Oslo, Norway

I arrived in Oslo on May 18, 2015. It was one of those sunny days where the rays hit your skin in a way that makes your whole body vibrate with warmth. I am perhaps one of the few who really love airports and airplanes. The anxiousness of taking off and landing, of an adventure that’s waiting, and perhaps best of all, the excitement of coming home. We have a saying in Norwegian, borte er bra men hjemme er best. It means that it is always fun to go out and experience new things, but the best feeling is always coming home from a long trip. Coming back to Norway meant coming back home. It marks the beginning of my arrival.

The Brown Norwegian

Being Norwegian has always been an important but not necessarily solid part of my identity. My father is black and Native American, and my mother is white and ethnic Norwegian. I’ve always felt that my Norwegian-ness was something that had to be proved. Although I know the language and spent part of my life in Norway, I have still had a difficult time owning an identity that I know was supposed to be mine but at the same time didn’t feel like it should be.

In the spring of 2014, I took a semester off from Brandeis to live with my grandmother in Molde, Norway. It was there that I enrolled in courses at the Adult Learning Center and became friends with many immigrants who were new to Norway. Most of the people, who would become some of my closest friends, had escaped war and political and physical abuse to come to Norway. Although I had grown up in the United States, the world’s most heterogeneous country, I had never been this intimately acquainted with people who had faced such adversity. My struggle for identity seemed minuscule in comparison to their struggle for survival.

There were many times that I struggled with “Norwegian-ness,” and I felt that I strongly identified with the struggles of being an “immigrant” while still having this “birthright” privilege of Norwegian citizenship that I sometimes felt I didn’t deserve. I often wondered how I could reconcile those emotions, and asked myself whether anything beneficial could come from these experiences. I was still a sophomore and wondered how I could use the rest of my time at Brandeis to somehow bring justice to the immigrant experience in Norway. I started to research for myself the history of immigration in Norway, which I hoped would give me answers about why immigration and integration in Norway were so difficult. Instead, this research gave me more questions.

Brief Background on Norway

The population of Norway is a little more than five million people. It is a very egalitarian and homogeneous society, similar to the other Scandinavian countries that surround it. The country is a constitutional monarchy with a parliamentary democratic system of governance. Due to its vast oil reserve it is one of the richest and most industrialized countries in the world.

The welfare state has been a central component of life in Norway since World War II. Nazi Germany had been defeated, and national pride was so strong that class differences felt negligible (Brochmann, 2012). New immigrants, primarily young single men from Pakistan...
NAKMI traveling to Lubin, Poland to learn more about the healthcare system in Poland so we could better serve Polish immigrants in Norway.

and Sri Lanka, began to come to Norway in the 1960s to fill gaps in the labor market. As immigration increased, the expanding number of subcultures challenged the national culture. The idea of the unity of the nation, brought forth by the events of World War II, was now being challenged by the idea of inclusion through diversity.

However, a “multicultural” Norway is an idea that has not sat well with a significant number of ethnic Norwegians. In an August 28, 2011 article from the Bergen Times, a poll revealed that four out of 10 Norwegians still viewed “immigration as a threat to the country’s distinctive character,” and over half of those polled believed that in times of adversity, “employment should be first secured for Norwegians” (Blake, 2011). This reveals several issues, most significantly that there is an “otherness” associated with immigrants. This “us vs. them” mentality is something that has been instilled in Norwegians since World War II, and it can be very detrimental to the integration process for immigrants. In the 1970s, the Norwegian government sought to create a basic structure for immigrant integration programs. Although immigrants started coming to Norway during the 1960s, the government of Norway did not fully realize the adversity new immigrants would face – for example, learning the language and customs of Norway – in order to be able to better adapt to their new country (Brochmann, 2014).

Norway has a multicultural approach to immigration, meaning that it is important for immigrants to Norway to feel that they can retain their national identity, language, and ties to their respective countries of origin. However, the Norwegian government also feels that it is imperative that immigrants have a familiar understanding of the cultural customs of Norway, in order for them to be able to fully adapt to their new host country (Brochmann, 2014).

