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Failures of US Foreign Aid in Jordan:
An Analysis of US Foreign Aid to Jordan within
Jordan's Unique History of Refugee Absorption

A Thesis Submitted to
The Faculty of the College of Arts and Sciences
In Candidacy for the Degree of
Departmental Honors in International Studies

By

Cilia J. Jurdy

Committee in charge:

Professor Serena Cosgrove, Director

Professor Nova Robinson, Reader

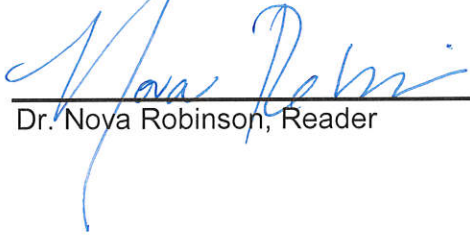
Professor Enyu Zheng, Reader

June 2016

This honors thesis by Cilia J. Jurdy is approved.



Dr. Serena Cosgrove, Director



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Abstract:

The US began giving aid as a geopolitical strategy in 1951 to assist with Jordan's absorption of Palestinian refugees after the creation of Israel in 1948. Since 1951, the US has given nearly \$15.833 billion in support. Foreign aid to Jordan began and has been perpetuated in order to keep the country stable as it takes in refugees. Jordan's total population is 55-57% refugees. Most of these refugees require financial, health and housing assistance and suffer from untreated mental health conditions. U.S. foreign aid policy needs to have programming for the mental health trauma refugees experience. Research needs to be done on the connection between this trauma and social, political, and economic problems that affect Jordan in relation to refugees. Implementing programs to treat mental illness through aid will allow US foreign aid in Jordan to be more effective in assisting the socio-economic growth of refugees and entire country as a whole.

Introduction:

Jordan's population is over 8 million people.¹ Of this, 55-75% are refugees, making refugees one of largest demographic groups within Jordan.² The United States is one of the largest contributors of aid to Jordan, but the effectiveness of this aid is a hotly debated issue between pro-aid and anti-aid scholars. The refugee community is large and at risk, because of this my purpose is to explore refugee needs to ascertain how aid can be utilized more effectively to promote sustainable social and economic growth within Jordan. In this paper I analyze a number of the deficiencies of aid allocation and use to determine that these failures are due to both United States' aid disbursement policies and Jordan's utilization of the provided aid. I critically review the history of US foreign aid to Jordan within the context of Jordan's unique history of refugee absorption. I will then go on to analyze the high risk of mental health issues within refugee populations, as well as the social and economic dysfunction within communities this risk contributes to. Lastly, I will evaluate and discuss ideas on changes that can be implemented to make US aid in Jordan more successful and effective in meeting the needs of the refugee population.

This paper will utilize the definition of "refugee" proffered by the 1951 United Nations Refugee Convention in which a refugee "is someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion."³ In regards to foreign aid, geopolitical strategies are mentioned often. Geopolitical strategies are tactics used by the nation state, which inform the influence of geography and economics on power relationships in

¹ --. "Jordan." *CIA World Factbook*. 2015. <https://www.cia.gov/library/publications/the-world-factbook/geos/jo.html>

² --. "Jordan: Foreign assistance." *Department of State, USAID*. 2015. beta.foreignassistance.gov/explore/country/jordan.

³ --. "Convention and Protocol Relation to the Status of Refugees." *UNHCR Communications and Public Information Service*. 2010. <http://www.unhcr.org/protection/basic/3b66c2aa10/convention-protocol-relating-status-refugees.html>

international relations.⁴ When discussing United States' aid to Jordan international power dynamics will be explored, leading to the "West" being used to refer to the United States and most of Western Europe. Other terms used as synonyms for the West are Global North, developed nations/countries, and/or core countries.

The experiences of refugees within Jordan vary widely. Palestinians in Jordan are long-term refugees while the Syrians are more recent. Much has changed in the intervening seventy years since the first Palestinian refugees entered Jordan in 1948, with the Second Exodus of 1967 in which Palestinians once again had to leave their country with many fleeing to Jordan, and the first Syrian refugees' turn to Jordan for refuge in 2011. The Jordanian government's integration of refugees into dominant society has varied with the Palestinian refugees, with some received full citizenship others were given only partial citizenship. As Jordan did not sign the Geneva Convention of 1951 "refugees in Jordan do not have access to employment and face more challenges in terms of accommodation, securing immigration status and having a sense of equality and empowerment."⁵ Depending on when they arrived, the level of citizenship Palestinians refugees are awarded in Jordan differs. "While some Palestinians have full access to employment, property ownership, public education and healthcare services, others need to obtain work permits and pay higher tuition fees at schools."⁶ These restrictions limit integration of Palestinian refugees into Jordanian society and economy. Syrian refugees in Jordan face similar struggles as they do not qualify for Jordanian passports and thus cannot "obtain a

⁴ Deudney, Daniel H. "Geopolitics: Political Science" *Encyclopaedia Britannica*. 2016. <http://www.britannica.com/topic/geopolitics>

⁵ Al-Makhamreh, S., S Spaneas, and G. Neocleous. "The Need for Political Competence Social Work Practice: Lessons Learned from a Collaborative Project on Iraqi Refugees – the Case of Jordan." *British Journal of Social Work* 42, no. 6 (2012): 1076.

⁶ Ansari, Dima. "Jordan's refugees – a human timeline of regional crisis." *IRIN: The Inside Story on Emergencies*. (2014) <http://www.irinnews.org/timeline/2014/12/09/jordans-refugees-human-timeline-regional-crisis>

residence permit that would allow them to work unless they pay.”⁷ Lack of full citizenship restricts movement and labor ability of refugees causing increased economic hardship for them. For both, residency in a refugee camp is often the only option. Refugees not being fully integrated into society could exacerbate feelings of vulnerability among recent and long-term refugee populations in Jordan.

Aid systems have not remained stagnant either. At the beginning of US aid to Jordan the aid the United States provided was on a strictly macro-level. As the years progressed, the United States has expanded to reach meso and micro-levels as well. Refugees from different places or seeking to settle in Jordan at different times were given different types of aid from both Jordan and the United States. These changes were due to cultural climate, geopolitical strategies of donor and receiving countries, and trail and error. In analyzing and reflecting on aid systems in line with the Jordanian socio-economic context methods of aid giving can be improved to benefit a larger number of people in need, most notably refugees.

History of Jordan:

After World War I and the fall of the Ottoman Empire, which had ruled Jordan since roughly 1512, the British Mandate for Transjordan was created by the League of Nations.⁸ Ottoman territories were divided up along the lines devised by the secret 1916 Sykes-Picot treaty.⁹ Under Article 22 of the League of Nations Charter the French and British were awarded this land as League-sanctioned mandate territories. The League awarded Transjordan, Palestine and Iraq to

⁷ Ansari, Dima. “Jordan’s refugees – a human timeline of regional crisis.” *IRIN: The Inside Story on Emergencies*. (2014) <http://www.irinnews.org/timeline/2014/12/09/jordans-refugees-human-timeline-regional-crisis>

⁸ Shaw, Stanford Jay. “Ottoman Empire: Historical Empire, Eurasia and Africa.” *Encyclopaedia Britannica*. 2016. <http://www.britannica.com/place/Ottoman-Empire>

⁹ Trueman, C.N. “The Sykes-Picot Agreement of 1916” *The History Learning Site*. 2016. <http://www.historylearningsite.co.uk/modern-world-history-1918-to-1980/the-middle-east-1917-to-1973/the-sykes-picot-agreement-of-1916/>

Britain while Syria and Lebanon were awarded to France.¹⁰ Analyzing the language of Article 22 it can be argued that the League formed the mandate system as a system of foreign development aid. The League stated the mandates were a method to help the newly formed countries develop up to a state where they could effectively self-rule. Yet, there was no expiration date set to ever end the mandates, which ultimately led to the mandates functioning more as colonies than as systems of national development.¹¹ It was not until 1946 that the United Nations recognized Jordan as an independent sovereign nation.¹² The Hashemite Kingdom of Jordan is, on paper, a “constitutional monarchy with representative government.”¹³ However, the 1952 Jordanian constitution gives the king broad executive powers, such as the ability to dissolve both houses of parliament and postpone elections.¹⁴

Shortly after Jordan’s independence the declaration of the state of Israel in 1948 resulted in thousands of Palestinians fleeing the Arab-Israeli fighting, taking refuge in Jordan. Roughly one-third of the 700,000 displaced Palestinian Arabs in 1948 took refuge in Jordan.¹⁵ This placed a huge strain on Jordan’s already weak social, economic and political systems. Many chose Jordan due to its geographic proximity, similar historical culture and language, as well as Jordan’s support of Palestine and promise to assist in protecting the Palestinian state against Israel. To help absorb this influx and protect Palestinian land, Jordan annexed the West Bank in

¹⁰ Nova Robinson, “The Mandate System” (lecture, Women and Gender in the Middle East, Seattle, WA, January 28, 2016).

¹¹ Ibid

¹² --. “Jordan profile – Timeline.” *BBC News*. April 13, 2016. <http://www.bbc.com/news/world-middle-east-14636713>

¹³ --. “Keys to the Kingdom: Government.” *The Hashemite Kingdom of Jordan*. 2015. <http://www.kinghussein.gov.jo/government.html>

¹⁴ Sharp, Jeremy M. “Jordan: Background and U.S. relations.” *Congressional Research Service*. 2015. <https://www.fas.org/sqp/crs/mideast/RL33546.pdf> 7.

¹⁵ --. “Palestinian Refugees.” *Anti-Defamation League*. 2016. <http://www.adl.org/israel-international/israel-middle-east/content/AG/palestinian-refugees.html?referrer=https://www.google.com/#.VzJmRhUrKb8>

1950.¹⁶ With Palestinian refugees comprising over 50 percent of Jordan's population, Jordan struggled to maintain stability. In 1951, under the terms of the Eisenhower Doctrine and as an attempt to stabilize Jordan under the continuous influx of refugees coming from Palestine, the United States gave Jordan \$1.4 million in annual aid.¹⁷

The large refugee influx was the pivotal event for the United States to begin giving aid to Jordan – and aid has followed along with refugee flows ever since as a means of maintaining political and economic stability. In 1967 Israel invaded the West Bank during the Six-Day War. Following the war, Israel annexed the West Bank, which resulted in another influx of refugees to the Jordanian state.¹⁸ Fighting with Israel on and off for the past 60 years has resulted in numerous phases of Palestinian refugee flows since 1948. The U.S. continued to provide aid for the Hashemite Kingdom of Jordan as it continued to struggle with integrating Palestinian refugees. In 1994, Jordan signed a peace treaty with Israel, but fighting and refugees from the conflict still spills over into Jordan.¹⁹

Geographically, Jordan has few natural resources and a relatively small industrial base.²⁰ This leaves the Jordanian economy “dependent on external aid from abroad, tourism, expatriate worker remittances, and the service sector.”²¹ Note that “external aid from abroad” is the first item listed. Jordan faces longstanding problems of poverty, corruption, slow economic growth, and high unemployment all of which are exacerbated during large refugee migration periods. Nearly three fourths of Jordanians have a negative view of their country's economic conditions,

¹⁶ --. “Jordan profile – Timeline.” *BBC News*. April 13, 2016. <http://www.bbc.com/news/world-middle-east-14636713>

¹⁷ Sayigh, Yezid and Avi Shlaim. “The Cold War and the Middle East.” *Clarendon Press, Oxford*. (2003): 104.

