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## **Health Aspects of Reception of Refugees in Region of Origin**

### **Asylum, global approach, health and human rights**

In almost all European countries the debate on asylum and refugees is in the centre of society. Not only in national parliaments, but also in municipalities, in churches and in schools people are discussing responsibilities regarding refugees seeking protection in our region. In the nineties, due to the increase of areas of crisis and the process of globalisation, the question of refugees has changed. There is a debate on how migration and the question of refuge are interwoven. There is a debate on the appropriateness of the Geneva Convention. And countries in Europe are facing the question of whether they are able to offer a healthy and promising future to the refugees in their societies. That urges us to rethink our existing system of asylum and protection.

### **Political framework**

The European Union is closing its borders. We are speaking about 'Fortress Europe'. Countries are intensifying their border controls and the European union is pressing the candidate member-states to do the same. Access to Europe is becoming more difficult. At the same time the European Union is harmonising its rules and regulations on asylum. Common standards must be developed on who qualifies for asylum, how the reception system should work and on questions like family reunification. In this harmonisation there is a tendency towards stricter standards. European countries are competing in this process to avoid becoming the most attractive for people seeking protection.

In 2000 Home Secretary Jack Straw launched the idea that we should introduce a system of deciding on asylum in the region of origin. For those needing protection in Europe, there should be a common European resettlement-scheme.

### **Doubts about the asylum system**

Looking carefully at the existing asylum system we have to acknowledge that the system does not work well and is harmful for the health and well being of refugees. There are at least four reasons to be doubtful about the asylum system:

1. The legislation of the European countries in the last ten years makes it more and more difficult for asylum seekers to reach Europe. Sanctions against air carriers have forced asylum seekers to look for traffickers and smugglers to bring them to Europe. Large amounts of money is necessary to arrange transport. This means that financial resources and networking are essential to get to Europe. To put it a bit extreme: those who reach Europe are not those most in need of protection, but those with the necessary resources and the best contacts.

2. The flight itself puts asylum-seekers at high risk. The 60 Chinese who died in Dover and the hundreds who find their graves in the Mediterranean Sea are a sign of that. Women often suffer sexual harassments during their flight.

3. The situation in the reception centres in Europe is humiliating. Large-scale reception programmes create a lot of mental health problems, and damage the self-confidence and self-esteem of refugees. Those who have to live in these centres for long time (up to five years) are hardly capable to build a new future.

4. There are serious doubts about the success of integration of admitted refugees. Everyone knows the stories about refugees who are successful in meeting the needs of present-day European societies. But a lot of them, especially the refugees of the first generation, cannot find a good position. They stay dependent on social welfare schemes.

### **Dutch research on health and refugees**

There is an increasing amount of research on the health of refugees. It reveals the relation between the position of refugees and their health. The regional mental health organisation in the province of Drenthe, Netherlands, conducted a survey on afghan men:

- 65 % of these men were depressed according to mental health standards, and in need of treatment of the mental health system. Only 7 % in fact received treatment.
- 85% of these men did not speak the Dutch language and were therefore hampered in their integration into the society.
- 90% were jobless, which affected the position in their families and kept them dependent of social services.
- Perhaps the most important result of the survey was that the mental health problems were not related to traumatic events in Afghanistan or during their flight, but were caused by the way they are received and not integrated in the society.

Research has also been carried out among unaccompanied refugee minors. The risk for a Post Traumatic Stress Disorder under URM was 20%. That was 1,8 times higher than among refugee minors with some family member, and 7 times higher than the risk for PTSD among native adolescents. The study concluded that 'they appear to be at very high risk for psychological distress'.

A third research project was done among 'new ethnic groups'. That term refers to refugees who came to the Netherlands from the mid-eighties onwards, to discriminate them from traditional labour migrants from the Mediterranean region and from those who came from the former colonies.