On April 28, 2015 Aftenposten reported that the Progress Party of Norway, which holds a significant percentage of the seats in the Norwegian Parliament, held a meeting that produced a statement that Norway should stop accepting asylum seekers (Tjernhaugen 2015). The Progress Party would like for Norway to work to change the guidelines set by the Refugee Convention of 1951, which they believe to be outdated. Ideally they would like to end the asylum system as it is and only accept individuals with refugee status, rather than spending many resources on determining who is “real” and who is persecuted (Tjernhaugen 2015).

2015 was a particularly emotional and difficult year for migration throughout Europe. The atrocities committed by the Assad regime against its own people in Syria led to what some are calling the greatest refugee crisis since the Holocaust. Thousands of refugees have come to Norway, and new controversial laws put in place by the Norwegian government have made it harder than ever to seek asylum in the country. Like most European countries, Norway doesn’t let those with asylum or refugee status work. If there are not any discrepancies in an application, a work permit may be granted, but employment is still rather unlikely.

A large factor to keep in mind is that “asylum seeker” and “refugee” are both temporary statuses with many restrictions. For example, you are not allowed to leave the country, enroll in a university, or even get married. Depending on the situation and the verification of documents, it can take months and often years to receive notice of refugee status. Even after an individual has spent years as an asylum seeker, Norway will often deny refugee status if they feel that protection by the Norwegian government is no longer needed. In those cases, the government will deport people, even children, back to their sending countries. Although it is the right of the receiving country to
after the man has established himself in the receiving country, he will apply for family reunification, and will have saved up enough money to pay for his family to move to his new location (Hirschman 1999).

This was also the case of Mewael. Once his asylum seeker status was approved in Norway, he was sent to live in an asylum house in Molde, eight hours north of Oslo. Here he received a monthly stipend, in exchange for attending a yearlong Norwegian integration course. At the course, refugees and asylum seekers are taught the Norwegian language and learn how to navigate Norwegian society. I remember the pain in his voice, as he would tell me how much he missed his young son and wife home in Eritrea. I would ask him if he was receiving any help to cope with the atrocities he had experienced in his home country. “God is the only help I need,” was often his reply.

When I had arrived at the adult learning center in 2014, the wounds from the July 22, 2011 terrorist attacks were still fresh. This attack forced Norway to re-evaluate whether being Norwegian meant being multicultural. Norwegians had to grapple with the fact that maybe they weren’t as accepting as they had originally thought. I never knew if Mewael ever sought out, or received any psychological counseling in Norway, or if he even knew the resources were available to him. But it was through stories like his that I became increasingly interested in how feelings of xenophobia, racism and isolation affected minority health. I had heard so much from my friends who were immigrants that I wanted to begin to research it for myself. I became curious about what resources were available to minority populations, especially asylum seekers and refugees. In addition to the traumatic experiences they carry with them, they are often subject to discrimination, racism, and fear.

While Norway is often seen as a utopia to many outsiders, a strong undercurrent of xenophobia and racism is also present that carries with it health and safety challenges for minority groups in the country.

My experiences in Molde in 2014 sparked a research paper I wrote for my Sorensen preparation course in Spring 2014. I decided to examine the July 22, 2011 terrorist attacks on Utøya and if this event affected the health of visible minorities in Oslo. The 32-year-old Norwegian Anders Behring Breivik, the lone gunman behind the attacks, saw himself as a victim of the Norwegian liberal state and called for violent opposition to multiculturalism in Norway. He killed 69 people in Utøya, execution style, after planting a fertilizer bomb in front of Prime Minister Jens Stoltenberg’s office in the center of Oslo, killing eight and injuring 209 people (Borchgrevink, 2013). Those killed on the Utøya were predominantly teenagers attending a camp organized by the
This city is like nothing I’ve ever experienced before. It’s alive, it’s green, it’s cold yet warm at the same time. Everyone here says there’s nothing like summer in Oslo and I am beginning to believe them.

Norwegian Labour Party, the party that had allowed an increase in immigrants and refugees in the 1980s.