¹⁸ --. “Jordan profile – Timeline.” *BBC News*. April 13, 2016. <http://www.bbc.com/news/world-middle-east-14636713>

¹⁹ *Ibid*

²⁰ Sharp, Jeremy M. “Jordan: Background and U.S. relations.” *Congressional Research Service*. 2015. <https://www.fas.org/sgp/crs/mideast/RL33546.pdf> 11.

²¹ *Ibid*, 11.

resulting in a “brain drain” in which well-educated highly skilled Jordanians “go abroad in search of better jobs and opportunities.”²²

In 2011 Jordan was one of several Arab States to go through the Arab Spring, resulting in large-scale street protests against the current political system. However, unlike Mubarak and Assad, King Abdullah made changes to the government to address the protestors' requests. In large part, the existing political system stayed in place with only minor changes to those in appointed positions.²³ Shortly after the Jordanian Arab Spring uprisings, Jordan also began absorbing massive numbers of Syrian refugees. Currently, Jordan is struggling to maintain stability under the strains of taking in so many refugees. In February of 2016, King Abdullah stated that Jordan had “reached saturation point in its ability to take in more Syrian refugees.”²⁴ There are currently 630,000 registered Syrian refugees living in Jordan, with the actual number being probably much higher.²⁵

Literature Review and Justification:

Jordan received roughly \$1.01 billion last year in foreign aid.²⁶ In order to break down this aid and assess its effectiveness, it is necessary to critically review the history of foreign aid and its successes and failures. Foreign aid is a relatively new phenomenon, beginning in the early nineteenth century with rich countries providing aid to their colonies. This aid was typically used to “improve infrastructure with the ultimate goal of increasing the colony’s economic output.”²⁷ During World War I the United States provided aid through varying channels to populations, of

²² Ibid, 11.

²³ --. “Jordan profile – Timeline.” *BBC News*. April 13, 2016. <http://www.bbc.com/news/world-middle-east-14636713>

²⁴ --. “Jordan profile – Timeline.” *BBC News*. April 13, 2016. <http://www.bbc.com/news/world-middle-east-14636713>

²⁵ McNeely, Clea A. and Lyn Morland. “The Health of the Newest Americans: How US Public Health Systems Can Support Syrian Refugees.” *AJPH* 106, no. 1 (2016): 13.

²⁶ --. “Jordan: Foreign assistance.” *Department of State, USAID*. 2015. beta.foreignassistance.gov/explore/country/jordan.

²⁷ Williams, Victoria. “Foreign Aid.” *Encyclopedia Britannica*. 2015. <http://www.britannica.com/topic/foreign-aid>

which was to the Armenians during the 1915 Armenian genocide.²⁸ Immediately following World War II the United States increased its foreign aid programming through the Marshall Plan, which was a US package to “rehabilitate the economies” of European countries decimated by war.²⁹ This then expanded in 1947 to help countries resist the spread of communism and persisted throughout the Cold War. By the time the Cold War ended in 1989 the United States had geopolitical strategies in place in the Middle East that required continuation of aid. These included the funding of Israel as an ally in the region. The discovery of oil at the turn of the 20th century in many Middle Eastern countries was another reason for the United States to continue giving aid. The US wanted to preserve the continued extraction of oil in the region and its easy access to the market after casting oil as a security issue immediately following World War II.³⁰

The United States began giving foreign aid to Jordan in 1951.³¹ The aim of this aid was to keep the country stable, as Palestinian refugees had been arriving in increasing numbers since 1948. As a result of this, in 1950 the Hashemite Kingdom of Jordan expanded its territory, uniting the two banks of the Jordan River. This was done as a safeguard against further Israeli land occupation, but this also increased the number of refugees within Jordan to over 50% of its population.³² Due to these conditions the United States found Jordan to be a country that needed and qualified for aid, under the Eisenhower Doctrine, which stated “a country could

²⁸ --. “Frequently Asked Questions about the Armenian Genocide.” *Armenian Genocide*. 2015. <http://www.armenian-genocide.org/genocidefaq.html#response>

²⁹ Williams, Victoria. “Foreign Aid.” *Encyclopedia Britannica*. 2015. <http://www.britannica.com/topic/foreign-aid>

³⁰ Yergin, Daniel. *The Prize: The Epic Quest for Oil, Money, and Power*. (New York: Free Press. 2008).

³¹ Sharp, Jeremy M. “Jordan: Background and U.S. relations.” *Congressional Research Service*. 2015. <https://www.fas.org/sgp/crs/mideast/RL33546.pdf>

³² --. “History: The tragedy of Palestine.” *The Hashemite Kingdom of Jordan*. 2015. http://www.kinghussein.gov.jo/his_palestine.html

request American economic assistance and/or aid from U.S. military forces if it was being threatened by armed aggression from another state.”³³

Since 1951 US aid to Jordan has fluctuated in amount but remained relatively continuous in flow, totaling nearly \$15.833 billion in total US-funded support.³⁴ The majority of the aid in Jordan goes towards Economic Development, with Peace and Security being the second largest portion, in which the Jordanian military receives massive amounts of aid.³⁵ Resources refugees utilize, such as Health, Social Services and Human Rights together make up roughly only 20% of aid. This aid comes through varying channels such as cash transfers from the United States’ government, United States Agency for International Development (USAID), and The United Nations Relief and Works Agency (UNRWA).³⁶ The U.S. is the main funder of UNRWA in Jordan and is one of the five permanent members of the UN Security Council, giving them more influence in decisions making of UNRWA. The ebbs and flows of US aid to Jordan reveal both Jordanian needs and U.S. motives. By analyzing foreign aid to Jordan in relation to the history of foreign aid in the Middle East this paper will first prove that foreign aid is a positive contributor towards growth and will suggest new processes for donor countries to insure aid is used effectively and to its fullest potential.

Foreign Aid Debate and US Aid to Jordan:

Lancaster (2009) describes the debate on foreign aid’s success as polemical and split between two perspectives: those who think more aid will help increase development and those who are skeptical if foreign aid has or will ever assist development. He calls those who support aid “resource fundamentalists.” While he refers to those against foreign aid as “market

³³ --. “The Eisenhower Doctrine, 1957.” *Office of the Historian, Bureau of Public Affairs*. <https://history.state.gov/milestones/1953-1960/eisenhower-doctrine>

³⁴ Sharp, Jeremy M. “U.S. Foreign Assistance to the Middle East: Historical Background, Recent Trends, and FY2011 Request.” *Congressional Research Service*. (2011): 14.

³⁵ --. “Jordan: Foreign assistance.” *Department of State, USAID*. 2015. beta.foreignassistance.gov/explore/country/jordan.

³⁶ Sharp, Jeremy M. “U.S. Foreign Assistance to the Middle East: Historical Background, Recent Trends, and FY2011 Request.” *Congressional Research Service*. (2011): 7.

fundamentalists.”³⁷ This is, at heart, an economic debate regarding what the role of an aid receiving state in the economy should be. Should the state take a role in promoting development or does this disrupt market functions? The answer remains unclear. These two opposing viewpoints can be used not only in modern analysis, but historical analysis of aid as well.

Lancaster (2009) also highlights the motives behind giving aid. He notes that “the purposes of aid-giving are almost always mixed” in that not just development/wellbeing of the country is considered, but also diplomatic goals, commercial objectives, and the furthering of political strategies.³⁸ The problem, Lancaster (2009) states, is trying to find an effective way to evaluate the impact of the aid.³⁹ Foreign aid research literature has mainly relied on measures of economic growth and political stability as a means of evaluating effectiveness. Since _____ scholars have analyzed the economic growth measurement method in order to understand the results of aid. In the ensuing section, I study the debates that emerge in the literature and demonstrate that there is more than one way to assess the effectiveness of foreign aid.

The goals of donor states for providing aid can be sorted into three main categories: political/strategic, economic, and social. Much of the research and analysis of the effects of Western foreign aid are in reference to the Cold War, dating many of the examples of aid as purely U.S. geo-political strategies used prevent the spread of communism. Alesina and Dollar (2000) studied allocation of aid from various donors from post WWII to post Cold War.⁴⁰ Their research findings suggest that political and strategic goals of the donor state dictate foreign aid as much, if not more, than economic need does. Thus, it is not necessarily the needs of the

³⁷ Lancaster, Carol. “Sixty years of foreign aid: What have we learned?” *International Journal* 64, no. 3 (2009): 799.

³⁸ Lancaster, Carol. “Sixty years of foreign aid: What have we learned?” *International Journal* 64, no. 3 (2009): 808.

³⁹ *Ibid*, 808.

⁴⁰ Alesina, Alberto and David Dollar. “Who gives foreign aid to whom and why?” *Journal of Economic Growth* 5, no. 1 (2000): 33-63.

receiving countries that are addressed but those of the donor countries.⁴¹ In essence, all decisions take into account what is best for the donor country, not necessarily the receiver. This assertion (though it pre-dates Lancaster (2009)) reinforces Lancaster's claim of "mixed purposes" in giving aid.⁴² Alesina and Dollar (2000) also emphasized an important correlation between colonial past and political alliances in determining foreign aid, with democratized countries receiving significantly more than other types of governmental structures.⁴³

Headey (2008) examined aid effectiveness research and concluded that all earlier research of Western aid should be "interpreted in their proper historical context" in order to fully understand the success.⁴⁴ When the statistics on foreign aid are examined under this framework aid is shown to have a significant effect on economic growth in developing countries. This historical context technique is a lens that could be applied to Alesina and Dollar's (2000) study, which uses statistics from pre and post Cold War periods. Applying Headey's call to put aid research into its historical context to the work of Alesina and Dollar (2000) reveals that against the backdrop of the Cold War it made sense to give democratic countries the lion share of aid as a strategic political means to combat the spread of Communism.⁴⁵ Headey's contribution prompted numerous scholars to re-analyze examples of foreign aid within the historical context in order to draw more accurate conclusions on aid's effectiveness. Unfortunately, there is no discussion of changing the practice to analyzing the past and present contexts of both the donor and the recipient in order to find the most effective, individualized way to give aid currently.

