest history informed us that these were due to the following reasons: driving without a license, fishing without a license, car accidents, mental health issues, and family issues.



### Where To Go for Help

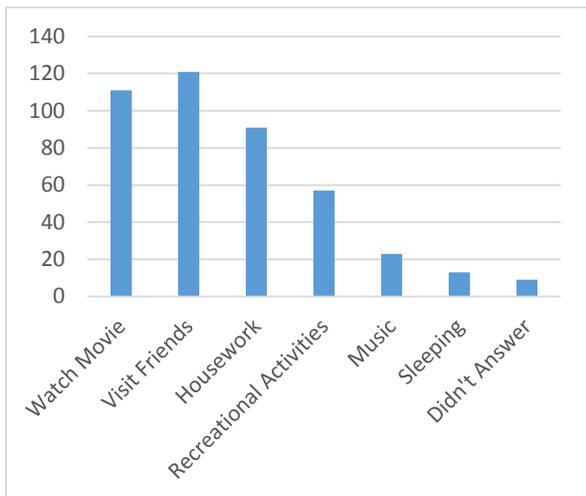
Participants were asked where they would ask for help if faced with a problem. In general, responses included family members, friends, community leaders, and support offices. The breakdown of these responses is in the table below. It is important to note that certain community members and leaders who are proficient in English, as well as family members and friends, are mentioned alongside with Lutheran Family Services, the main resettlement agency in Omaha. It is also interesting that the Karen Community Office is mentioned. The Karen refugee community in Omaha also originates from Myanmar but is significantly larger than the Karenni community. The fact that the Karenni feel able to contact the Karen Community Office is indicative of good relationships between the two distinct ethnic refugee groups originating from the same country, Myanmar.

Resources for Help	Percentage	Raw Number
Al Khoun (community member)	7.45%	21
Boe Meh (community member)	2.84%	8
Children/Grandchildren	4.26%	12
Community Leaders	6.74%	19
Friends	12.41%	35
Karen Community Office	10.28%	29
Lutheran Family Services	25.18%	71
Beda Ngelay	6.38%	18
Did Not Answer	24.47%	69



### Spare Time Activities

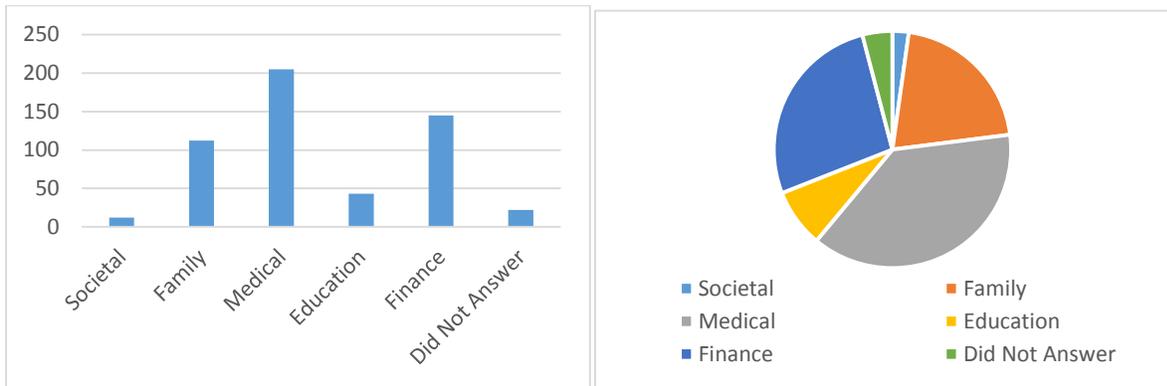
The survey also asked an open-ended question about what community members enjoy doing in their spare time. The responses were grouped into categories. The data are represented as raw numbers. The total of these raw numbers exceeds 282 because many respondents listed several categories in their responses. Of the respondents, 111 said they like to watch movies in their spare time; 121 mentioned spending time with their friends; 91 respondents mentioned housework like cooking, cleaning, or watching the kids; 57 mentioned recreational activities like playing soccer, playing volleyball, or fishing; 23 mentioned either making or listening to music; 13 mentioned sleeping; and 9 did not answer.



