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Health of Refugees and Internally Displaced Peoples

by Leah Persky and Zaravshon Zuhurova

*Refugees and displaced persons constitute a population whose origins are vitally connected to many of the most pressing issues confronting our world: the protection of human rights; the resolution of conflicts; the promotion of economic and institutional development; the conservation of the environment; and the management of international migration. . . . But beyond these implications on geopolitics, the urgency of refugee protection issues stems from the immense human suffering that inevitably accompanies refugee flight (Bemma Donkoh, *A Half a Century of International Refugee Protection: Who's Responsible, What's Ahead?*, 2000.)*

Refugees and Internally Displaced People's (IDPs) are extremely vulnerable to human rights abuses, particularly the lack or denial of physical and mental health care. The basic framework of refugee protection has been established and accepted worldwide for more than 50 years. Still, there is still a lack of commitment to respecting the human rights of refugees and providing adequate humanitarian assistance, including health care. Several international conventions and protocols establish the duties of states in terms of treatment of refugees. These include: the Convention Relating to the Status of Stateless Persons, the Geneva Conventions, the Statute of the Office of the United Nations High Commissioner for Refugees, and the Universal Declaration of Human Rights, article 14. These documents establish international standards for governments and private organizations. They set guidelines for repatriating and assimilating refugees. The conventions and protocols create international standards.

These standards, however, are rarely enforced. The literature presented here aims to detail the problems that arise in the absence of implementation, as well as to serve refugee needs in the interim. It is organized into the following categories:

Basic Documents: A primer of key international laws and other centrally important documents.

Mental Health: Refugees are, by nature, prey to climates of violence that can deeply damage their mental health, frequently leading to Post Traumatic Stress Disorder, as this literature indicates. While humanitarian aid usually focuses on the immediate physical needs of refugees like clean water, food, and shelter, it often overlooks mental health.

Women: Refugee women typically do not often have access to basic health care or education, including family planning, or reproductive health information. What literature that does exist on this topic draws attention to the dearth of resources for women refugees, and calls attention to the immediate need for action by the international community.

Children: Juvenile refugees are often targets of physical and sexual abuse, and hazardous labor conditions. Unfortunately there is usually nowhere for them to turn for help in these extreme situations. The literature represented here addresses the practical dimensions of these problems.

Africa: Africa is of special interest because its many wars, political instability, and natural disasters have created very high numbers of refugees and internally displaced people. Financial crises in most African states render them incapable of adequately addressing this problem.

International Law: International law, treaties, and norms are key aspects of protecting the rights of refugees. Sadly, the international community and individual states do not always respond to refugees with these instruments in mind. Humanitarian intervention is an important issue in terms of international law: Who is responsible to provide assistance for refugees? What are they responsible for? What is the best way to provide relief services like health care, food, clean water, and shelter? How can refugees best be protected? What can be done if there are few resources or finances? All of these are crucial questions which must be addressed before we are able to create a better future for refugees.

Africa

The chaos, violence and repression of the last 20 years has led African states to adopt restrictive closed-door refugee policies. Widespread political instability, resource deprivation, increased militarism. One of the most poignant examples was the Rwandan refugee crises of 1994 which led to millions of refugees who had nowhere to turn for protection and aid. Through all this, the health of refugees in Africa is often an afterthought for most African governments.

2001 International Activity Report: Caught in the Crossfire: The Refugee Crisis in West Africa in 2000-2001. 2001. Doctors Without Borders.

Azevedo, Mario Joaquim. 2002. Tragedy and Triumph- Mozambique Refugees in Southern Africa 1977-2001. Portsmouth, NH: Heinemann.

Focuses on how war has affected the health, education and economic conditions for Mozambican refugees still living in refugee camps. It gives special focus to the situation of these refugees in South Africa, Zambia, Tanzania and Swaziland. It also considers the prospects for repatriation and return.