Prominent Norwegian social anthropologist Sindre Bangstad puts forth the idea that Breivik is not alone in his xenophobic and Islamophobic beliefs, and that the problem lies in the mainstreaming of racist and xenophobic discourses in Norwegian society. After reading Bangstad’s book, *Anders Breivik and the Rise of Islamophobia*, I questioned the effects that being a visible minority has on a person’s health. Are they more likely to be stressed because of perceived racism or isolation? Are they less likely to seek medical attention? Was the Norwegian government providing enough resources for its marginalized inhabitants?

At the end of the preparatory course we were asked to write about what we would do after the course was over to answer the questions that we had asked ourselves. At this point I had already secured an internship at the National Center for Minority Research (NAKMI) in Oslo, Norway. NAKMI is a government funded research organization that conducts research on minority health outcomes in Norway. I was really excited to for an opportunity to explore health in minorities as well as to experience for myself, life as a minority in Oslo. I felt prepared and anxious for the experience. My family was from Molde and I hadn’t spent much time in Oslo prior to my internship. As the Spring 2015 semester wound down, I couldn’t help but start counting down the days until May 18th.

**Løkka**

I walk out of the Oslo S train terminal with two large suitcases, trying to shield my eyes from the sun as I walk down the stairs to the circle of taxis waiting below. Keeping one eye on my 19-year-old sister and the other on the cars in front of us, I flag down a taxi driver. The car stops, and a medium-sized man with caramel skin, a salt-and-pepper beard and a burgundy turban steps out of the car. “Beautiful out, where can I take you today?” he says with a smile and a wink, in perfect Norwegian. “Sannergata in Grünerløkka, please,” I squeal. I can’t contain my excitement.

The city of Oslo is pretty clearly divided – ethnic Norwegians live on the west side of the Aker River, while Norwegians with an immigrant background live on the east side. This generalization holds true except for one neighborhood: Grünerløkka.

Grünerløkka, or to the locals, Løkka, is the Norwegian, gentrified version of Brooklyn. In fact, it’s a neighborhood sometimes referred to as the “East Side’s West Side” (Andreasson, 2009). It’s an eclectic neighborhood to say the very least. And with the homogeneity that is Norway, it’s refreshing to be surrounded by young people of all different backgrounds, cultures and skin colors. Until the 1990s, Løkka was a working-class neighborhood, but it has since been transformed into one of Oslo’s trendiest areas to live.

You can find everything to eat from authentic shawarma to exciting take-offs on sushi and kebabs. This place is for young people, not just young in age but in thought and spirit. A culture that is typically known for its shyness and introverted-ness becomes in Løkka a community of warm and outgoing people.

We arrive at the loft-style apartment that I have rented for half the summer. Located at the top of the building, we have the best view of the street we live on, Sannergata. I look out the window and just watch. Young women with long, tight, blond ponytails and designer workout clothes on their way to the luxury gym next door walk right past a Roma woman sitting on a broken-down cardboard box, begging with a plastic cup. Tesla taxis weave in and out of the lanes and young men walk the streets in their designer loafers. Welcome to the world’s richest country.

This city is like nothing I’ve ever experienced before. It’s alive, it’s green, it’s cold yet warm at the same time. Everyone here says there’s nothing like summer in Oslo and I am beginning to believe them. The Aker River flows through the city, grazing through the many parks and pulsing under all of the bridges. I feel my body come alive when I lay down on the grass and just let wind brush past my face while the sun cascades down on my body. This is the way I would like to remember Oslo.

**Nydalen, Oslo**

I take the 30 bus from Grünerløkka, to Nydalen where I get off at the Gullhaugveien stop in front of the...
Norwegian Business School of Oslo (BI). I hop off the bus and cross the street, and step into the bustle of the sidewalk traffic. Men and women dressed in designer business suits, with hair meticulously styled, walk around here with purpose. I look around. One person is focused intently on responding to emails on her iPhone, while another checks out his reflection in the tall windows that surround most of the buildings in the vicinity. Another woman leans against the back of the platform, her right leg bent, with one hand holding open a book and the other coolly relaxed in a pocket. Here is the pinnacle of wealth, privilege and education: the training grounds for Norway’s upper echelon.