Authors Bearce and Tirone (2009) illustrate that Western foreign aid can facilitate "economic reform, but only when the strategic benefits associated with providing aid are small for donor

⁴¹ Ibid, 33-63.

⁴² Lancaster, Carol. "Sixty years of foreign aid: What have we learned?" *International Journal* 64, no. 3 (2009): 808

⁴³ Alesina, Alberto and David Dollar. "Who gives foreign aid to whom and why?" *Journal of Economic Growth* 5, no. 1 (2000): 33-63.

⁴⁴ Headey, Derek. "Geopolitics and the effect of foreign aid on economic growth: 1970-2001." *Journal of International Development* 20 no. 2 (2008): 161.

⁴⁵ Ibid, 161-80.

governments.”⁴⁶ This means that foreign aid is conditionally effective on the country and situation. Bringing Headey (2008) and Alesina and Dollar’s (2000) work together, Bearce and Tirone (2009) use pre-and post-Cold War era data to illustrate the importance of historical context and understanding political or economic strategies donor countries have. They found that “aid has been positively associated with economic reform, but only after 1990 when Western governments could more credibly threaten to curtail their aid if such reform was not forthcoming.”⁴⁷ Power dynamics and nation-state relations, especially in the last 30 years, play a large part in the impact of aid. Thus, the contribution of Bearce and Tirone’s (2009) research shows that to accurately analyze the effectiveness of economic foreign aid one must first deconstruct the “political-strategic objectives of *donor* governments.”⁴⁸ This connects with Lancaster’s (2009) point and Headey’s (2008) assertion that foreign aid must be analyzed within the historical context of donor state’s domestic and foreign policy objectives.⁴⁹

Minoiu and Reddy (2009) explored the impact of foreign aid by classifying aid into two categories, developmental and non-developmental.⁵⁰ They define developmental aid as aid in which it is “possible to rank-order aid expenditures based on the extent to which they are expected to promote development” such as “social infrastructure and services, health and employment, and social services.”⁵¹ Non-developmental aid they define as “all other kinds of aid.”⁵² Categorizing aid enabled them to measure the effectiveness of aid over a long period of

⁴⁶ Bearce, H. David and Daniel C. Tirone. “Foreign aid effectiveness and the strategic goals of donor governments.” *The Journal of Politics*, 72 no. 3 (2010).

⁴⁷ Bearce, H. David and Daniel C. Tirone. “Foreign aid effectiveness and the strategic goals of donor governments.” *The Journal of Politics*, 72 no. 3 (2010).

⁴⁸ Bearce, H. David and Daniel C. Tirone. “Foreign aid effectiveness and the strategic goals of donor governments.” *The Journal of Politics*, 72 no. 3 (2010).

⁴⁹ There was a large proliferation on the topic of foreign aid in 2008/2009. Research was so extensive at this time that an analysis of this literature falls outside the scope of this paper.

⁵⁰ Minoiu, Carmelia and Sanjay Reddy. “Development and economic growth: A positive long-run relation.” *Review of World Economics* 143, no. 4 (2007): 3.

⁵¹ *Ibid*, 8.

⁵² *Ibid*, 8.

time. Their data supported the conclusion that “developmental aid promotes long-run growth”.⁵³ This long run had no uniform time span, reaching anywhere from 5 years to several decades. Like Bearce and Tirone (2009), Minoiu and Reddy (2009) make special note that further inquiry into the political, economic and/or social motives the donor countries should be made before aid is given. Bearce and Tirone (2009) discuss this in terms of donor countries’ credible influence, while Minoiu and Reddy (2009) note “the quality of donor-recipient match may matter for aid effectiveness.”⁵⁴ They place the emphasis on understanding the social and cultural relationship between the donor-recipient is an important facet of understanding the effectiveness of their aid. In this sense, Bearce and Tirone (2009) disagree slightly with Minoiu and Reddy (2009), as their assertion is power dynamics between countries rather than characteristics of the countries. However, both assert that donor motives play a large role in determining the success of foreign aid.

USAID is a strong proponent for continuing to help Jordan financially. USAID cites that because of United States’ foreign aid since 1951 Jordan has “transformed from a sparsely populated country with limited road and health services to a country with six million people and significant infrastructure and established government institutions.”⁵⁵ Despite this progress, they argue, Jordan still has numerous development challenges and therefore requires continuous aid. USAID specifies something the previous authors neglected – saying they “will continue to work with the government and the people of Jordan to advance the country’s development priorities and reform agenda.”⁵⁶ In this statement Jordan is separated into two parts, the government and the people. The focus of the previous scholars has been fixated on the former, but it is the latter that are in dire need of aid. By making this distinction USAID shows a

⁵³ Ibid, 1.

⁵⁴ Minoiu, Carmelia and Sanjay Reddy. “Development and economic growth: A positive long-run relation.” *Review of World Economics* 143, no. 4 (2007): 800.

⁵⁵ --. “Jordan: History.” *USAID, US Government*. 2015. <https://www.usaid.gov/jordan/history>.

⁵⁶ --. “Jordan: History.” *USAID, US Government*. 2015. <https://www.usaid.gov/jordan/history>.

comprehensive understanding of the politics of giving aid and of the Jordanian cultural context, which is a dual level approach of top-down and bottom-up in order for aid to be more evenly dispersed throughout the country.

As a government aid institution, USAID's presentation of the impact of foreign aid does need to be taken with a grain of salt. They proudly advertise their achievements within Jordan; however they are almost all on a micro-level projects (in the sense that they are community-focused projects, not government level reforms). The switch to micro-level happened in the last ten years or so, after deeming that focusing on building infrastructure was not the only aid solution. Historically aid packages were larger on a macro-level. However, mentioning the continued development challenges Jordan faces is about as close as they come to discussing the failures or inefficiencies of foreign aid within Jordan. Citing only foreign aid successes seems to be a trend across all government sponsored sources – all of which skate over policy failures and inefficiencies, and never mention possible geopolitical strategies the United States may have in giving this aid. Yet, USAID does a thorough job at showcasing the many successes foreign aid to Jordan has enabled. Through their micro-outlook approach the grass roots level improvements that aid makes possible are easily connected back to people within Jordanian communities – putting human faces back on the impact of aid.

In contrast, what Lancaster (2009) dubs “market fundamentalists” argue using foreign aid to help nation-states is a futile effort.⁵⁷ One of the most outspoken market fundamentalists is William Easterly. Easterly (2003) launched an investigation into the connection between aid and growth, focusing on the use of “alternative definitions of aid, good policy, and growth.”⁵⁸ He states that these have been used incorrectly to exaggerate the causal relationship between aid and growth. Dollar's (2000) research is called into question under Easterly's scrutiny, accusing

⁵⁷ Lancaster, Carol. “Sixty years of foreign aid: What have we learned?” *International Journal* 64, no. 3 (2009): 800.

⁵⁸ Easterly, William. “Can foreign aid buy growth?” *The Journal of Economic Perspectives* 17, no. 3 (2003): 23.

Dollar of misusing definitions in order to inflate his findings of aid being a positive contributor to economic growth.⁵⁹ Easterly (2009) then explores the “financial gap” model, which states that “aid increases investment and then that investment increases economic growth.”⁶⁰ Easterly (2009) states that this model has “dubious theoretical foundations and numerous empirical failings” yet he does not go into detail on what exactly these are.⁶¹ Indeed, none of the above scholars have even used the words “financial gap” model in their reports, which was unexpected due to Easterly’s (2009) prominence in foreign aid research and conversations. The “financial gap” model does seem to, in Easterly’s (2009) analysis, ignore all other factors of investment. Aid itself would not necessarily increase investment, as most smart investors look at the political and economic stability of the country, surrounding conflicts that could possibly spill over, workforce and skill level within the country, and volatility of inflation. However, this is a flaw with the model, not foreign aid itself. Indirectly foreign aid could assist with all the aforementioned concerns investors might have and in the long run contribute to economic growth. A country’s economic growth would be slow and hard to measure because of the indirectness and high number of factors going into it. Yet, unlike Easterly (2009) argues this aid would still be beneficial towards economic growth.

Easterly (2009) then focuses, in contrast to pro-aid scholars, on the aid receiving country. He outlines situations in which governments will misuse aid in order to keep the existing social order and protect “the current political elite.”⁶² Easterly’s (2009) data shows a connection between “corruption’s corrosive impact and how it is sustained by foreign aid.”⁶³ This brings to light an important question: should misuse of aid be a reason to discontinue it? Easterly argues yes. The West must give less and expect less and be okay with that, because the economies of

⁵⁹ Easterly, William. “Can foreign aid buy growth?” *The Journal of Economic Perspectives* 17, no. 3 (2003): 23.

⁶⁰ Ibid, 33.

⁶¹ Ibid, 33.

⁶² Ibid, 35.

⁶³ Ibid, Abstract.

these nation-states will develop eventually on their own. He states a new goal from this, “simply to benefit some poor people some of the time.”⁶⁴

So, is Easterly (2009) attacking foreign aid or just the way the West gives foreign aid? As a prominent professor of economics, his thinking is strictly cost-benefit comparison with a focus on the financial trade offs. What he neglects to take into account are the political, social, and cultural effects foreign aid can have on a nation-state. He sees money spent with no tangible product created; yet perhaps he could take a lesson from Headey (2008) and analyze the impact of aid within the historical and cultural contexts. As Headey, Lancaster, and etc al. implicitly show in their various approaches, determining the effects of aid is full of different factors and methods such as measuring GDP, economic growth (overall or for specific industries), health statistics, and education levels.

Curtis and Cosgrove (2015) outline the some of the reasons foreign aid has failed. First they discuss the Marshall Plan aid and misapplication of that model from war-torn Europe to creating industrialization in developing countries. In Europe, the Marshall plan was never a significant percentage of national income, while in developing nation it can comprise 60% of the nation’s income.⁶⁵ Second, they state the argument that aid can harm economic development and promote corruption.⁶⁶ This leads to the third point, that “aid harms political development” through corruption and promotion of autocracy.⁶⁷ Finally, there is lack of accountability causing aid to be “about furthering a neo-colonial model of resource extraction and profit, as well as assuring a world view that represents the political commitments and economic interests of the [global] North.”⁶⁸ This reasserts the argument that donor motives are what matters and how aid is given,

⁶⁴ Easterly, William. “Can foreign aid buy growth?” *The Journal of Economic Perspectives* 17, no. 3 (2003): 40.

⁶⁵ Curtis, Benjamin and Serena Cosgrove. *Understanding Global Poverty: Causes, Capabilities, and Human Development*. (Routledge Press, Date of publication forthcoming) 27.

⁶⁶ *Ibid*, 27.

⁶⁷ *Ibid*, 28.