Background: From Offers of Citizenship to Increased Hostility. 1999. Human Rights Watch.

Bisrat, F.; Y. Berhane; A. Mamo; and E. Asefa . 1995. "Morbidity Pattern Among Refugees in Eastern Ethiopia." *East African Medical Journal* 72: 728-730.

Brinkman, Inge. 1999. "Violence, Exile and Ethnicity: Nyemba Refugees in Kaisosi and Kehemu (Rundu, Namibia)." *Journal of Southern African Studies* 25(3): 417-439.

Brinkman addresses the lack of ethnic identity in refugees from southeastern Angola. She explains that eschewing ethnic identity is a coping mechanism for dealing with discrimination. Refugees use this tool in order to blend into society and avoid being negative attention.

Burnham, Gilbert M. 2003. "Quality Design: A Planning Methodology for the Integration of Refugee and Local Health Services, West Nile, Uganda." *Disasters* 27(1): 54-71.

This article discusses the approach to health services provision for Sudanese refugees in the Arua, Moyo, and Adjumani districts in Northern Uganda.

Chaulia, Sreeram Sundar. 2003. "The Politics of Refugee Housing in Tanzania: From Open Door to Unsustainability, Insecurity and Receding Receptivity." *Journal of Refugee Studies* 16(2): 147-66.

Abstract: The first part of the paper examines the ideological, economic and political underpinnings of German-British attitudes towards immigrants with a view towards understanding continuity and change in Tanzania's refugee hosting policy. Indications are provided as to which of these tendencies were transformed and which carried over in the asylum and refugee policy of the postcolonial state.

Kibreab, Gaim. 1996. "Eritrean and Ethiopian Urban Refugees in Khartoum: What the Eye Refuses to See." *African Studies Review* 39(3): 131-178.

Addresses the problem of urban refugees in Sudan, and how they require a different type and delivery of aid than do rural refugees. It should be the goal of both the host government, in this case Sudan, to allow refugees to participate both socially and economically in order to lead happy and productive lives and to enrich the quality of life in the city as a whole.

Lawson, M. 1999. "Recent Medical Evidence for Torture and Human Rights Abuses in Sierra Leone: A Report for the Medical Foundation for the Care of Victims of Torture." *Medicine, Conflict, and Survival* 15(30): 255-70.

Liberia - Another Problem in Attending to the Health Needs of Refugees Arises from the Language and Cultural Barriers. 1997. Human Rights Watch.

Lomo, Zachary. 2000. "The Struggle for the Protection of the Rights of Refugees and IDP's in Africa: Making the Existing International Legal Regime Work." *Berkeley Journal of International Law* 18.

Pottier, Johan. 1996. "Relief and Repatriation: Views by Rwandan Refugees; Lessons for Humanitarian Aid Workers." *African Affairs* 95(380): 406-429.

Struggling Through Peace: Return and Resettlement in Angola. 2003. Human Rights Watch.

Van Herp, Michel; Veronique Parqué; Edward Rackley; and Nathan Ford. 2003. "Mortality, Violence and Lack of Access to Healthcare in the Democratic Republic of Congo." *Disasters* 2: 141-153.

Wood, Christopher. 1996. *Health Care in Disasters: The Ngara Refugee Experience: Report of A Workshop held in Ngara, Kagera Reion, United Republic of Tanzania, 24-29 March 1996.* Dar es Salaam: The Ministry.

Basic Documents

- Convention relating to the Status of Stateless Persons. United Nations. www.unhcr.ch/html/menu3/b/0_c_sp.htm.
- International Convention on Civil and Political Rights. United Nations.