The main site of my internship was to be the National Center for Minority Health Research (NAKMI), located across the street from BI in a brand new building. The doors to the building open automatically, and I greet the building’s information desk worker as I walk to the glass elevator that will take me up to NAKMI. I count the floors as I go up. One. Two. Three. Four. Five. Six. I have arrived.

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NAKMI

NAKMI was created in 2003 by the Norwegian Ministry of Health and is administered by Oslo University. NAKMI is a government-funded, multidisciplinary center that aims to be a focal point for the country’s expertise in both mental and somatic immigrant health. Its core activities are research, development and dissemination work, which includes training, guidance and counseling for clinicians that work with minority populations. The mission of the organization is to create and disseminate research-based knowledge that can promote good and equal health for people with immigrant backgrounds. NAKMI researchers use their findings to influence government policy and create educational programs for decision makers, health managers, health professionals, researchers and students. They believe that social change will come through research and education.

To understand the way that public organizations like NAKMI are run, it is important to understand a bit about the role of the government. Norway is a constitutional monarchy, with the legislative power lying in the government and the parliament. Norway has a strong welfare system, and it is the belief of the people that the government is responsible for the general well-being of its citizens, quite the opposite of the individualism that runs through the veins of Americans. Each government bureau functions within the limits of its mission, and does not cross those boundaries. For example, NAKMI’s mission lies in creating and disseminating research-based knowledge about use of and access to health services. NAKMI has two branches: research and outreach. It seeks to fill...
The line of visitors waiting to come into Caritas to get help. We would help upwards of 50 people a day.

in the gap in the Norwegian healthcare system into which persons with immigrant, refugee and minority background often fall.

The researchers and staff of NAKMI are kind, punctual and professional; it is an environment of collaboration, a place of ideas. There is a loose hierarchy, but the boundaries are fluid and everyone is open to suggestions. At least once a week, we would have meetings in the large conference room to discuss team development, collaborate on research projects or go through research exercises. Assorted coffee and tea options are always lined up in the middle of the table at the center of the room. Fruits, nuts, vegetables dips, sometimes even catered lunches were available for us to snack on while we tackled the challenge of the day. I was delighted by the team atmosphere, intoxicated by the academic discussions, and humbled by the experience of working with my colleagues.

I was intrigued especially by the location of NAKMI, far away from most of the immigrant population on which its research is focused. There was a disconnect between the immigrants and the work of the researchers; this was obvious to me when I felt stuck within the mission statement of NAKMI, trying to find a way to interact with the immigrant population and use the research we have done to help them. I wanted to combine theory and practice in my experience. Knowing this, I began to contact organizations that dealt directly with immigrants, and The Immigrant Resource Center at Caritas Norge was the one that ended up being the best fit. My advisors at NAKMI were supportive of my idea, though they had never thought of reaching out to such an organization before.

My internship at NAKMI was focused on three projects, the first of which was transcribing interviews from the study, “Children As Next of Kin.” This was a small study being conducted by NAKMI to fill in the research gap on this topic. Previously, the University of Oslo (UIO) along with many hospitals in the country conducted a similar study; however, that study did not include those who did not have fluency in Norwegian. Considering that 32% of the population in Oslo has an immigrant background, choosing to disqualify potentially a third of the population could result in conclusions and data that are not fully representative of the population. By conducting a separate, albeit smaller study on children as next of kin, NAKMI collected information that would help address the needs of this vulnerable population.

My role in this study was to transcribe two interviews; the first of a patient together with his or her children, and the second of a group of nurses who work at the hospital where the patient was treated. Additionally, I participated in a number of interesting meetings, the topics of which ranged from diabetes in South East Asian immigrants to the treatment of dementia. This allowed me to gain exposure to actual projects and meet very influential and relevant professionals in this area.

Throughout my internship, I worked on my own small project about health literacy in collaboration with my advisors at NAKMI and the Immigrant Resource Center at Caritas Norge. Health literacy is a topic that is relevant to all populations. At some point in every person’s life, it will be important to be able to take medical directions or make important health decisions. Studies show that immigrants, including refugees, are known to have more infectious diseases than indigenous populations in recipient countries in the West (Wångdahl, 2014). These poor health outcomes may be explained by several factors, including access to healthcare and information, as well as...
socioeconomic and cultural backgrounds (Wångdahl, 2014).