⁶⁸ *Ibid*, 28-29.

particularly in the context of the global North determining the methods of aid instead of supporting local projects. However, as with Easterly (2009), the authors assert that the root of the problem is not the aid but rather the uneven way aid is given. Curtis and Cosgrove state the real question to ask is not whether aid is wholly good or bad, but instead “how can [aid] work better?”⁶⁹ I take this question as the core of my research in Jordan.

In *Dead Aid*, author Dambisa Moyo (2009) is personally against foreign aid, “displaying utter disdain for current aid models.”⁷⁰ Her belief is that the West needs to end its foreign aid programs, which she has concluded by looking at how it has only increased African poverty. In alignment with Easterly (2009) Moyo “argues that nearly \$2 trillion spent over several decades has done little more than fill the coffers of corrupt regimes.”⁷¹ This has proved to be true in countries such as Chad, Somalia and Botswana but Moyo breezes past the complexities of aid giving. For instance, she “omits any specifics of aid allocation ... dismissing all aid as corrupt and useless.”⁷² By lumping all aid together as one Moyo not only dismisses all cases of foreign aid working (and there are many), she also overly simplifies the complexities of aid. Eddlem (2011) devotes an entire section to Jordan in his writings on U.S. foreign aid in the Middle East. He criticizes the giving of aid to Jordan as well as other Middle Eastern countries, as it becomes a means “used to support and influence tyrannical regimes around the world.”⁷³ This falls in line with Easterly’s (2009) analysis that foreign aid is misused to protect the existing social order, i.e. support corrupt regimes. Eddlem’s (2011) thesis is that the Arab Spring occurred because “the U.S. government propped up [Egyptian, Tunisian, Syrian, etc.] corrupt regimes with massive

⁶⁹ Ibid, 32.

⁷⁰ Craft, Paul. “Re-thinking Foreign Aid: Paul Collier’s *The Bottom Billion* and Dambisa Moyo’s *Dead Aid*.” *Stanford Review*. March 13, 2009. <http://stanfordreview.org/article/re-thinking-foreign-aid/>

⁷¹ Ibid,

⁷² Ibid,

⁷³ Eddlem, Thomas R. “The tool of U.S. foreign aid.” *The New American* (2011): 18.

amounts of foreign aid through the years.”⁷⁴ Like Peters and Moore (2009), Eddlem (2011) believes the donor motives are all about strategic interests. He outlines the flaws of the Jordanian government; that it is a dictatorship that restricts citizens’ rights, tortures, and employs government censorship of the Internet.⁷⁵ In 2015 Jordan’s Perceived Corruption Index (CPI) was at 53, with 0 being highly corrupt and 100 being very clean. This ranked Jordan 45th out of 168 countries in the index, which places it behind the most uncorrupt Denmark and ahead of countries such as Italy, Turkey, Kuwait and Greece.⁷⁶ In propping up these restrictive governments resentment among the countries’ citizens grow – erupting into protests like those seen during the Arab Spring. The United States’ foreign aid then fails to accomplish its goal – “geopolitics... buy America’s influence.”⁷⁷ For these reasons, he argues, giving aid is just an “annual welfare check for a dictator,” and should be discontinued.⁷⁸

There is no denying that aid has been misused, but what Eddlem (2011) fails to discuss is Jordan’s limited role in the Arab Spring. Eddlem’s (2011) statements against aid due to its misuse identifies corruption as a key factor in the Arab Spring states, which is a conclusion I do agree with. By lumping Jordan in with Egypt, Tunisia, and Syria he equates all of these governments as equally corrupt. However, Jordan’s government has remained secure since the Arab Spring, with a peaceful and stable nation. The Hashemite monarchy may be corrupt, but not nearly to the extent of these other countries. In fact, Jordan has been moving up the CPI, from scoring 45 in 2011 and being ranked 56 to scoring 49 in 2015, moving their ranking up to 45.⁷⁹ The CPI does not tell the whole story and there are other factors to take into consideration

⁷⁴ Ibid, 18.

⁷⁵ Ibid, 22.

⁷⁶ --. “Corruption Perceptions Index 2015.” *Transparency International*. 2016.

<http://www.transparency.org/cpi2015#downloads>

⁷⁷ Eddlem, Thomas R. “The tool of U.S. foreign aid.” *The New American* (2011): 22.

⁷⁸ Eddlem, Thomas R. “The tool of U.S. foreign aid.” *The New American* (2011): 20.

⁷⁹ --. “Corruption Perceptions Index 2015.” *Transparency International*. 2016.

<http://www.transparency.org/cpi2015#downloads>

when analyzing the corruption level of governments, yet the CPI allows for structured comparisons and reflects corruption levels well enough. Compared to 2011 CPI data of Egypt which scored 29 and ranked 112, Tunisia which scored 38 and ranked 73, and Syrian which scored merely 26 and ranked 129 Jordan's level of corruption is on a much lower level than the Arab Spring States.⁸⁰ It is also a nation taking in mass numbers of refugees, some from these very countries, so their need for aid is different and arguably greater. Eddlem (2011) also fails to analyze different aid programs or look at any statistics of growth compared to aid. His statement that there needs to be a system to prevent dictators from simply pocketing the aid is valid – but he neglects the human toll that would amass if Jordan were to be cut loose from aid. Not just the King but the country itself would crumble due to limited economic and geographic resources coupled with the high strain on social services the Syrian refugee crisis has exacerbated.

Poschmann and Pereira (2003) collaborate to provide more instances of the pitfalls of foreign aid.⁸¹ Like Easterly, they emphasize the importance of knowledge of the receiving country and its institutions, noting that without the proper institutions the government can easily misuse aid. The argument is that in these situations, it is better to not give aid at all. For these reasons their findings are that “sometimes no aid will be a better option than misspent aid.”⁸² Pereira differs from Poschmann, finding a middle ground by saying that “a combination of good government policies and a healthy dose of foreign aid” is required to help fix issues such as the spread of disease.⁸³ Pereira's opinion seems to be that aid should be used to assist with health and other global crisis. In this sense, Jordan would qualify for foreign aid because of its high

--. “Corruption Perceptions Index 2011.” *Transparency International*. 2011. ISBN: 978-3-943497-18-2.

⁸⁰ --. “Corruption Perceptions Index 2011.” *Transparency International*. 2011. ISBN: 978-3-943497-18-2.

⁸¹ Poschmann, Finn and Alvaro Pereira. “Foreign aid and poverty.” *Inroads* 13, no. 62 (2003): 62.

⁸² Poschmann, Finn and Alvaro Pereira. “Foreign aid and poverty.” *Inroads* 13, no. 62 (2003): 66.

⁸³ *Ibid*, 73.

numbers of refugees and the health and mental health issues they are experiencing. Pereira's determinants of issues such as disease etc. that would require foreign aid are not specified; leaving room for a debate to crop up concerning what constitutes a global issue.

Peters and Moore (2009) deconstruct U.S. foreign aid to Jordan by analyzing how aid has enabled the Hashemite monarchy to "retain power through periods of late development, domestic political crisis, and neoliberal conditionality."⁸⁴ This, they imply, is counter to the social, political, and economic growth this aid is supposed to be supporting. In alignment with Easterly's (2009) negative assessment of foreign aid, they assert that by continuously aiding the Hashemite Kingdom of Jordan the U.S. is paying to keep the elite in power, at the expense of economic development.⁸⁵ In essence, they argue that aid is being misused, absorbed by a corrupt monarchy instead of helping the nation of Jordan as a whole. Yet the question remains: is this the fault of the United States' policies on giving aid or Jordan's practices after taking the aid?

Similar to Bearce and Tirone (2009) and Minoiu and Reddy (2009), Peters and Moore (2009) look at the donor side as part of their evaluation. The United States' reasons for giving this aid are not ones of charity they argue, but rather geopolitical strategies. In fact, Peters and Moore (2009) found that "there is no public evidence that the USA has ever tried to condition aid on substantive political reform."⁸⁶ The political problems with corruption in Jordan are well known, yet the United States does not even try to use their position to leverage reforms. This leads one to think that perhaps the foreign aid is not helping with growth because growth was never the intention. Instead, Peters and Moore (2009) suggest looking at the donor motives of

⁸⁴ Peters, Anne Mariel and Pete W. Moore. "Beyond boom and bust: External rents, durable authoritarianism, and institutional adaptation in the Hashemite Kingdom of Jordan." *Studies in Comparative International Development* 44, no. 3 (August 2009): 256.

⁸⁵ Ibid, 257.

⁸⁶ Peters, Anne Mariel and Pete W. Moore. "Beyond boom and bust: External rents, durable authoritarianism, and institutional adaptation in the Hashemite Kingdom of Jordan." *Studies in Comparative International Development* 44, no. 3 (August 2009): 279.

the United States, highlighting different dates over the history of aid where the United States has given more aid in times of needing political allies. Here the fault is evenly split. Foreign aid in Jordan is not working because the government is corrupt. The government has remained corrupt because the United States gives it foreign aid in order to maintain a strategic ally in the Middle East. Paul Collier (2007) has highlighted the need for tying disbursements to fulfilling conditionalities, which is what Peters and Moore (2009) argue when they say the US does not use its position to leverage reforms. Collier (2007) proposes a solution to this through “greater use of international charters, deals, and agreements in promoting good governance” within aid-receiving countries.⁸⁷ Thus, it is not necessarily that foreign aid is bad, but rather, as Alesina and Dollar (2000) assert, it is bad when political and strategic goals of the aid take precedent over economic and developmental reform. In essence, the *why* and *how* foreign aid is given is flawed when the donor motives do not consider the receiving country’s needs but rather the donor’s own geopolitical strategies and do not put conditions on the aid given.

Peters and Moore (2009) analyze foreign aid through a macro-lens, focusing on the government and other overarching institutions. This leads them to overlook the micro-level of individual human lives. Though the government may have corrupt practices, it still takes in thousands of refugees and attempts to provide for them. The monarchy is the power that is allowing the refugees to enter the country. In other words, the monarchy may be corrupt in some aspects of aid but the people are not. These are real people with genuine and pressing need for help. People may aid the refugees once they enter Jordan, but the monarchy is still the main provider. In the course of one year roughly one third of Jordan’s population lives below the poverty line for at least a portion of the year.⁸⁸ Two thirds of all refugees within Jordan live below

⁸⁷ Craft, Paul. “Re-thinking Foreign Aid: Paul Collier’s The Bottom Billion and Dambisa Moyo’s Dead Aid.” *Stanford Review*. March 13, 2009. <http://stanfordreview.org/article/re-thinking-foreign-aid/>

⁸⁸ Obeidat, Omar. “Third of Jordan’s population lives below poverty line at some point of one year – study.” *The Jordan Times*. Jul. 2, 2014. <http://www.jordantimes.com/news/local/third->

the national poverty line.⁸⁹ Of Syrian refugees, one in six “lives in extreme poverty” which is less than \$40 a month.⁹⁰ If the government is unable to supply them this help, then should it not be the goal of aid to fill in where the government lacks? The government of Jordan alienates refugees by not providing adequate care for them creating a deep divide within the country. In addition, not all aid gets funneled directly through the government. USAID programs and UNRWA are on the ground in Jordan working to make tangible differences. If aid were to be cut back, as critics such as Peters and Moore argue it should, it is the refugees who would suffer first.