- International Convention on Economic, Social, and Political Rights. United Nations.
- Protecting Refugees 50 years On: What Future for Refugees? Human Rights Watch. www.hrw.org/campaigns/refugees/text1.htm.
- Protecting the Human Rights of Refugees, Asylum Seekers and Migrants. Human Rights Watch. www.hrw.org/campaigns/race/refugee.htm.
- Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I). 1949. United Nations. Document no. A/RES/57/14. www.unhcr.ch/html/menu3/b/93.htm.
- Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II). 1949. United Nations. Document no. A/RES/57/14. www.unhcr.ch/html/menu3/b/94.htm.
- Refugees, Aylum Seekers, and Internally Displaces Persons. 2001. Human Rights Watch- Special Issues and Campaigns. www.hrw.org/wr2k1/special/refugees.html.
- Statute of the Office of the United Nations High Commissioner for Refugees. 1950. United Nations. www.unhcr.ch/html/menu3/b/o_unhcr.htm.
- UN Committee on the Elimination of Discrimination Against Women. 1979. United Nations.
- UNHCR, IDP's: The Role of the United Nations High Commissioner for Refugees. 2000. United Nations. www.unhcr.ch/issues/idp/pos0003.htm.
- United Nations Protocol Relating to the Status of Refugees. United Nations.

Children

Refugee children are especially insecure during periods of armed conflict. They are likely to be denied fundamental rights like those to education and health care in spite of the special attention and care they require in order to ensure a stable future. The literature represented here reflects these problems, as well as practical responses to them.

Child Soldier Use 2003: A Briefing for the 4th Security Council Meeting. 2003. Human Rights Watch. <www.hrw.org/repoorts/2004/childsoldiers0104/10.htm>.

Crisp, Jeff, Daiana Cipollone; and Christopher Talbot (eds.). 2001. Learning for a Future: Refugee Education in Developing Countries. Geneva: UNHCR.

Forgotten Children of War. 1999. Human Rights Watch.
<www.hrw.org/reports/1999/guinea/guine997-01.htm>.

Goldstein, R.; N. Wampler; and P. Wise. 1997. "War Experiences and Distress Symptoms of Bosnian Children." *Pediatrics* 100(5): 873-78.

Graca, Machel. 2001. *The Impact of War on Children: A Review of Progress Since the 1996 U.N. Report on the Impact of Armed Conflict on Children*. London: Palgrave.

Lustig, Stuart; Maryam Kia-Keating; Wanda Grant-Knight; Paul Geltman; Heidi Ellis; Dina Birman; David Kinzie; Terence Kean; and Glenn Saxe. 2004. "Review of Child and Adolescent Refugee Mental Health." *Journal of the American Academy of Child and Adolescent Psychiatry* 43(1): 24-36.

Abstract: This paper extends the work done in previous reviews by discussing the most recent empirical studies of pathology and services among refugees and by describing unique populations of child and adolescent refugees.

Melzak, Shelia (ed.). 1999. *Children in Exile: Therapeutic Work in the Community and the Clinic with Child Survivors of Political Violence and War*. Philadelphia: Jessica Kingsley Publishers.

Promises Broken: Refugee Children. Human Rights Watch.
<www.hrw.org/campaigns/crp/promises/refugees.html>.

This report details how the plight of refugee children has been ignored by the international community. In particular, it focuses on how children refugees are susceptible to hazardous labor, physical and sexual abuse, and the denial of education and health care. It also mentions how policies from the Convention on the Rights of the Child have not been implemented.

International Law

An important avenue to the protection of refugees are treaties such as the 1951 Convention on the Protection of Refugees, implemented by the United Nations High Commissioner for Refugees. However, in actual fact this convention and others like it often do not wield considerable force. The responsibility for the millions of refugees and internally displaced people around the world often seems to evade any particular institution or state. The literature on international law explores why there is a lack of political will to protect refugees and what can legally be done about it.

2001 International Activity Report: Using the Law of War to Protect the Displaced. 2001. Doctors Without Borders. www.doctorswithoutborders.org/publications/ar/.

Dowty, Loescher. 1996. "Refugee Flows as Grounds for International Action." *International Security* 21(1): 43-71.

