

Man-made disasters fuel worldwide refugee crisis, professor says

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The United Nations recently released a report finding that the number of refugees in the world has climbed to more than 50 million – the highest number since the post-World War II era.

Miriam George, Ph.D., a professor in Virginia Commonwealth University's School of Social Work, is an expert in global community mental health and refugee trauma. She is currently researching Sri Lankan Tamil refugees in India.

George recently discussed the worldwide rise in refugees, her research in refugee camps and what she thinks must be done to better support displaced people around the globe.

The U.N. is reporting that the number of refugees worldwide is at the highest level since WWII. What are your thoughts on this?

Since the introduction of globalization, the supremacy of a nation or an ethnic group depends on who has more power and control over each other. This concept is also reflected on each country's social, economic, political and foreign policies, which encouraged gaining dominance over countries by destroying millions of lives. Of course, natural disasters also caused displacement, but man-induced wars created more than three quarters of the 50 million refugees in the world today.

Considering Sri Lanka – my country of research interest – violent war for cultural, social and economic dominance between the Sri Lankan Tamil minority and the Sri Lankan Sinhalese majority lasted 26 years (1983 – 2009). Many global countries used their foreign policies to support both Tamils and Sinhalese to get control over Sri Lanka for their own advantage. In the end, war destroyed Sri Lanka's infrastructure, environment, economy, killed over 100,000 people, made 100,000 people displaced, forced 300,000 people, mostly Tamils, to live in refugee camps, mainly in India. So, who benefited from the war? Who got the dominance of Sri Lanka? Nobody did. However, still no nations are rethinking changing their social policies to control man-made disasters.

The United Nations report about the increased number of refugees is definitely right. However, we need to see a United Nations with a strong decision-making power; a United Nations without any influence of powerful nations; a United Nations where people like me don't have to wait for five years to get approval for Sri Lankan civil war investigation.

Tell me a little about the research you're conducting in the Sri Lankan Tamil refugee camps across India.

My research with Sri Lankan Tamil refugees started in 2005. The Canadian Institute of Health Research Fellowship and the Social Science and Humanities Research Council of Canada seed grant funded my research studies to help me analyze the longitudinal effects of migration stressors and the psychological distress among Indian camp residents based on the typology of the refugees, the typology of the refugee settlement, gender and host country status. After I moved to the U.S., VCU-funded research examined the Sri Lankan Tamil refugees' readiness for repatriation, their support, concerns, resources and strategies for repatriation to Sri Lanka.

Careful examination of these study results brought the importance of family dynamics into light. The impact of family dynamics and intergenerational conflict not only affected the psychological distress level of refugees but also influenced the decision-making power of the refugees to repatriate to Sri Lanka.

The National Institute of Health Fogarty International Center's K01 International Research Scientist Development Award led my current research to examine the longitudinal associations among migration daily stressors, resource utilization, family dynamics and parent/adolescent health in order to identify critical areas for intervention development for family strengthening and family empowerment. Through this research I will develop culturally appropriate interventions for Sri Lankan Tamil refugee families in refugee camps across India that could potentially be applied in other cultures across world.

What is life like in refugee camps? What are some of the unique stressors that refugees often face?

Indian [refugee camps](#) provide a safe place for refugees. Clean water and the damaged toilets have been issues. Although the rural location of the camp caused accessibility issues for refugees, they were utilizing the available resources as much as they could by sending their children to school and working outside the camp. However, the Sri Lankan Tamil refugees' unique stressor in India is their struggle to make a decision on repatriation to Sri Lanka. Although voluntary repatriation has long been seen as the most effective and durable response to forced displacement, it can only be carried out by obtaining informed consent from refugees. Instead of bringing refugees to a new host country settlement program or making them live in a refugee camp for years, governments must address the original issues against repatriation, then refugees will be able to freely decide to return to their culture.

However, Tamil refugees in India believe that Sri Lankan government's inadequacy for creating resources and infrastructure for repatriates in Sri Lanka will not produce a sustainable livelihood. Therefore, they are not decided on repatriation to Sri Lanka. Also, refugee status is not a path to citizenship; Tamil refugees and their children born in India are not Indian citizens. The Indian government expects them to repatriate to Sri Lanka even after living in the camp for generations. However, for many in the younger generation a return to Sri Lanka may not be their first choice. The younger generation often would say that they wanted to stay in India as they did not "know" Sri Lanka. Younger generations have views [about life that conflict with those of] their parents. Increased differences among refugee families are causing heightened family conflict which is influencing their decision to repatriate to Sri Lanka.

What are the biggest challenges in refugee camps? And what solutions would you recommend?

Sri Lankan Tamil refugees' struggles to make decisions on repatriation to Sri Lanka because of the lack of resources and infrastructure, and the intergenerational family conflict [are] the biggest challenge for Tamil refugees in India. One is the family level issue and the other is the systemic level issue. Addressing one issue without addressing the other will not produce any result. However, addressing the family level issues could strengthen the refugees' confidence which may enable them to take leadership for resource and infrastructure development advocacy with Sri Lankan government. In addition, many of the Tamil refugees acquired new skills as a result of their experiences in their host countries. The possibility of utilizing these skills could help repatriation be more favorable to Tamils. A generalist intervention model – a family strengthening program along with income-generating job training, and community development training like teaching to clear the land for agriculture, building infrastructures, etc. – could build refugees'

confidence for repatriation to Sri Lanka. The majority of refugees who are coming from the eastern and southern hemispheres, they have a collectivist approach to life. A generalist intervention approach to life challenges like repatriation can lighten their spirit which was lost during their exile.

What are the public health implications of the increasing numbers of refugees around the world?

As we already know, the increase in the number of refugees has caused significant implications on public health. Refugees often come from areas where they are infected by many diseases. When refugees move to various host countries, public officials need to make sure that both the host country population, along with refugees, is safe. We need to create new refugee health knowledge through evidence-based research that can potentially bring specific health care support for refugees. That will have a positive impact on public health. New refugee-based health care program developments will not only improve the quality of life and reduce the burden of disease for refugees, but also decrease the cost of health care provided by host countries, particularly low or middle-income host countries.

What do you think is needed to better serve the needs of refugees?

I worked with host country programs in Canada, the U.K. and the United States. One of the main issues with refugees who come to host country settlement programs is their lack of confidence. By the time many refugees move to a host country, they have lost their dignity and their identity. Often, their names have become numbers or country names. Refugees become a group of silenced people who could only listen and do what they have been told to do. Refugees become dependent and used

to others making decision for them. When host country settlement programs start working with their specific trainings like ESL programs or employment training, refugees have no confidence that they can overcome their challenges.

During my many years of clinical practice in Toronto, I was able to work with many refugees. Refugees often deal with Post Traumatic Stress Disorder or Schizoaffective Disorder. They need time to slowly recover before they can start the next step of their life. Many refugees also face temporary memory loss which often leads to forgetting their own native tongue or dialect. If host country settlement programs are trying to teach a refugee English during his complex multilevel phases, he can't conceptualize anything. I must acknowledge that funding is the main problem faced by many of our host country programs. Developing a productive settlement program with a specific focus on the refugees' unique multilevel context will provide a voice for many of these silenced and broken individuals. We can't build dreams for [refugees](#) unless they have the space to decide what their dream is.

Provided by Virginia Commonwealth University

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