Foreign aid is relatively new method of assistance used by developed countries, coming about with the creation of nation-states and country’s global relations to each other. As such, the practice of giving foreign aid is fraught with complexities that detract from aid assisting development, and the process of assessing foreign aid is widely disputed among policy makers, especially economists. While those against foreign aid have some valid concerns and examples such as aid promoting corruption and furthering neo-colonial models of power, those in favor of foreign aid argue that the good that comes far outweighs the bad, and that with every mishap donors can learn how to do better in the future. Looking at Jordan as a concrete example, even though foreign aid (like Easterly argues) is not working to the full potential hoped and expected by foreign donors like the United States and European Union without any foreign aid the country would crumble under the influx of refugees and lack of social, economic, and health resources.⁹¹ In conclusion, although not always effective in its desired ways, foreign aid is important in promoting and maintaining nation-building to developing countries like Jordan.

jordan%E2%80%99s-population-lives-below-poverty-line-some-point-one-year-%E2%80%94-study

⁸⁹ --. “Syrian Refugees: UN warns of extreme poverty.” *BBC News*. 2015. <http://www.bbc.com/news/world-middle-east-30815084>

⁹⁰ --. “Syrian Refugees: UN warns of extreme poverty.” *BBC News*. 2015. <http://www.bbc.com/news/world-middle-east-30815084>

⁹¹ --. “Jordan: Foreign assistance.” *Department of State, USAID*. 2015. beta.foreignassistance.gov/explore/country/jordan.

Shulman (2006) goes into further detail analyzing the U.S.-Jordan donor-recipient relationship, stating, “the second image of international relations, which stipulates that domestic politics is most responsible for generating foreign policy, is borne out in the Jordanian case.”⁹² She looks at the first and second Gulf Wars as case studies, finding that the first Gulf War helped Jordan form “a strong alliance with the United States”, after which Jordan signed the peace Treaty with Israel. In doing this, Jordan ostracized itself from most other Arab countries, leaving it to “become dependent on the US for trade and aid.”⁹³ Jordan was then compelled to side with the United States during the Second Gulf War as a means to maintain their aid inflow. This set the precedent of Jordan being a key ally to the United States since 1994. Her analysis paints foreign aid to Jordan as a complex system in which each country’s government is trying to get the most out of this relationship for themselves. Shulman’s (2006) analysis fits in nicely with the previous scholars who emphasize donor motives and geopolitical strategies. It is advantageous for Jordan and the United States to continue their relationship because both nations receive benefits from maintaining the system in place, the United States has an ally in the Middle East and Jordan has a flow of aid to support political, economic and cultural stability.

All of these authors critique the various ways giving and receiving aid are misused or manipulated. They then determine whether they think continuing to give aid is worthwhile – focusing on the negative implications without adequately analyzing the positive effects of aid. Suggesting better ways to give and receive aid would be a helpful and welcome change of pace, as all of these scholars’ works imply the drastic need Jordan has for both aid and reform. Identifying the flaws is only part of the problem. Research on United States’ foreign aid in Jordan lacks constructive ideas to improve how this aid is given. No one debates that aid is needed; yet aids failures are highlighted while they overlook the human potential proper aid can

⁹² Shulman, Debra. “Jordan and the Gulf Wars: Determining Hashemite Foreign Policy in 1990-91 and 2003.” *American Political Science Association* 1, no. 29 (2006): Abstract.

⁹³ *Ibid*, 2.

enable. Human potential concerns the human and functioning, including creative and spiritual functioning along with intellectual, working to enable “people to earn a living, gives them a means to participate in society, provides them with security and gives them a sense of dignity.”⁹⁴ Through this, people will be able to perform at their highest levels, meeting their human potential.

The overarching trend that exists within the research I have cited is critical of both the United States’ and Jordanian government with regards to the handling of aid. Accordingly, these scholars have found numerous flaws, inefficiencies and levels of corruption within the foreign aid system. What is lacking are constructive ideas for alleviating these problems and refocusing how aid is given and received in order to better contribute to the common good. The practice of foreign aid is a relatively new development in human history. The one aspect that seems to be agreed upon is that Jordan needs financial help to maintain stability. Scholars and policy makers need to utilize foreign aid literature and analyze historical aid delivery patterns to research and develop new and innovative ways to provide aid to the people who need it most: the average Jordanian citizens and the thousands of refugees being housed within Jordan.

Mental Illness in Refugee Populations

The majority of refugees in Jordan are originally from Palestine or Syria, having been displaced due to conflict, mass violence, and war. There are many differences between the Palestinian and Syrian refugees within Jordan, but for the sake of this paper the focus will be on the Palestinian and Syrian refugees’ similarities. The Palestinians have been refugees in Jordan for generations while the Syrians have been in Jordan only a few years. Coming from such risky and potentially traumatic situations, many of these refugees face undiagnosed mental health problems, which inhibit their ability to recover in a range of ways. These mental health factors

⁹⁴ Jahan, Selim “2015 Human Development Report – Rethinking Work for Human Development.” *United Nations Development Program*. 2015. <http://hdr.undp.org/en/rethinking-work-for-human-development>

“adversely affect the immigrant’s successful adaptation and functioning after immigration.”⁹⁵

Refugee mental health is directly related to the sociopolitical context of settled refugees.⁹⁶

Refugees are not homogenous, with some subgroups being affected by mental health disorders at higher rates than others. Resettled refugees in “permanent, private accommodations have significantly better mental health than those resettled in institutional and temporary private accommodations.”⁹⁷ For many Syrian refugees in Jordan, temporary institutional accommodations are the norm. Gender of the refugee also plays a factor, with “a higher proportion of female refugees [having] poorer mental health outcomes.”⁹⁸ Education level and socio-economic status both correlated, with higher levels connecting with higher risk of mental health issues.⁹⁹ There are even more refugee subgroups that can be analyzed in connection to mental health, such as age group, but for the scope of this paper we will not be able to analyze them all individually. Efforts to treat and improve these mental health conditions, such support groups, therapy, and medication are therefore the most likely to have positive impacts on future conditions for refugees.¹⁰⁰

In order to diagnose symptoms as a mental health disorder there must be “evidence of impairment of social functioning and/or a high level of suffering from specific symptoms.”¹⁰¹ With such huge numbers of refugees undiagnosed, they lack information and access to treatment

⁹⁵ Pumariega, Andres J., Eugenio Rothe, and JoAnne B. Pumariego. “Mental Health of Immigrants and Refugees.” *Community Mental Health Journal* 41, no. 5 (2005): 590

⁹⁶ Porter, Matthew and Nick Haslam. “Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons.” *JAMA* 294, no. 4. (2005): 602

⁹⁷ *Ibid*, 608.

⁹⁸ *Ibid*, 608.

⁹⁹ *Ibid*, 609.

¹⁰⁰ Porter, Matthew and Nick Haslam. “Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons.” *JAMA* 294, no. 4. (2005): 602

¹⁰¹ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefee Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf> 15.

that would enable them to overcome their disorder(s). Though mental health conditions amongst refugees ranges widely, “the more common mental health diagnoses associated with refugee populations include post-traumatic stress disorder (PTSD), major depression, generalized anxiety, panic attacks, adjustment disorder, and somatization,” states the Refugee Health Technical Assistance Center.¹⁰² All six of these mental health diagnoses are serious and can lead to dysfunction in refugees, such as inability to work or care for family. They are all treatable, but only after proper identification and access to continuous care. Children are especially vulnerable to these, with rates of PTSD in refugee children ranging from 50-90%.¹⁰³ Such high rates of PTSD in children can manifest itself into harmful practices or behavior. For Syrian refugees, the rates of mental health disorders are estimated to have gone up significantly, but unfortunately there are no reliable estimates.¹⁰⁴ This lack of data speaks to the low level of awareness and action around mental health conditions in refugees.¹⁰⁵

Mental health is a highly debated and somewhat stigmatized topic within the United States, which may be why awareness and action are so low on the national level, and especially so in foreign development aid. There is also limited funding, with immediate tangible needs (such as housing, food and water) taking precedent over long term more ambiguous issues, such as mental health care.

Many refugees exhibit psychosomatic symptoms of extreme stress such as aches and pains, gastrointestinal problems, and cramps. Many were suffering from posttraumatic stress disorder (PTSD) from their experiences of violence (including sexual violence), loss of family, and living in situations of prolonged fear, danger, and insecurity (Park, 2002;G

¹⁰² --. “Mental Health.” *Refugee Health Technical Assistance*. 2011. <http://refugeehealthta.org/physical-mental-health/mental-health/>

¹⁰³ --. “Mental Health.” *Refugee Health Technical Assistance*. 2011. <http://refugeehealthta.org/physical-mental-health/mental-health/>

¹⁰⁴ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefee Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>

¹⁰⁵ Derr, Amelia Seraphia. “Mental Health Service use Among Immigrants in the United States: A Systematic Review.” *Psychiatric Services* 67, no. 3 (2016): 271.

Grinfeld, 2002). Refugees also exhibited symptoms of depression and anxiety, which were manifested for some in substance abuse (drugs and alcohol) by both men and women. Visitors to camp sites were often struck by the vacant and dejected look in the eyes of many older refugees. High levels of aggression and violence were also prevalent among some younger refugees, particularly young males and little boys (Robson & Lipson, 2002).¹⁰⁶

The above quote highlights the variety of mental health issues that can occur within refugee populations and how these conditions can manifest into larger problems such as substance abuse and physical violence. Though the mental health issues vary, all the conditions could lead to harmful habits being used as a coping mechanism because of the lack of treatment available. Mental health issues can continue long after resettlement and become the basis of long lasting harmful addictions and practices. Refugees are then further hindered from becoming involved in their new community.

There is an increased need for mental health services among refugee populations because of the contexts in which they became refugees.¹⁰⁷ Without treatment, these mental health conditions often lead to social and behavioral problems, such as aggression, interpersonal difficulties, and an inability to function in everyday life.¹⁰⁸ A woman who served in UNHCR and International Rescue Committee interviewed an Iraqi refugee in Jordan for months after his resettlement who stated he “was unable to leave his apartment ... unable to sleep. At times he was filled with rage and became “aggressive “ toward his wife... he was still stunned by flashbacks, confused by memory lapses.”¹⁰⁹ The psychological and social distress “manifests in

¹⁰⁶ Segal, Uma A., Doreen Elliot, and Nazneen S. Mayadas. *Immigration Worldside: Policies, Practices, and Trends* (New York: Oxford University Press, 2009), 182.