This article explores the linkage between human rights abuses, forcible displacement of populations, local and regional governments, and international security. Loescher and Dowty explain that early action is needed in response to refugee crises because, among other reasons, it

is less costly. Additionally, their work focuses on how political and diplomatic initiatives, humanitarian assistance, human rights monitoring, and strengthening of democratic institutions are instrumental to dealing with or avoiding refugee situations.

Feller, Erika. 2001. "The U.N. and the Protection of Human Rights: The Evolution of the International Refugee Protection Regime." *Washington Journal of Law and Policy* 5(129).

Feller addresses the UNCHR's refugee protection challenges: dealing with *en masse* in flux situations, problems with legal instruments, and the realization of durable solutions. This article emphasizes that refugee protection is a universal necessity that is binding under the 1951 convention on refugee protection. It also speaks to the question of whether refugee protection should be considered an act of charity or an obligation.

Fitzpatrick, Joan. 1993. "Temporary Protection of Refugees: Elements of a Formalized Regime." *The American Journal of International Law* 24(2): 227-59.

Fitzpatrick contemplates the under use of temporary protection measures like the 1951 Refugee Convention in cases such as the conflict in Bosnia-Herzegovina and Kosovo. She further addresses challenges to temporary protection and who is responsible for temporarily protecting the rights of refugees.

Lee, Luke T. 2001. "Current Development: The London Declaration of International Law Principles on Internally Displaced Persons." *The American Journal of International Law* 95 (454).

A report on the London Declaration of International Law Principles on Internally Displaced Persons, which was approved July 25-29, 2000 by the International Law Association. This declaration is concerned with the ability of IDP's to request and receive humanitarian assistance and protection, both regionally and internationally. Importantly, the report also highlights the idea that countries of origin are also responsible for IDP's. Overall, this document widens responsibility and concern for IDP's to humanitarian law, human rights law, and general international law.

Loescher, Gil. 1993. *Beyond Charity: International Cooperation and the Global Refugee Crisis*. Oxford: Oxford University Press.

Loescher, Gil; Mark Gibney; and Niklaus Steiner (eds.). 2003. *Problems of Protection: the UNHCR, Refugees, and Human Rights*. New York: Routledge.

Explores the legal and ethical obligations of the UNHCR, the protection of refugees, the role of NGO's, gender-based violence. It pays special attention to the regions of Palestine, Europe, Tanzania, Rwanda, and East Africa.

Von Sternberg, Mark. 2001. *The Grounds for Refugee Protection in the Context of International Human Rights and Humanitarian Law: Canadian and U.S. Case Law Compares*. Leiden, the Netherlands: Martinus Nijhoff.

Wood, William. 1994. "Forced Migration: Local Conflicts and International Dilemmas." *Annals of the Association of American Geographers* 84(4): 607-634.

Zolberg, Aristide R.; and Peter M. Benda (eds.). 2001. *Global Migrants, Global Refugees: Problems and Solutions*. New York: Berghahn Books.

Mental Health

The invisible wounds that refugees suffer as a result of violence, persecution, homelessness and invisibility create long term and often debilitating effects. Psychiatric disorders, like Post Traumatic Stress Disorder, mental exhaustion and chronic fatigue syndrome effect many refugees. These disorders greatly affect the long-term quality of life for refugees. The types of mental health problems refugees often develop and the treatment they require is a highly researched field of study. A large amount of what follows here focuses on Post Traumatic Stress Disorder and its effects on refugees.

Ahearn, Fredrick L. (ed.). 2000. *Psychological Wellness of Refugees: Issues in Qualitative and Quantitative Research*. New York: Berghahan Books.

Abstract: Focuses on wellness of refugees. Explains challenges to researching the mental health of refugees and the challenges of designing successful programs to help them. Explores theoretical issues, present case studies, qualitative, and quantitative research. Looks at implications for future research. Excerpts From Book News, Inc.