Up until now, there has not been much research in Norway about health literacy in immigrants. The aim of this project was to find out what immigrants to Norway who have lived there less than 4 years know about the health system in Norway and about health in general. While this was just an exploratory project, my results from the interviews showed that many immigrants did not know their rights to healthcare in Norway. Many were afraid to use the system, or only went when they were seriously sick or injured.

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**Caritas**

I started volunteering at Caritas as a way to add a more practical element to my internship at NAKMI. It was a perfect pairing, really; theory and practice are so intertwined that it would almost be an injustice to not seek opportunities that allow for both. Caritas is a not-for-profit Spanish organization run by the Catholic Church. The particular location at which I volunteered not only works with developing nations, but also provides a free information and resource center for immigrants in Oslo.

Caritas is in many ways just as you might expect it to be. It is located in Grønland, an area of Oslo heavily populated by immigrants. I know residents of Oslo who would never set foot in Grønland, let alone into a place like Caritas. People around here look like they’ve known nothing but hard work all their lives – clothes clearly worn, fingernails dirty, faces wrinkled but for the most part smiling. The contrast is almost startling with the people one might see, for example, in Aker Brygge, Oslo’s most exclusive neighborhood.

I arrive at Caritas every Thursday at 10 am. The line is always out the door, people waiting for their chance to get help. I push myself through the line, trying to make my way to my desk. I set my things aside, and find my way to the book that lies on the table in the makeshift foyer. The book reveals the names of all the visitors who have signed in to the center that day and the languages they speak. I scan the pages looking for English or Norwegian, feeling a little bad that I have mastery of so few languages. Most people there are looking for Spanish, Romanian or Russian, and all three are languages with which I have no experience. I usually end up helping people who come from English-speaking African countries like Ghana and Nigeria, and people from Southeast Asian countries like India, Sri Lanka and Pakistan.

I specialize in offering advice on the healthcare system in Norway. Everything from where the doctors are, to registering with a general practitioner, to how to get your prescribed medicine. The best part about this is that I never get the same question twice, and I never know what type of problem I am going to have to help solve. But I don’t just help answer questions about the health care system. Many of the questions I get are about how to create a resume, how to apply for a job and how to deal with all the documentation of living as resident alien in Norway. There a lot of challenges, as people are quite literally from the entire world, and the answers to their questions quite often depend on their country of origin or country of last residence. Things get even trickier with asylum seekers, who often cannot document either of those.

The organizational structure of Caritas is a bit more complicated than NAKMI. It is a large international organization that supports many developing countries. I volunteer at the small resource center, which at times feels very disorganized. Many of my colleagues here are employed with Caritas, while I am just a volunteer worker. The camaraderie is different here, I feel more comfortable expressing myself; a large factor, I think, is that everyone working at the information center has been an immigrant.

I feel more comfortable expressing myself; a large factor, I think, is that everyone working at the information center has been an immigrant himself or herself. I feel more comfortable speaking here, purely because I know that like myself, everyone there has Norwegian as a second language. A lot of this has to do with the struggle I have had all my life, finding the balance between being an insider and an outsider. I am still navigating my “Norwegian-ness,” and my appearance allows me to blend in with the “others” who are not expected to be Norwegian.
himself or herself. I feel more comfortable speaking here, purely because I know that like myself, everyone there has Norwegian as a second language. A lot of this has to do with the struggle I have had all my life, finding the balance between being an insider and an outsider. I am still navigating my “Norwegian-ness,” and my appearance allows me to blend in with the “others” who are not expected to be Norwegian.

The environment of Caritas is always relaxed; everyone is busy helping someone but everyone also seems extremely happy with what they are doing. We are fighting the smaller battles, helping people with their everyday problems, the opposite of what I experience at NAKMI, where we battle the long term, trying our best to beat the bureaucracy with our research and knowledge. What I have learned from this is that behind the scenes work is just as important as face-to-face contact. We need information to back our claims and to disprove common (and incorrect) rhetoric.