¹⁰⁷ Derr, Amelia Seraphia. “Mental Health Service use Among Immigrants in the United States: A Systematic Review.” *Psychiatric Services* 67, no. 3 (2016) 267.

¹⁰⁸ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefee Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>

¹⁰⁹ Jones, Ann. *War is Not Over When It's Over: Women Speak Out From the Ruins of War* (New York: Metropolitan Books Henry Holt and Company LLC, 2010), 214.

a wide range of emotional, cognitive, physical, and behavioral and social problems.”¹¹⁰ Ahmed, a refugee living with his wife in Amman stated, sobbing, that he loves his wife “desperately, yet at times he couldn’t stop himself from beating her.”¹¹¹ Rage and acts of aggression are just one of the manifestations of the untreated mental trauma that refugees experience. Ahmed needs treatment in order to manage his anger that came about from the losses he endured during the pre- and post- settlement stages of being a refugee. Persistent and untreated mental health conditions prevent refugees from being able to create and maintain new life in the host country. Specifically, it hinders the ability to acquire and manage a job. A 2002 study found that, three years after settling, roughly 55% of refugees remain unemployed as a direct consequence of their mental health conditions.¹¹² Rasha, a female refugee living in Jordan found that she “had no idea how to raise money, and depressed as she was – way beyond tears – she was too immobilized to try.”¹¹³ On top of this, 61% of refugees marked that they had “been living in hiding,” that is, unable to leave the house or form social connections due to persistent mental health symptoms in which they were too depressed or too anxious to function.¹¹⁴ This indicates that “long-term conditions of traumatized refugees in exile” prevents refugees from maintaining jobs or building social contacts in their new country.¹¹⁵ This keeps refugees in a cycle of poverty, preventing them from being able to contribute to their new society.

¹¹⁰ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefe Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>

¹¹¹ Jones, Ann. *War is Not Over When It's Over: Women Speak Out From the Ruins of War* (New York: Metropolitan Books Henry Holt and Company LLC, 2010), 238.

¹¹² Lie, B. “A 3 year follow-up study of psychosocial functioning and general symptoms in settled refugees.” *Acta Psychiatrica Scandinavica* 106, (2002): 418.

¹¹³ Jones, Ann. *War is Not Over When It's Over: Women Speak Out From the Ruins of War* (New York: Metropolitan Books Henry Holt and Company LLC, 2010), 220.

¹¹⁴ Lie, B. “A 3 year follow-up study of psychosocial functioning and general symptoms in settled refugees.” *Acta Psychiatrica Scandinavica* 106, (2002): 419.

¹¹⁵ *Ibid*, 421.

Refugees are unique in that they “experience diverse stressors that accumulate over the preflight, flight, exile, and resettlement/repatriation periods.”¹¹⁶ There are multiple stages of trauma, and that does not end once they are in a country of refuge. Upon entering a new country, many refugees face “marginalization, socioeconomic disadvantage, loss of social support and cultural bereavement” all of which can contribute to and exacerbate existing mental conditions.¹¹⁷ In a study interviewing Iraqi refugees in Jordan, who left Iraq similarly due to fighting along religious lines Sayed, a young man, said, “because [terrible things such as torture and murder] were done in the name of Islam, they had caused him to hate his religion.”¹¹⁸ Sayed’s experience of losing touch with religion is both an example of loss of social support and cultural bereavement. One study found that among refugee populations, mental health issues were even higher for those where the conflict they fled was still occurring.¹¹⁹ Thus, “the psychological aftereffects of displacement by war cannot be understood simply as the product of an acute and discrete stressor, but depend crucially on the economic, social, and cultural conditions from which refugees are displaced and in which refugees are placed.”¹²⁰ In essence, mental conditions are a real and persistent factor in refugee populations but must be understood within a multifaceted context to be properly addressed.

Refugees who have access to mental health treatment facilities are able to deal with their trauma in productive ways. While data is not directly available for Syrian refugees yet, one would expect the responses to be similar. A., a refugee from West Africa now living in the United States was “completely lost” emotionally when he arrived. He was connected with help

¹¹⁶ Porter, Matthew and Nick Haslam. “Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons.” *JAMA* 294, no. 4. (2005): 603.

¹¹⁷ *Ibid*, 603.

¹¹⁸ Jones, Ann. *War is Not Over When It’s Over: Women Speak Out From the Ruins of War* (New York: Metropolitan Books Henry Holt and Company LLC, 2010), 214.

¹¹⁹ Porter, Matthew and Nick Haslam. “Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons.” *JAMA* 294, no. 4. (2005): 610.

¹²⁰ *Ibid*, 611.

through the *Center for Torture and Trauma Survivors* that helped him “to deal with his losses, both through individual counseling and through involvement with a group of other survivors.”¹²¹ A. is now comfortable interacting with his new environment and functioning socially on a much higher level. R., a refugee from Uganda, stated that after he began seeing a psychologist and a social worker “Things started falling into place. The type of treatment I needed started coming into place.”¹²² Both these men were lucky enough to have access to mental health facilities that were well staffed with informed professionals. Jordan, though having mental health facilities, has many barriers between refugees and access to adequate mental health care.

There are two main barriers that prevent refugees from seeking mental health services: structural and cultural.¹²³ Structural barriers include cost, transportation, discrimination and accessibility of mental health services. Cultural barriers include stigma, norms and attitudes towards mental illness within the refugees’ culture.¹²⁴ Often, it is a combination of these two barriers that prevents refugees from seeking and obtaining the help they need. In Syrian culture the concept of mental health is misunderstood, often carrying negative connotations.¹²⁵ Syrian refugees in Jordan then face many structural obstacles to finding mental health help. Jordan is similar to Syrian culture in that mental health is not fully understood in the Western medical sense and thought of negatively. Thus, existing mental health facilities within Jordan are limited. Besides that, cost and transportation to services for Syrian refugees remains a huge barrier.

¹²¹ --. “Voices of Survivors.” *The Refuge Media Project*. 2016. <http://refugemediaproject.org/blog/voices-of-survivors/>

¹²² --. “Voices of Survivors.” *The Refuge Media Project*. 2016. <http://refugemediaproject.org/blog/voices-of-survivors/>

¹²³ Derr, Amelia Seraphia. “Mental Health Service use Among Immigrants in the United States: A Systematic Review.” *Psychiatric Services* 67, no. 3 (2016): 268.

¹²⁴ Ibid, 268.

¹²⁵ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefeé Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>, 22.

Even if a refugee wanted to seek help for a mental health condition, access to that help is fraught with challenges.

The wide range of mental disorders that can affect Syrian refugees, include “1) manifestations or exacerbation of pre-existing mental disorders, 2) prompted by the conflict related violence and displacement, and 3) related to the post-emergency context ... related to the living conditions in the countries of refuge.”¹²⁶ Simply finding refuge is not enough to treat the mental health conditions refugees may be experiencing, these are not things that time can health on its own. People might not even know to seek help. Without awareness of what it means to have a mental health condition or access to help many turn to drugs and alcohol, which unfortunately only furthers their levels of dysfunction in their new country.¹²⁷

Adolescent Syrian refugees, years 18 and under, in Jordan reported using ‘withdrawal’ as a coping mechanism in which they pull away from their family and community and become increasingly isolated.¹²⁸ Withdrawal also manifests itself as “doing nothing” in which the refugee simply cannot function in any sort of social setting.¹²⁹ Due to lack of treatment “approximately half of displaced Syrian children, especially older children, are unable to continue their education.”¹³⁰ Academic functioning is often impaired due to mental disorders.¹³¹ This is a specific example of how untreated mental health conditions can negatively impact the long-term

¹²⁶ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefee Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>, 15.

¹²⁷ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefee Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>, 16.

¹²⁸ *Ibid*, 17.

¹²⁹ *Ibid*, 17.

¹³⁰ *Ibid*, 17.

¹³¹ Pumariega, Andres J., Eugenio Rothe, and JoAnne B. Pumariego. “Mental Health of Immigrants and Refugees.” *Community Mental Health Journal* 41, no. 5 (2005): 588.

economic growth of a country through lowering education levels. However, it is crucial to remember that those suffering from mental health issues are the victims and should not be blamed for their condition. Rather, services need to be provided to allow them to seek help.

Mental health care needs to be a priority within Jordan. In 2008 Jordan was “identified as a country in need of intense support for strengthening the mental health system” by the World Health Organization working in partnership with Jordan’s Ministry of Health.¹³² An international organization and the Jordanian government both agreed on these findings, illustrating the rising importance of mental health care. Despite the clear need for mental health services, the United States has not prioritized this form of aid in its packages. This could be the case because the United States sees more benefit in their own geopolitical strategies for keeping Jordan’s military strong and the country as a stable ally. Analyzing US aid to Jordan historically illustrates the lack of attention paid towards mental illness in aid packages and highlights the need for mental health treatment for refugee populations within Jordan.

US Aid to Jordan 1948/51:

The United States formally began giving aid to Jordan in 1951 to assist with development as a result of the instability the high number of Palestinian refugees within Jordan resulted in. Yet, over 50 years later Jordan is receiving more aid than ever before. So what went wrong? When the United States began giving aid to Jordan they did not devote research or analysis to the mental health issues that being a refugee can bring up. Other issues were cast as more pressing because of the strain on natural resources such a large population increase created. Additionally, the climate for mental health research in the US in the 1950s was poor, with limited knowledge of mental health issues and methods of treatment. Most treatment in the US was “asylum-based,” which was institutionalized care in state hospitals that were often “underfunded and understaffed” and “drew harsh criticism following a number of high-profile

¹³² --. “Jordan: Mental health in Jordan.” *World Health Organization*. 2015. <http://www.emro.who.int/jor/jordan-news/mental-health-in-jordan.html>

reports of poor living conditions and human rights violations.”¹³³ Mental health care was not a dominate topic in 1950s United States, so it is not surprising that the US did not focus on providing mental health care to Jordan at that historical moment. Since then the climate around mental health has changed greatly in the United States, but aid allocation has not changed to match it.