- 45% of these refugees feel themselves in Netherlands 'well or very well' at home. 55% give a lower rating to their feeling.
- 46% are sure that they will return to their country of origin or will do it when possible.
- 65% of these newcomers are still jobless. Although in this figure are included those who are still studying, it is a high rate of unemployment.

In terms of social well being half of the refugee-population is not well at home in the Dutch society.

The final study refers to the integration of Vietnamese refugees, those who came to the Netherlands as boat refugees in the early eighties. The first generation sees itself as a “lost generation”. They have no or just lower jobs, and they have difficulties in speaking the Dutch language. They are hardly participating in the society and suffer from homesickness. The second and third generations are doing better. They succeeded in joining the education-system reaching to universities. They are successful in their careers, but they are still living in two separated worlds: the Dutch society and the way of life of their parents. The first generation accepts the feeling of being a lost generation seeing their children and grandchildren being successful in their new homeland.

All the research reveals that the situation of refugees admitted and settled in the Netherlands is not positive.

### **Are we capable of solving the problems?**

Looking at this situation of refugees and asylum-seekers in Europe we have to ask ourselves if we are able to solve their problems. Professor Joop de Jong, transcultural psychiatrist in the Netherlands and adviser of the WHO on trauma and refugees is not very positive when he evaluates the quality and effectiveness of the mainstream of the health care system in the Netherlands. There is a lack of culture-sensitive treatment: psychiatrist and psychotherapists are educated in the white-western approach of mental health and it appears to be very difficult to enlarge their knowledge and skills and attitude towards more sensitivity for different cultures. The professionals in the regular health system are not familiar with rituals that could be effective in healing the pain of refugees. And, in his opinion, the complexity of the health-care system makes the system less accessible.

Professor de Jong’s evaluation of the health care system in the Netherlands, which is regarded as one of the most developed in Western Europe regarding refugees, is rather negative. That should not make us fatalistic. If we are not capable at the moment, we should continue to improve our knowledge and skills. This is a responsibility of all professionals in (mental) health care but also for those responsible for the education of these professionals. The curricula in health education should reflect the fundamental changes in the cultural diversity of the countries of Western Europe, simply because the influx of refugees will be a continuous process. Migration is a fundamental process in a globalising world and it is wishful thinking to expect the armed conflicts and civil wars to end in the coming years. Therefore, refugees who seek protection will continue to come to Europe.

### **Care for refugees: a global approach**

Health care for refugees requires a more global approach. It is not a mere European problem. We need a process of ‘linking and learning’ between NGOs on health and human rights in the regions of origin of refugees, health care organisations in Europe and international NGOs on health (Medicins Sans Frontières) and human rights (Amnesty International):

- To exchange experiences on health problems of refugees and the ways in which we can help them in the most effective way, taking into account the culture-specific dimension. Health care organisation in Western Europe could learn a lot on healing of pain and suffer from their colleagues in and around war-affected regions.
- To make clear that we are aware of and take a responsibility for the 90% of the refugees who are hosted in neighbouring countries. The health conditions in the

reception centres for refugees in neighbouring countries must be improved drastically to ensure better health and well being of refugees.

- To strengthen NGOs on health and human rights in their struggle for the rights of those who choose to stay or have to stay in countries affected by violence and violation of human rights. The question of good governance should be a common challenge. The root-causes of refuge can only be addressed by strengthening good governance and by building up the civic society in war-affected countries
- There should be a common policy on resettlement of refugees to Western Europe. The governments have lost their commitment to these resettlement programmes due to the increasing number of asylum seekers coming to Europe. In order to make sure that those who need protection most urgently, have the opportunity to find that, a new commitment to resettlement-schemes is necessary.

The debate on asylum is becoming more and more a narrow national or European debate focussing on numbers of influx and ways to put difficulties for refugees to get access to Europe. From the perspective of health and human rights we have a challenge to influence that debate. But from the same perspective we have to find new coalitions to strengthen the common struggle and the effectiveness of our work on national, European and global level.