When the Stereotype Holds True

I have this narrative about immigrants that I desperately want to believe – that they are all hardworking and just want the opportunity to have a better life in their new home country. On my first day at Caritas, I met someone who shattered my naive narrative.

By the way he walked up to my desk, it was clear that he had been here many times before. His gait was that of familiarity and confidence, unlike the many others who walked up shyly, often embarrassed to be asking for help. He sat down and smiled politely to me while placing his backpack on the desk. “I need help accessing my health records for my doctor. I called the hospital to get them but they said I need to request them online,” he said in perfect English. “What crap, huh?” I responded sympathetically about how complicated the system can be, and offered to help.

We went through the basics: name, age, country of origin, country of residence and personal number (equivalent to a Social Security number in the US). It started out like any of these conversations, with basic information: he was around 60 years old, born in Sri Lanka but has lived in Norway for the past 15 years. The more we kept talking, the more disgusted I became with him. He has spent most of his life bouncing around countries with some form of welfare system – first Canada, then the US, and finally Norway. He keeps roaming around until he gets deported. “The best was when I found my way to Norway; they tried to give me 300,000 kroner and deport me back to Sri Lanka, I laughed and told them not unless they give me 3,000,000 kroner,” he said, smiling. I felt a lump in my throat. He was the kind of person who ruins everything for everyone else; the exception always becomes the example, I thought to myself. The man continued on, finishing his story with the all too familiar ending, “but I told them they couldn’t send me back because the people in Sri Lanka would torture and kill me.” I might have believed him too if I hadn’t heard him tell me step-by-step how he was scamming the system.

It could have been straight from a book or a movie. He used fake names and fake personal numbers to apply for a new residence permit every five years. “This next time, I am going to use my real name,” he said to me while he gave me a wink. I could have cried, and I felt anger wash over my entire body; I wanted to tell him that I wasn’t going to help him anymore. I wanted to tell him how he ruins opportunities for other people and perpetuates stereotypes about immigrants. But I didn’t. I smiled politely and asked for the information he was currently using, and continued until I finished helping him. At the end, I asked him about what he does for a living, with
a guess in mind. “I eat, drink, and work at the church, helping out the children you know,” he said. I was taken aback again. Should I have helped someone I knew was breaking the law? The man was clearly ill and needed help, but did I make the right decision?

After long days like that, I would come back and reflect on my day while walking around the streets of Grünerløkka. It was a neutral ground, in between the richness and poorness of Nydalen and Grønland. It was here where I digested what I had experienced with this man, whom I knew as Afrim, among many other experiences.

That encounter has in fact played through my mind every day; I am discomfited by it, but I know it was an experience I needed to have. I don’t know more about this man than what he told me, and I’ll never know. But I will never forget him or the impact he’s made on me. Just because someone does something bad does not mean that they are a thoroughly terrible person. I have to believe that even the terrible are capable of doing good, just as the good are capable of being terrible. And that belief means helping someone no matter what wrong they have done.

* * *

Reflections

The nature of Norway has changed dramatically in the past 70 years, from a small, impoverished country, to a wealthy yet rather homogenous oil nation, to a full-on multicultural land. A major demographic change, especially when it involves people who are visibly different than the majority group, can provide special challenges. Organizations must adjust their structures, missions and visions as necessary in order to keep up with the demands of the people they serve. During my whole academic career, I have struggled to find the balance between theory and practice. In academia, theory has an allure. But the line “good in theory but not in practice” is a phrase that, although clichéd, strikes a chord with me. How can we find ways to combine theory and practice to work towards solutions?

I believe NAKMI has a meaningful and important role in migrant health in Norway. Through research at NAKMI, we knew that one of the largest obstacles in migrant health was finding adequately trained translators (Kale, 2010). From my experiences at Caritas, I knew that language was the largest barrier in access not only to health resources but to resources in general. Research like Kale’s provides grounds for policy change, which is one of NAKMI’s unstated responsibilities. It must not be forgotten that they are a government organization, and as such are required to act only within the bounds of their mission.