Data for foreign aid allocations to health services in Jordan is not available before 2000.¹³⁴ In fact, there is a lack of data on foreign aid allocation entirely until 1965.¹³⁵ The Palestinians taking refuge in Jordan were at much higher risk of mental health disorders than the Native Jordanians.¹³⁶ But this was not acknowledged or addressed in the initial funding. As a result of Jordan’s 1950 annexation of the West Bank, more than 50% of Jordan’s population became Palestinian.¹³⁷ Palestinians suffering from untreated and misunderstood mental health conditions ranged from traumatized to completely unable to function in this new society. Effects of this dysfunction were inability to maintain jobs, substance abuse, increased violence, and an inability to remain enrolled in school – all of which hinder integration into the host society.¹³⁸

The United States provided this aid as assistance with the goal of stabilizing Jordan, but with high rates of mental health disorders going untreated, many refugees unfortunately failed to integrate into and become active members in this new society.¹³⁹ The underlying reason, mental health issues, remained unnamed and unaddressed. This social and economic dysfunction

¹³³ --. “Module 2: A Brief History of Mental Illness and the U.S. Mental Health Care System.” *Unite for Sight*. 2015. <http://www.uniteforsight.org/mental-health/module2>

¹³⁴ --. “U.S. Overseas Loans and Grants to Jordan.” *Inside Gov*. 2016. <http://us-foreign-aid.insidegov.com//88/Jordan>

¹³⁵ --. “U.S. Overseas Loans and Grants to Jordan.” *Inside Gov*. 2016. <http://us-foreign-aid.insidegov.com//88/Jordan>

¹³⁶ Derr, Amelia Seraphia. “Mental Health Service use Among Immigrants in the United States: A Systematic Review.” *Psychiatric Services* 67, no. 3 (2016): 267

¹³⁷ --. “History: The tragedy of Palestine.” *The Hashemite Kingdom of Jordan*. 2015. http://www.kinghussein.gov.jo/his_palestine.html.

¹³⁸ Pumariega, Andres J., Eugenio Rothe, and JoAnne B. Pumariego. “Mental Health of Immigrants and Refugees.” *Community Mental Health Journal* 41, no. 5 (2005): 590.

¹³⁹ Lie, B. “A 3 year follow-up study of psychosocial functioning and general symptoms in settled refugees.” *Acta Psychiatrica Scandinavica* 106, (2002): 421.

contributed to the continuation of economic and political instability as high rates of unemployment usually does.¹⁴⁰ Both structural and cultural barriers prevented refugees from seeking mental health services, and aid from the United States did nothing to combat that.¹⁴¹ Thus, though a large amount of aid was given, a critical need of the population was not understood or addressed in this aid. Left untreated, this need did not dissipate but rather continued to hinder refugee resettlement for the years to come.

US Aid to Jordan 1967:

Some refer to 1967 as “the second shift” in US foreign aid to Jordan.¹⁴² This “second shift” was a result of what the West often calls the Six-Day War. The Six-Day War (also known as the June War or the Third Arab-Israeli War) formally began when the Egyptian President, Gamal Abdel Nasser, mobilized forces against Israel and instituted a blockade of the Straits of Tiran.¹⁴³ In response to this, Israel staged a preemptive attack. Jordan entered the fight in support of Egypt and its Arab neighbors, even after Israel warned Jordan to stay out. Israel then crushed Jordan’s forces, driving them out of East Jerusalem and the West Bank, claiming the land for Israel.¹⁴⁴ The war itself caused an estimated 250,000 more Palestinians to enter Jordan seeking refuge from advancing Israeli forces.¹⁴⁵

The loss of the West Bank is estimated to have cost Jordan roughly “40% of its Gross National Product (GNP)” on top of the economic and social impact of the fighting. At this time

¹⁴⁰ Al-Habees, Mahmoud A. and Mohammad Abu Rumman. “The Relationship Between Unemployment and Economic Growth in Jordan and Some Arab Countries.” *World Applied Sciences Journal* 18 no. 5 (2012): 673-680.

¹⁴¹ Derr, Amelia Seraphia. “Mental Health Service use Among Immigrants in the United States: A Systematic Review.” *Psychiatric Services* 67, no. 3 (2016): 268.

¹⁴² Sayigh, Yezid and Avi Shlaim. “The Cold War and the Middle East.” *Clarendon Press, Oxford*. (2003): 104.

¹⁴³ The Editors of Encyclopedia Britannica. “Six-Day War: Middle East [1967].” *Encyclopedia Britannica*. 2015. <http://www.britannica.com/event/Six-Day-War>

¹⁴⁴ The Editors of Encyclopedia Britannica. “Six-Day War: Middle East [1967].” *Encyclopedia Britannica*. 2015. <http://www.britannica.com/event/Six-Day-War>

¹⁴⁵ --. “Palestinian Refugees.” *Anti-Defamation League*. 2016. <http://www.adl.org/israel-international/israel-middle-east/content/AG/palestinian-refugees.html?referrer=https://www.google.com/#.VzJmRhUrKb8>

the international community recognized refugees as internally displaced persons, not refugees.¹⁴⁶ Regardless of titles, Jordan, with less land but increased population, was again at a point of requiring foreign assistance to remain social, politically and economically stable. Thus, in 1967 the United States gave Jordan \$251 million in economic aid and \$79.5 million in military aid.¹⁴⁷ Data on health aid could not be found, which presumably means there either was none, it was not a significant amount, or that it was not yet considered an aid category worthy of separate consideration.¹⁴⁸

As with the beginning of US foreign aid to Jordan in 1951, again in 1967 there is a lack of allocation to health or more specifically mental health in the millions given. Good portions of the refugees or internally displaced person were now twice displaced as they moved from Palestine into the West Bank and then from the West Bank into Jordan. Not all internally displaced persons were refugees from 1948. For those who were, the impact on such traumatic events happening twice to these people in a lifetime furthered their risk for mental health conditions to exacerbate to extremes of dysfunction.¹⁴⁹ If anything, the need for aid towards mental health diagnosis and treatment was even higher in these refugee populations after the events of the Six Day War. Yet this issue remained unnamed and marginalized within United States' aid and Palestinian and Jordanian society.

Difficulty in Obtaining Mental Health Funding Data:

¹⁴⁶--. "Palestinian Refugees." *Anti-Defamation League*. 2016. <http://www.adl.org/israel-international/israel-middle-east/content/AG/palestinian-refugees.html?referrer=https://www.google.com/#.VzJmRhUrKb8>

¹⁴⁷ --. "U.S. Overseas Loans and Grants to Jordan." *Inside Gov*. 2016. <http://us-foreign-aid.insidegov.com//88/Jordan>

¹⁴⁸ Interestingly enough, the United States had given roughly \$13 million to Israel that year as well (Elizabeth Stephens, 14). Roughly 30% of US aid to Israel between 1960 and 1969 was military aid (Martha Wenger, *US Aid to Israel*). So, the United States was funding both sides of the conflict, especially in terms of military aid.

¹⁴⁹ Porter, Matthew and Nick Haslam. "Pre-displacement and post-displacement factors associated with mental health of refugees and internally displaced persons." *JAMA* 294, no. 4. (2005): 610.

Locating United States' Aid to Jordan factsheets and allocations prior to 2000 has been challenging. Non-governmental websites offer some information and allocation breakdowns, but their data sources are unclear. Though several government agencies were contacted, none have responded with any information. This is either because they do not have the foreign aid information required or because they are unable to release that information.¹⁵⁰ This is a significant documentation gap, or documentation availability to the public gap at least. Why might this be? Perhaps the amount of foreign aid the United States gave was not deemed important enough at the time to publish. Another theory is that the US did not want specifics of where foreign aid to Jordan was being used to be general knowledge, perhaps due to the large amounts of military aid the United States gives to Jordan. Especially since the United States was also giving military aid to Israel during these times as well.¹⁵¹ The United States might have kept this quiet to avoid the questions and criticism, both nationally and internationally, that funding both sides of a conflict could bring up. Regardless of why, this information gap has caused some difficulties but does not subtract from the points being made in this paper.

Inability to locate the exact funding data has rendered a wholly comparative analysis of US foreign aid to Jordan in regards to refugee influxes unavailable at this time. However, from historical context and post-2000 foreign aid patterns several assumptions can be made. First, though large amounts of foreign aid have been given to Jordan from the United States, there has not been a substantial section of that aid devoted specifically to treatment of mental health conditions. Second, Palestinian refugees since 1948 do not have easy access to mental health care or treatment facilities within Jordan in part due to this lack of direct funding and awareness. Syrian refugees also face barriers to accessing mental health care and treatment facilities within

¹⁵⁰ Agencies called were the Congressional Research Service, in which I tried to get ahold of Jeremy M Sharp, the Specialist in Middle Eastern Affairs. Mr. Sharp was away and no one else responded to my questions. I also contacted USAID and was unable to find out any information that was not already on their website.

¹⁵¹ Wenger, Martha. "US Aid to Israel." *Middle East Research and Information Project* 164. 2015. <http://www.merip.org/mer/mer164-165/us-aid-israel>

Jordan due to lack of funding, but the awareness around mental health has been increasing with many media outlets discussing the “Syrian mental health crisis.”

US Aid to Jordan and Syrian Refugees Now:

The United States has pledged to give \$1 billion in foreign aid to Jordan for fiscal year 2016.¹⁵² Of this, \$47.47 million is dedicated towards health care assistance, or 5%.¹⁵³ The United States Foreign Assistance government website has categorized health care aid into three categories; “Family Planning and Reproductive Health,” “Water Supply and Sanitation,” and “Maternal and Child Health.”¹⁵⁴ Mental health care is not mentioned in the categories. Yet, the UNHCR posted a report stating “the effects of conflict on Syrian mental health and psychosocial wellbeing are profound.”¹⁵⁵ By ignoring mental health care funding the United States has, perhaps unintentionally, deemed mental health care an unimportant problem. US foreign aid policy in the United States has failed to identify the growing need for mental health care that refugee populations need. This lack of attention paid to mental health care is congruent with previous US aid to Jordan; regardless of if it was during refugee influxes. Jordan’s most recent calls for international donor support continue to be underfunded. As some analysts suggest, the implications for this are that “without additional aid and a sustainable response to the refugee crisis, Jordan will continue to restrict the protection space for Syrians.

¹⁵² --. “Jordan Foreign Assistance.” *Foreign Assistance*. 2016. <http://beta.foreignassistance.gov/explore/country/Jordan>

¹⁵³ --. “Jordan Foreign Assistance.” *Foreign Assistance*. 2016. <http://beta.foreignassistance.gov/explore/country/Jordan>

¹⁵⁴ --. “Jordan Foreign Assistance.” *Foreign Assistance*. 2016. <http://beta.foreignassistance.gov/explore/country/Jordan>

¹⁵⁵ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefe Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. “Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict.” *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>. 14

Doing so will increase the long-term risks of instability in Jordan and the region.”¹⁵⁶ With the Syrian refugee crisis only expanding, now is the time to adjust foreign aid policy to better fit the needs of the populations it is meant to serve.

2011 was the beginning of the Syrian civil war. At that time, the United States gave \$678.18 million in foreign assistance to Jordan. Health related aid comprised 7% of this. Unlike 2015, there were four categories within health – the three stated above and one titled “Health-General.”¹⁵⁷ This general category, though the smallest, had the potential to include mental health care. The description of “Health – General” states this category is “used when Health sectors are unknown or foreign assistance is allocated to multiple sectors within this category.”¹⁵⁸ Upon further investigation, 0% of foreign aid allocated to the Health- General category. It was included only by title in the budget report, with no funding actually going into it. This was the case for fiscal years 2012-2015. Years 2013 and 2014 included categories for “Other Public Health Threats” and “HIV/AIDS” yet all of those received 0% of the funding as well.