Bisrat F, Y. Berhane; A. Mamo; and E. Asefa. 1995. "Morbidity Pattern Among Refugees in Eastern Ethiopia." *East African Medical Journal* 72: 728-730.

Bracken, Patrick; and Celia Petty (eds.). 1998. *Rethinking the Trauma of War*. London: Free Association Books.

Rethinking the Trauma of War focuses on Post-Traumatic Stress Disorder and how it affects survivors of disasters including war. PTSD has been studied primarily and extensively by Western doctors, and continues to be treated through a Western framework. This book examines the possible problems that arise from using a western idea of trauma and PTSD to treat non-western patients. It concludes with ideas of more appropriate and efficient ways to handle the victims of traumatic experiences.

De Jong, Joop (ed.). 2002. *Trauma, War, and Violence*. New York: Plenum Publishing Corporation.

Abstract: This text examines the public mental health aspects of humanitarian and political emergencies. The goal is to help agencies and officers of government and non-government and international organization set up community mental health and psychological services. Excerpt from Book News Inc.

Drozdek, Boris. 2003. "Chronic PTSD and Medical Services Utilization by Asylum Seekers." *Journal of Refugee Studies* 16: 202-11.

The primary aim of this study was to examine the relationship between frequency of use and PTSD afflicted asylum seekers in the Netherlands. Participants were male adult asylum seekers originating from Asian and African countries.

Drozdek, Boris; and John P. Wilson (eds.). 2004. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. New York: Brunner-Routledge.

Fernandez, WG; S. Galea; J. Ahern; S. Sisco; R.J. Waldman; B. Koci; and D. Vlahov . 2004. "Mental Health Status among Ethnic Albanians Seeking Medical Care in Emergency Department Two Years After War in Kosovo: A Pilot Project." *Annals of Emergency Medicine* E1 (8).

Goldstein, R.; N. Wampler; and P. Wise. 1997. "War Experiences and Distress Symptoms of Bosnian Children." *Pediatrics* 100(5): 873-78.

Hermansson, A.; T. Timpka; and M. Thyberg. 2003. "The Long Term Impact of Torture on the Mental Health of War- Wounded Refugees: Findings and Implications for Nursing Programmes." *Scandinavian Journal of Caring Sciences* 17(4): 317-24.

Marsella, Anthony J.; Thomas Bornemann; Solvig Ekbal; and John Orley (eds.). 1998. *Amidst Peril and Pain: The Mental Health and Well-Being of the World's Refugees*. Washington, D.C.: American Psychological Association.

Mollica, Richard and Laura McDonald. 2002. "Old Stereotypes, New Realities Refugees and Mental Health." *United Nations Chronicle - Online Edition* (2).

www.un.org/pubs/chronicle/2002/issue2/0202p29_refugees_and_mental_health.html.

An article published in *Scientific American* {Mollica, Richard F., 'Invisible Wounds'. *Scientific American*, June 2000} discusses a number of discoveries revealing the varying nature and the long-term and debilitating impact of traumatic events experienced by refugees.

Noh, S.; M. Beiser; V. Kaspar; F. Hou; and J. Rummens. 1999. "Perceived Racial Discrimination, Depression, and Coping: A Study of Southeast Asian Refugees in Canada." *Journal of Health and Social Behavior* 40(3): 193-207.

This article studies the well-being of South East Asian refugees in Canada. The authors study the relationship between refugees' experience of racial discrimination and their level of depression. The authors also study the experience of refugees that confront discrimination, and how individual levels of ethnic identification effects the relationship between depression and racial discrimination. One important conclusion of the article is that strong ethnic identification may increase the likelihood of depression in the face of racial discrimination.

Sujoldzic, A.; A. De Lucia; R. Buchegger; R. Terzic; I. Behluli; and Z. Bajrami. 2003. "A European Project on Health Problems, Mental Disorders and Cross-Cultural Aspects of Developing Effective Rehabilitation Procedures for Refugees and Immigrants." *Collegium Anthropologicum* 27(2): 431-38.