That was one of my both favorite and least favorite aspects of the organization. On one hand, it is easier to act within the bounds of a stated mission; it’s easy to see what falls within it and what falls outside the mission. But on the other hand, there seem to be many moments of missed opportunities for collaboration – missed moments of theory in combination with practice. I think NAKMI could do better to disseminate its findings to information centers like Caritas, and to explore less-than-typical places for the experiences of immigrants. What I had thought to be the target population for our research was in many ways the subject group. I had thought it was migrants themselves that was the target population, but it really was the health professionals and students that studied health care issues. The use of the published studies was left to other more hands on organizations. But I believe that it is only through real collaboration, and the combination of theory and practice, that solutions to the problems of migrant health will be found.

They say that if you find a job you love, you will never work a day in your life. Whoever “they” are, they were right about my internship experience at least. On my first day at NAKMI, we had an office-wide discussion on the meanings of “migrant” and “immigrant”.

In research, definitions and categories are of the utmost importance. They allow us to draw conclusions that may make the difference between life and death in certain populations, and for that reason it is critical that we arrive at definitions and categories that are inclusive and thoughtful.
The search for my Norwegian facial features was an acknowledgment that I do not fit into the ethnic requirements of Norwegian identity, regardless of the fact that I fill the other requirements. I was commended for my “desirable” traits: a “Norwegian” nose, white teeth, angular jaw line, and tanned skin that “was not too dark.” While it may seem that my “otherness” was valued, it was valued in terms of exoticism.

Migrant (n): A person, or group of people that move from one place to another. Often receives poorer health care and is subject to ridicule and discrimination, especially if not from a western background.

Immigrant (n): A subset of migrant. A person who has permanently relocated to another country. (Not to be confused with the Western “expat”)

Some argue that categories and labels are social constructs that give us meaningless ways to measure characteristics of little importance. In terms of research, nothing could be farther from the truth. In research, definitions and categories are of the utmost importance. They allow us to draw conclusions that may make the difference between life and death in certain populations, and for that reason it is critical that we arrive at definitions and categories that are inclusive and thoughtful.

It seems in Norway that once you’re an immigrant you’re always an immigrant. There is a hierarchy of class and race that no one seems to want to talk about. An ethnic Norwegian is higher in the hierarchy than a Norwegian born to immigrant parents. No matter if you were born in the country or have lived here for 10 days or 10 years, immigrants and those with immigrant backgrounds are stuck in this perpetual state of arrival. They wait until the day arrives that they’ve passed the test and that finally others will see them as Norwegian, but that day never comes.

I experienced this most distinctly when I was at a birthday party this summer in Oslo. I was sitting on a chair in a circle of 10 young people, when women started coming over to me and examining my face. They picked out features that they said “looked Norwegian” and complimented them.

Certainly this is a clear example of ethnocentrism, in which these women judged my Norwegian-ness relative to their own definition of what it means to be ethnically Norwegian. The women were a part of the in-group, the dominant group that fulfills the apparent requirements of the Norwegian identity. That is, they look ethnically Norwegian, have a Norwegian lineage, speak Norwegian, and were born and raised in Norway. As Norway has become increasingly multicultural, the definition of Norwegian identity has become increasingly “ethnic-Norwegian-centric”, making sure that the dominating group maintains their position of power. This is done unofficially, of course, but significantly, by defining Norwegian identity in terms of parental lineage, language skill, and adherence to cultural norms and resemblance to the Norwegian ethnic ideal.

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There will always be that micro-aggression…that comment at the party or at work that will make you feel different from the ethnic majority. Research shows this to be true, that people associate characteristics with you based on your appearance.