In researching USAID work in Jordan there was an absence of discussions or acknowledgements surrounding mental health care. In discussing health services, USAID states “Jordan faces increased pressure on these services due to... the large influx of refugees from the region.”¹⁵⁹ However, in discussing the health concerns and current programs the only ones mentioned are “increasing the demand for family planning and reproductive health services.”¹⁶⁰

¹⁵⁶ Francis, Alexandra. “Jordan’s Refugee Crisis.” *Carnegie Endowment for International Peace*. September 21, 2015. <http://carnegieendowment.org/2015/09/21/jordan-s-refugee-crisis/ihwc>

¹⁵⁷ --. “Jordan: Foreign assistance.” *Department of State, USAID*. 2015. beta.foreignassistance.gov/explore/country/jordan.

¹⁵⁸ --. “Jordan: Foreign assistance.” *Department of State, USAID*. 2015. beta.foreignassistance.gov/explore/country/jordan.

¹⁵⁹ --. “Essential Public Services” *USAID*. December 15, 2015. <https://www.usaid.gov/jordan/essential-public-services>

¹⁶⁰ --. “Essential Public Services” *USAID*. December 15, 2015. <https://www.usaid.gov/jordan/essential-public-services>

This wording is interesting because it brings to mind the discussions of foreign aid being disconnected from the needs of the people through its use of “increasing the demand for” which seems to imply the creation of a need rather than USAID meeting a need already occurring – such as a mental health care crisis. The US is more focused on family planning because of the high amount of data and tangibility of the results. Benefits of family planning stated by the US are protecting the health of women and children, advancing reproductive rights, improving opportunities for women, reducing poverty, decreasing unsafe abortion and reducing HIV and AIDS.¹⁶¹ There is no doubt that family planning and reproductive health services are important, but mental health is equally as important, especially in terms of long-term growth.

As a global superpower, the United States also provides funding for Jordan through United Nation agencies. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) operate health clinic programs in Jordan in which they “serve more than 1.1 million people, nearly 56% of the registered Palestinian refugees in the country.”¹⁶² The United States has contributed over “\$4.9 billion since UNRWA’s inception in 1950.”¹⁶³ Since 2007, the United States has “averaged over \$200 million annually” to UNRWA.¹⁶⁴ In fact, in 2014 the United States was the largest contributor to the UNRWA giving roughly \$408,751,396 in funding, with the next largest donation being \$139,402,221 from the European Commission.¹⁶⁵ Not all of this funding goes to Jordan however UNRWA’s purpose for this funding is for humanitarian assistance for Palestinian refugees, of which a large number remain in Jordan.

¹⁶¹ --. “Family Planning and Reproductive Health” *USAID*. January 8, 2016. <https://www.usaid.gov/what-we-do/global-health/family-planning>

¹⁶² --. “Health in Jordan.” *United Nations Relief and Works Agency for Palestine Refugees in the Near East*. 2016. <http://www.unrwa.org/activity/health-jordan>

¹⁶³ --. “Israel-Palestine Conflict: General Reference.” *ProCon.org*. 2015. <http://israelipalestinian.procon.org/view.answers.php?questionID=000592>

¹⁶⁴ Ibid

¹⁶⁵ Ibid

However, here too there seems to be an absence of investment or resources for mental health care. There is no mention of mental health assistance on UNRWA's "Health in Jordan" webpage, nor are mental health statistics or data included.¹⁶⁶ However, mental health care is mentioned in the description of their Family Health Teams (FHT) program, which was implemented in 2011.¹⁶⁷ In outlining the health services FHT offers UNRWA only had "community mental health and psychosocial support (in the occupied Palestinian territory)."¹⁶⁸ This qualification alludes to the fact that Palestinian refugees in Jordan are not receiving mental health care, and that mental health care through UNRWA is confined to those within the occupied territories. Under their "Life Cycle Approach" outline and description, mental health is not mentioned at all, nor is "psychosocial support".¹⁶⁹ The absence of even discussions of mental health issues speaks to the level of unawareness present in those determining funding allocation. This then perpetuates the gap in mental health care, leaving many in need.

The United Nation High Commissioner for Refugees (UNHCR) is also a non-direct channel the United States gives aid to Jordan through. According to UNHCR's Syrian Situation 2016 "Refugee and Resilience Plan (3RP) and Humanitarian Response Plan (HRP)," as of April 26, the United States has given \$34,387,069 in funding to Jordan to assist with the Syrian refugee crisis. This is the largest amount of any one donor, both governmental and nongovernmental.¹⁷⁰ US aid to Jordan through the UNHCR is considerably less than US aid to Jordan through the UNRWA, with the UNHCR receiving only \$34,387,069 in funding for Syrians while the UNRWA received \$408,751,396 from the United States just in 2014. The difference

¹⁶⁶ --. "Health in Jordan." *United Nations Relief and Works Agency for Palestine Refugees in the Near East*. 2016. <http://www.unrwa.org/activity/health-jordan>

¹⁶⁷ --. "Health: Family Health Teams." *UNRWA*. 2015. <http://www.unrwa.org/what-we-do/family-health-teams?program=39>

¹⁶⁸ --. "Health: Family Health Teams." *UNRWA*. 2015. <http://www.unrwa.org/what-we-do/family-health-teams?program=39>

¹⁶⁹ --. "Health: Life-Cycle Approach." *UNRWA*. 2015. <http://www.unrwa.org/what-we-do/life-cycle-approach?program=39>

¹⁷⁰ --. "Syria Situation 2016: Regional Refugee and Resilience Plan (3RP) and Humanitarian Response Plan." *Donor Relations and Resource Mobilization Service, UNHCR*. April 26, 2016.

between the two funding channels has the UNHCR money focused solely on assisting Syrian refugees while UNRWA's funding goes towards Palestinians in the Middle East.

Under UNHCR's health plan is the sub-sector *Task Force on Mental Health and Psychosocial Support (MHPSS)*, which was established in 2005¹⁷¹ "to address the need for concrete guidance on how to organize mental health and psychosocial support in emergencies."¹⁷² MHPSS analyzed "target beneficiaries for MHPSS activities" finding that refugees in Jordan represented the second largest group of beneficiaries (just behind Syria) and that Syrian refugees within Jordan represent most of the targeted beneficiaries.¹⁷³ The UNHCR has deployed this task force to assist with the Syrian refugee crisis. In MHPSS's 2015 Mapping Report of Jordan, they found that "the most under-represented services were 'clinical management of mental disorders by non-specialized health care providers' ... and 'psychological support in education.'"¹⁷⁴ This is corroborated by the study that observed refugee children are disproportionately affected by mental health disorders and that "approximately half of displaced Syrian children, especially older children, are unable to continue their education."¹⁷⁵ MHPSS found this after mapping 46 organizations within Jordan that deliver MHPSS programs, services, and community activities.¹⁷⁶ Overall, their findings "revealed a limited management of

¹⁷¹ There is a lack of research and literature on the factors that caused the UN to finally notice the importance of mental healthcare in 2005. Due to constraints of this paper I am unable to research and analyze the causes myself. A good topic for a different or longer paper would be what happened to make UNRWA focus on mental health care in 2005 while the United States did not?

¹⁷² --. "Who is Doing What, Where and When (4Ws) in Mental Health & Psychosocial Support in Jordan." *International Medical Corps*. (2015): 2.

¹⁷³ Ibid, 37.

¹⁷⁴ Ibid, 11.

¹⁷⁵ Hassan, G., LJ Kirmayer, A. Mekki-Berrada, C. Quosh, R. el Chammay, J.P. Deville-Stoetzel, A. Youssef, H. Jefee Bahloul, A. Barkeel-Oteo, A. Coutts, S. Song, and P. Ventevogel. "Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict." *UNHCR*. 2015. <http://www.unhcr.org/55f6b90f9.pdf>. 17.

¹⁷⁶ --. "Who is Doing What, Where and When (4Ws) in Mental Health & Psychosocial Support in Jordan." *International Medical Corps*. (2015): 5.

mental disorders...as well as limited psychosocial work in education.”¹⁷⁷ These findings are consistent with the argument of this paper; mental health funding is well below the needs of refugee populations, specifically those in Jordan.

Conclusion and Policy Recommendations:

The absence of mental healthcare services leaves many refugees in Jordan suffering from mental health conditions that are undiagnosed, untreated, and even unaware that they have a condition that requires help. In 2010, just prior to the beginning of the Syrian refugee crisis, a mere “12% of schools in Jordan offered counseling services.”¹⁷⁸ Mental health conditions within refugee populations requires more awareness, and the United States can promote this awareness through greater attention by allocating funding specifically for mental health education among refugee populations. This is crucial for Jordan because refugees constitute over half of its population. However, it remains important for the non-refugees within Jordan as well so that all can have easy, affordable access to the mental health help they need.

United States direct government assistance and non-direct government assistance through UN agencies vary in their treatment of mental health care. While several refrain from even mentioning it, some do. At best, these agencies, task forces, or sub-sectors are requesting more funding and assistance for treating mental health disorders. At worst, they ignore mental health completely as an issue. Given that refugee communities experience mental health problems on a much higher level than other communities absence of mental health care is an huge need that is not being met by the US or UN. The Jordanian government does not have the resources to provide it themselves due to their lack of natural resources and the strain of absorbing so many refugees.

¹⁷⁷ Ibid, 41.

¹⁷⁸ --. “Jordan: Mental health in Jordan.” *World Health Organization*. 2015. <http://www.emro.who.int/jor/jordan-news/mental-health-in-jordan.html>

The United States can make foreign aid to Jordan more effective and sustainable by focusing specifically on mental health treatment within aid programs. Cutting the amount of aid given for military spending and instead diverting that aid to mental health could be a method of reallocating resources to explicitly address mental health needs. Thus, mental health aid is a comparative bargain, but it will pay off exponentially long term. Policies regarding aid should include funding positions for “cultural brokers,” locals who can assist refugees “access medical services, locate a pharmacy, understand dosages, and reconnect to medical care as needed.”¹⁷⁹ These cultural brokers would help break down both structural and cultural barriers to seeking mental health care, creating easier access to resources. There also needs to be funding for applied research for improving mental health services for refugees along with more integration of studies on refugees’ mental health and their connection to aid policies. By applying these practices and investing more in researching and evaluating mental health care within refugee populations and mental health care policies the human potential of refugee populations will increase and the need for aid will lessen, which should be the ultimate goal of developmental aid.

¹⁷⁹ McNeely, Clea A. and Lyn Morland. “The Health of the Newest Americans: How US Public Health Systems Can Support Syrian Refugees.” *AJPH* 106, no. 1 (2016): 15.

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