Van Herp, Michel; Veronique Parqué; Edward Rackley; and Nathan Ford. 2003. "Mortality, Violence and Lack of Access to Healthcare in the Democratic Republic of Congo." *Disasters* 2: 141-153.

Other Sources

Ackerman, L. 1997. "Health Problems of Refugees." *The Journal of the American Board of Family Practice*: 337-348.

Al-khatib, I.; A. Ju'ba; N. Kamal; N. Hamed; N. Hmeidan; and S. Massa. 2003. "Impact of Housing Conditions on the Health of the People at Al-Ama'ri Refugee Camp in the West Bank of Palestine." *International Journal of Environmental Health Research* 13 (4): 315-326.

This research is concerned with the rates of upper respiratory tract diseases at the Ama'ri camp, which has a total population 4,046. It was found that the high prevalence of upper respiratory tract diseases is related to the poor housing conditions that are common to most refugee camps. Over-crowding, poor ventilation, high amounts of dust and smoke, burning of biomass fuel, and poor lighting all contribute to these conditions.

Allotey, Pascale (ed.). 2003. *The Health of Refugees: Public Health Perspectives from Conflict to Settlement*. Oxford: Oxford Press.

Bloom, Saul; John Miller; James Warner; and Phillipa Winkler (eds.). 1994. *Hidden Casualties: Environmental, Health and Political Consequences of the Persian Gulf War*. Berkeley: North Atlantic Books.

Byman, Daniel; Ian Lesser; Bruce Pirnir; Cheryl Benard; and Matthew Waxman. 2000. *Strengthening the Partnership: Improving Military Coordination with Relief Agencies and Allies in Humanitarian Operations*. RAND.

Cahill, Kevin; and Kofi Annan (eds.). 1993. *A Framework for Survival: Health, Human Rights and Humanitarian Assistance in Conflicts and Disasters*. New York: Routledge.

This edited volume assesses the moral, legal, and political effects of humanitarian assistance. Covering a variety of areas including Sudan, Afghanistan, and Central Africa, the authors focus on the importance of humanitarian assistance in the face of global change and governmental collapse.

Cahill, Kevin M. 2003. *Traditions, Values, and Humanitarian Action*. New York: Fordham University Press and The Center for International Health and Cooperation.

Closed Door Policy. 2002. Human Rights Watch. www.hrw.org/reports/2002/pakistan0202-05.htm.

Drozdek, Boris; and John P. Wilson (eds.). 2004. *Broken Spirits: The Treatment of Traumatized Asylum Seekers, Refugees, War and Torture Victims*. New York: Brunner-Routledge.

Gagnon, Anita; Lisa Merry; Cathlyn Robinson; Maureen Lynch; Michelle Lowry; Anthony H. Richmond; and MacDonald E. Ighodaro. 2002. "Population Displacements: Causes and Consequences." *Refuge* 21(1): 2-60.

Harris, Geoff (ed.) 1999. *Recovery From Armed Conflict in Developing Countries*. New York: Routledge.

This work focuses on what developing countries can do to successfully reconstruct political, social and economic institutions after armed conflict. Case studies on South Africa, Sri Lanka, Angola, Afghanistan, Cambodia, and Mozambique feature such issues as: refugees and the role of aid, community-led recovery and the special status of women and children in the recovery process.

Hidden In Plain View. 2002. Human Rights Watch.

www.hrw.org/reports/2003/kenyugan1002%20ap%20alter-17.htm

Johnson, James Turner. 2000. "Maintaining the Protection of Non-Combatants." *Journal of Conflict Resolution* 37(4): 421-448.

This article speaks to the problem of protecting non-combatants during times of war, attending in particular to the recent pattern of targeting civilians during war. This problem is exposed in moral terms, from a historical approach, and from an international law approach. The author pays points to the conflicts in Yugoslavia and Rwanda-Zaire as examples of this troubling phenomena.