### Largest Individual Concern

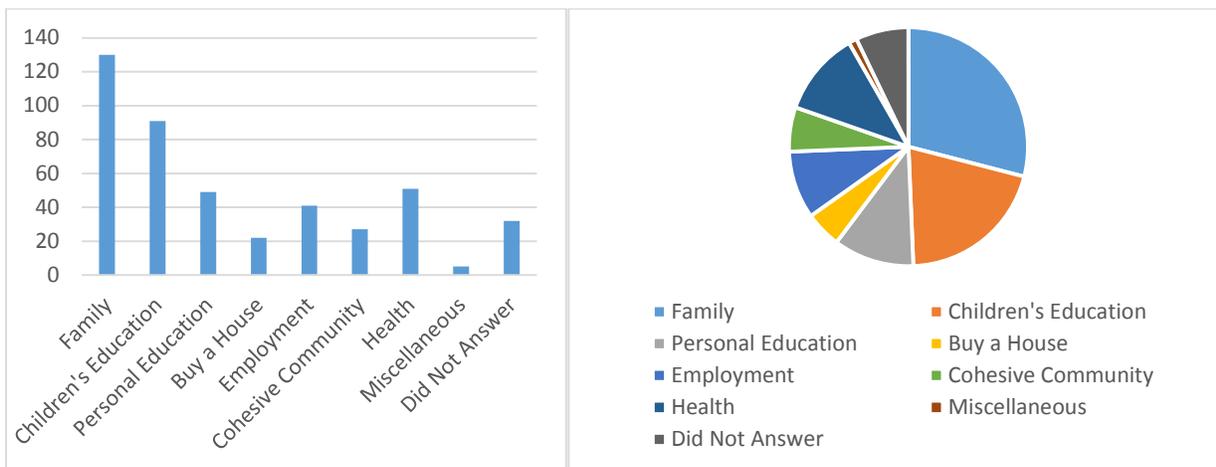
Another open-ended question probed respondents' largest concerns, which were later categorized by Sara Sanders. The categories are presented in raw numbers because many individuals mentioned concerns in more than one category. Of those surveyed, 12 mentioned concerns related to social issues prevalent in their neighborhood and living in Omaha (societal),

112 mentioned concerns about their family, 205 mentioned medical concerns, 43 mentioned education, 145 mentioned finances and 22 did not answer.



### Personal Goals

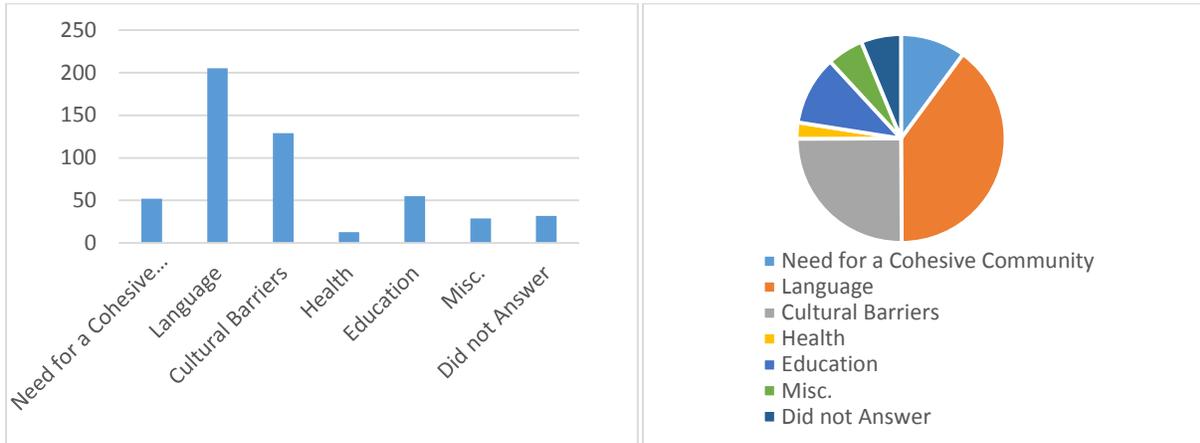
The open-ended question about respondents’ personal goals resulted in a wide range of responses that were categorized by Sara Sanders. The categories are presented in raw numbers because of the number of different categories mentioned by each respondent. Of the respondents, 130 mentioned family, 91 mentioned their children’s education while 49 mentioned their own education, 22 mentioned wanting to buy a house, 41 mentioned employment, 41 mentioned the creation of a cohesive Karenni community, 51 mentioned better health, 5 miscellaneous responses could not be categorized, and 2 people did not respond.