For example, a study published in the Scandinavian Journal of Psychology in 2014 listed various ethnic and national groups of people in Norway and asked respondents to rank them by “warmness” and competence. The group rated the least warm and least competent were the Roma people, followed by the Somali (Bye, 2014.) The group scoring the highest was Swedish immigrants. Perhaps unsurprisingly, those migrants from a non-Western background were seen as being less competent and less warm. In some cases, they were likely no longer Somali “enough” (Polish “enough,” Pakistani “enough”) in their country of origin, and not Norwegian “enough” to be considered Norwegian. In Norway, you are seen as an immigrant for life, especially if you are a person of color.
An anecdote that exemplifies this came up during a discussion at NAKMI about the term “immigrant.” A Norwegian nurse who emigrated from another country many decades ago says, speaking about every time someone called her an immigrant, “I have been here for years! I speak the language. I have been educated here. I have a job here. I am no longer migrating, and I haven’t been for a while now. I am not an immigrant anymore. Stop calling me that! This is my home now, whether you like it or not.” This has stuck with me, and I think it reveals many truths about the acceptance of immigrants and migrants in Norway, and so many interesting comparisons can be made between this and the US. In Norway, it’s once an immigrant, always an immigrant; in the US, once you have attained your citizenship, you are indisputably an American.

I have been thinking about why that is. Perhaps it’s because the United States is a country of immigrants, arriving from Poland, China, England, Sierra Leone, Colombia, Mexico and so on. The United States’ largest wave of immigration came in the 1890s...can Americans still call themselves leaders in welcoming immigration? I also think that when someone becomes an American citizen, it is a celebration. Everyone is happy that you have become a part of the club, you’ve become the elite, and you have achieved the opportunity that everyone has been waiting for, bragging about, and yearning for – that American dream is yours for the taking.

Americans have disdain for undocumented immigrants in particular, but for the most part, people are fine with immigration as long as it’s legal. In Norway, there seems to be a disdain for immigrants, documented or not, perhaps because Norway has become relatively multicultural only in the past few decades. The immigrants, the “others,” stick out and are somehow out of place. In the United States, it’s much more difficult to tell who is from a long-time “American” family and who is a more recent arrival.

As someone who is technically ethnic Norwegian, but doesn’t look it entirely, I identify with the struggle of the “immigrant.” It was this struggle that inspired me to get involved with minority health in Norway. My work at NAKMI and Caritas allowed me to interact with the very people who were working to understand what it means to be an immigrant in Oslo and what it feels like to be one. The bittersweet part of these experiences is that you often times end up leaving with more questions than you have answers.

I felt that by the end of the experience I knew more about Norway’s history of immigration and how Norwegian organizations were working together to understand immigration and its intersections with health. Every day my identity and my ideas about what it meant to be Norwegian were challenged.

The lessons I learned about migration and health were complicated and tangled with the fickleness of politics, the hardships of integration and the ends of desperation. The story of migration is a complicated one, with no real end. By the end of my summer in Norway I realized that I resonated with the immigrant experience because I, like them, am in a constant state of arrival, experiencing this culture and land in a new way every day I am there.

Works Cited


Notes

1. For more information about the Assad Regime and the Syrian refugee crisis please see the executive summary published by the UN High Commissioner on Refugees: http://unhcr.org/FutureOfSyria/executive-summary.html

2. The terms “migrant”, “refugee”, and “asylum seeker” are often confused. According to the United Nations High Commissioner on Refugees (UNHCR) a refugee is someone who is fleeing armed conflict or persecution and are defined and protected by International Law. A migrant chooses to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. An asylum seeker is someone who says he or she is a refugee, but whose claim has not yet been definitively evaluated. See the UNHCR website for a more detailed explanation of the differences.

3. I met Mewael in January of 2014 at the Voksenopplæring Center (Adult Learning Center) in Molde Norway. He was a student in an integration course for asylum seekers and refugees while I was a student at the center from January to May 2014. During our lunch breaks we would talk about his experiences as an asylum seeker and his integration process in Norwegian society. His story is one of the many that inspired me to aspire to a career in refugee and migration health policy.

4. This number is based upon percent increase of immigrants in relationship to the total population of native born Americans. In 1890 the immigrant share of the American population peaked at 15 percent due to high levels of European immigration. According to statistics from the American Center for Statistics the immigrant share of the population stood at about 13 percent in 2013. However it is of note that “immigrant” is used to refer to persons without American citizenship at birth. This includes naturalized citizens, lawful permanent residents, refugees and asylees, persons on temporary visas, and undocumented persons. For more information on this please see migrationpolicy.org.