Kemp, Charles; and Lance Rasbridge. 2004. *Refugee and Immigrant Health: A Handbook for Health Professionals*. New York: Cambridge University Press.

Kemp and Rasbridge examine the many challenges to providing healthcare for dispossessed people in the developed and underdeveloped world. Of universal interest are infectious diseases, mental health, and spiritual and traditional beliefs.

LeFeuvre, Peter. 2001. "How Primary Care Services Can Incorporate Refugee Health Care" *Medicine, Conflict, and Survival* 17(2): 131-6.

Describes the knowledge, skills, and attributes needed to provide quality primary healthcare and special services, with full integration into normal and general practice as the goal by National Health Service- Great Britain

McGinnis, Michael D. 2000. "Policy Substitutionality in Complex Humanitarian Emergencies: A Model of Individual Choice and International Response." *The Journal of Conflict Resolution* 44(1): 62-89.

Explains how local responses to humanitarian emergencies could worsen crises by diverting aid to finance activities that don't benefit the neediest people. It also argues that the international community and local agencies must work together in order to make the distribution and implementation of aid most effective.

Mears, Catherine; and Sue Chowdhury. 1994. *Health Care for Refugees and Disabled People* Virginia: Stylus Publishing. www.hrw.org/reports/2003/kenyugan1002%20ap%20alter-17.htm%20

No Safe Return - The Impact of the September 11 Attacks on Refugees, Asylum Seekers, and Migrants in the Afghanistan Region and World Wide. 2001. Human Rights Watch. www.hrw.org/backgrounder/refugees/refuee.bck1017.pdf.

The humanitarian refugee crisis in Afghanistan and other conflict areas has a broader worldwide impact and urgently need to be addressed. Neighboring countries, the UNHCR, and donor governments all needs to work together in order to adequately redress these problem areas. This article ultimately calls for the opening of borders to refugees in spite of security issues and to separate armed elements from non-combatant refugees.

Red Cross Reaches out to Refugees Nationwide. 2001. Red Cross.

<http://www.redcross.org/news/in/africa/010814refugees.html>.

This report details American Red Cross relief programs work in the United States. This well known charity provides support in primary health care, bringing in food assistance, secures water supplies, and helping refugees and the displaced find or contact lost family members. Explains how many relief programs are currently over burdened, under financed, and under staffed. The report gives a good statistical overview of these activities.

N. M. Shrestha; B. Sharma; M. Van Ommeren; S. Regmi; R. Makaju; I. Komproe; G.B. Shrestha; and J.T.V.M. de Jong. 1998. "Impact of Torture on Refugees Displaced Within the Developing World: Symptomology among Bhutanese Refugees in Nepal." *The Journal of the American Medical Association*: 443-48.

Taipale, Ikka (ed.). 2002. *War or Health?* London: Zed Books.

Taipale presents approximately 70 essays on the effects of war on the health of civilian populations, examining in particular the efforts of national governments, NGO's, and inter-governmental bodies on preventing and coping with the humanitarian effects of war. Overall, the text focuses on the effects of different weapons on health, especially vulnerable groups, environmental impacts, and how social structures affect war.

Thailand: Do Not Close Burmese Refugee Clinic. 2003. Human Rights Watch.
www.hrw.org/press/2003/10/thailand100303.htm

Trapped by Inequality: Bhutanese Refugee Women. 2003. Human Rights Watch.
www.hrw.org/reports/2003/nepal0903/3.htm.

This report is based on interviews with 112 refugees in the camps in the Jhapa and Morang districts of southeastern Nepal during March and April 2003. It describes the experience of Bhutanese women living for a decade as refugees in Nepal. During this time, they have endured discrimination, rape, sexual assault, polygamy, trafficking, and domestic violence. HRW faults the UNHCR and the government of Nepal of for not protecting the rights of these refugees.