### Largest Community Challenges

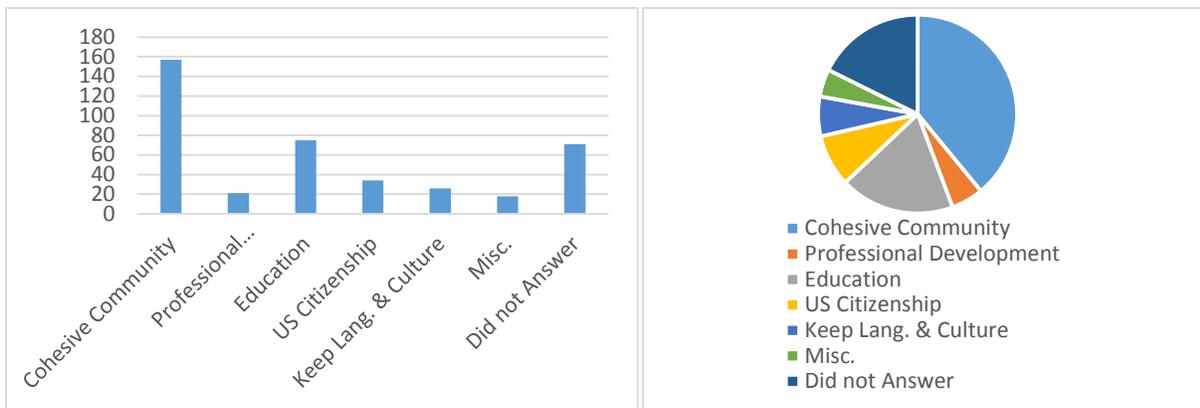
One open-ended questions probed respondents’ perception of the largest challenges to the Karenni community. The responses were grouped together in larger categories and are presented in raw numbers. Of the respondents, 52 mentioned a need for community cohesion, 205 mentioned language barrier, 129 people mentioned cultural barriers, 13 mentioned health

challenges, 55 mentioned education, 29 miscellaneous responses could not be categorized, and 32 people did not respond.



### Community Goals

Each respondent was asked what they viewed as the most important goals for the Karenni community. Once again, this was an open-ended question that often lead to more than one answer; these responses had to be grouped together and categorized. Of the respondents, 157 said the community needs to become more cohesive and supportive of each other, 21 said the community needed professional development, 75 cited the community’s need for education, 34 stated the community needs access to U.S. citizenship, 26 said the community needs to protect their language and culture, 18 miscellaneous responses could not be categorized, and 71 did not answer.



***This concludes the summary of the data from the “Confidential Survey” with adults.***

Please note that both surveys, the “Basic Demographic Survey” as well as the “Confidential Survey”, probed a wide range of themes and issues. Therefore, the summary descriptive statistics are general and result in more questions that ideally should be followed up through

additional research, as well as communication of agencies and organizations with the Karenni community.

We hope this data summary on issues related to the Karenni community in Omaha and Lincoln motivates, encourages, and strengthens communication of groups, organizations, individuals in Omaha and Lincoln with the Karenni community. This hopefully will result in an increased sense of community for all involved and providing the support needed for all.

#### 4. Letter of the Karenni Community Leaders

Members of our community and Society have lived in Nebraska since 2009. The number of families has been steadily increasing since then and we are now more than 100 families. As our numbers have increased, our needs have also increased. Some of these needs were identified in this community profile. For example, we are concerned that our children maintain fluency in the Karenni language and culture.

The Karenni Society of Omaha and Lincoln expresses its gratitude to all who have supported the community and its individual members since their arrival in Nebraska. A great number of agencies, organizations, churches, schools, and individuals have provided valuable support that allowed the Karenni to find a new home here. It would be difficult to mention all whose names should be mentioned! You all helped us to adjust to living in the United States and to find a new home in Nebraska. Many of you supported us for years. As a result, we Karenni are now also stronger as a community and able to be part of the social and cultural life of Omaha and Lincoln.

We are also grateful to all those who worked on this community profile, which provides some information about our history and culture, our strengths and concerns, and our potential. We are particularly grateful to Beda Ngelay, a former student at Divine Word College in Epworth (Iowa) and a fellow Karenni, and Sara Sanders, an undergraduate student at Creighton University in Omaha. We are also grateful to Alexander Rödlach PhD SVD from Creighton University for mentoring Beda Ngelay and Sara Sanders as they collected and analyzed the survey data. We express our sincere thanks to Khu OoReh Polarbaw, a Karenni community leader who has been working in the field of education and health and other social issues in both Thailand and Karenni State. He has helped us to narrate our history and experience and has translated several texts that we used to describe our history and journey to the United States. We are also grateful to the innumerable members of the Karenni community in Nebraska who tirelessly worked with Beda Ngelay visiting the Karenni families and providing insights about the community.

We strongly believe that this Community Profile will be valuable for agencies, schools, hospitals, churches, and others in Omaha, Lincoln, and beyond. The Community Profile is intended as a tool to learn more about us, and to facilitate communication and engagement with individual Karenni and the community.

Yours sincerely,

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