UN Population Fund, Humanitarian Response Group, Annual Progress Report-2000. 2001. New York: UNFPA.

This annual report documents UNFPA's diverse efforts as the world's largest multilateral source of population funding, condoms and other reproductive health commodities.

Van Krieken, Peter J. (ed.). 2001. *Health, Migration and Return: A handbook for a Multidisciplinary Approach*. London: T.M.C. Asser Press.

This book gives a nice variety of different viewpoints and opinions on aspects of health, migration, and return. It outlines the different approaches to this issue and debates them in a straightforward manner.

Wiggers, Petterik. 2000. *10 Years for the Rohingya Refugees in Bangladesh: Past, Present and Future*. Doctors Without Borders.

Abstract: The purpose of this report is to provide an understanding of the condition of the Rohingya refugees now and over the past decade. The report will first look briefly at the past, providing a short history of the Rohingya Muslim group and reasons for their flight from Myanmar.

Women

Violence towards refugee women is too frequently tolerated, rarely investigated and seldom punished. Victims of abuse rarely have a viable legal institution to turn to for justice. Not only are refugee women vulnerable to abuse, they are also vulnerable to hazardous working conditions and a lack of reproductive health care or family planning education. What basic health care does exist does not always include pre- and post-natal care. This dearth of comprehensive care leaves women to suffer complications in childbirth, child rearing, and illness alone. There is a vast amount of literature that addresses the vulnerable nature of refugee women and speaks to the urgent need for action both regionally and internationally.

Busza, J.; and L. Lush. 1999. "Planning Reproductive Health in Conflict: A Conceptual Framework." *Social Science and Medicine*: 155-157.

Girard, Françoise; and Wilhemina Waldman. 2000. "Ensuring the Reproductive Rights of Refugees and IDPs: Legal and Policy Issues." *International Family Planning Perspectives* 26 (4): 167-173.

This article focuses on the role of the U.N. and NGO's in the struggle to enforce international laws to protect the reproductive rights of refugees and IDPs. It uses the Refugee Convention and Protocol to lay out how best refugee reproductive health can be protected. It also focuses on areas that are deficient and need to be developed in terms of protections for refugee health.

How to Guide: Reproductive Health in Refugee Situations: Strengthening Safe Motherhood Services." 1998. U.N. Commission on Refugees. www.unhcr.ch.

Krause, Sandra; Rachel Jones; and Susan Purdin. 2000. "Programmatic Response to Refugees' Reproductive Health Needs." *International Family Planning Perspectives* 26(4): 181-87.

This article explains how the extreme instability of the lives of refugees hinders their access to health care. It examines various refugee programs in motherhood, family planning, sexual violence, and STDs. It also describes the successes, failures, and challenges to programs aimed at improving reproductive health care for refugees.

MacCormack, Carol; and Amara Jambai. 1996. "Maternal Health, War and Religious Tradition: Authoritative Knowledge in Pujehun District, Sierra Leone." *Medical Anthropology Quarterly* 10(2): 270-286.

Addresses potential risks for pregnant women in Sierra Leone. The risks include: civil war and life in refugee camps. It also focuses on the need to mix traditional medical practices, including midwives, with biomedical health systems. The authors claim that a mix of practices will increase health benefits for pregnant women in refugee camps.

McGinn, Therese. 2000. "Reproductive Health of War-Affected Populations: What do we Know?" *International Family Planning Perspectives* 26(4): 174-180.

An empirical study aimed at understanding how the reproductive health problems of refugee women differ from women in settled populations. This article focuses on fertility, family planning, safe motherhood, and STDs including HIV.

Miserez, C. 1998. "Help for Refugee Women." *World Health Forum* 19 (3): 320-23.

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The authors are concerned with the problems and challenges women face during and after armed conflict. They note that under such circumstances women refugees typically search for independence and solidarity. However, these efforts are complicated by patriarchal patterns of gender relations and peace building.