Individual Learning Portfolio: Health and Humanitarianism

Part 1: People on the Move and Health Humanitarianism

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AP SOSC 4146: Health and Humanitarianism

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This individual learning portfolio focuses on three topics discussed in our lectures: people on the move (including, but not limited to, refugees and asylum seekers), the politics of food assistance, and climate change. Using key literature from the field, I synthesize course concepts (henceforth italicized and defined in footnotes) with case studies to provide an intersection between theory and real examples.

1. People on the move and health humanitarianism

The inspiration item for this section is *Le sel de la terre*, a documentary about the life of photographer Sebastião Salgado, who famously photographed the Rwandan genocide, among many other displaced populations in civil strife (Wenders & Ribeiro, 2015). *Le sel de la terre* covers many of Salgado's projects over his varied photography career: it traces his journey chronologically from Brazil, across South America, to the Sahel region, and further on. The climax of the documentary, three-quarters of the way in, details Salgado's mental struggle: he had developed a great distrust in humanity and was disgusted by all the suffering he bore witness to. He stated that "When I left Rwanda, I no longer believed in anything, in any salvation for the human species. You couldn't survive such a thing. We did not deserve to live, no-one deserved to live" (Wenders & Ribeiro, 2015)[1]. Consider that he, a secondary victim of humanitarian crisis (that is, as an observer), developed mental health issues. What must it have been for the people on the move themselves? The Tutsi, the Hutus, the Serbs and the Slavs?

Too often, health humanitarianism focuses on the physical health of people on the move. In the field of Western countries bringing aid in the last half-century, such cases that spring to mind include the Rwandan genocide of 1994, the Ethiopian famine in 1983-1985 with the Médecins Sans Frontières relief, and the Yugoslavian wars of the 1990s. I focus on *asylum seekers*[2] and *refugees*[3] in particular. Though physical health is usually the most immediate problem in the fallout of a crisis, mental health is an equally important consideration. It is easily ignored because it is not as visible as physical health, but its effects may be felt for a longer period of time, if issues are unresolved. Furthermore, factors that may affect the lag time between physical and mental health assistance may include the type of crisis (natural disaster, politically-induced famine, and civil strife are a few) or a lack of awareness within the humanitarian aid workers.

Firstly, the lag time is caused by the type of disaster and the aid rendered. A natural disaster, of the scale of Japan's 2011 tsunami or Haiti's 2010 earthquake, demands that within 48 hours, aid workers from Red Cross, or Médecins Sans Frontières, are on-the-ground, setting up trauma hospitals, food assistance, emergency shelters, and other logistics. The most pressing issues are of physical survival, particularly when homes and critical infrastructures are destroyed. Indeed, the process of rebuilding a demolished city takes years, or even decades, after the occurrence of the crisis. It is thus easy to forget that a brain, demolished through mental trauma, also takes time to rebuild – that mental trauma can last a lifetime. This situation applies to civil strife as well – war can provide a longer period of intense suffering than natural disasters, e.g. a nation can be under war for 5 years or more, with battles occurring consistently in villages. The longer nature of the primary crisis can lead to more serious mental issues,

[1] As the original documentary was in French, I have translated this quotation. The original states: "[Je ne croyais] pas de salut pour l'espèce humaine. Tu ne survivrais pas à la même chose. Nous ne méritions pas de vivre; personne ne méritait de vivre."

[2] Asylum seekers, as defined by Canadian law, is a person seeking legal status as refugee, but whose claim has not yet been adjudicated.

[3] A refugee is an asylum seeker who has been legally accepted by Canada, who has been granted the status which allows them certain legal protections.

such as post-traumatic-stress-disorder, suicidal thoughts, or severe depression. Often civil war desensitizes the average civilian to crimes against humanity (Wenders & Ribeiro, 2015).

Secondly, the lag time is caused by the lack of awareness within the humanitarian aid field. Only in the last few decades has mental health been considered a serious topic in the field, with calls for reform (Kienzler, 2019). Now Médecins Sans Frontières actively recognizes this emerging field as crucial to the recuperation of victims post-crisis (Médecins sans frontières, n.d.). Resources for asylums seekers to learn about mental hygiene methods (such as meditation), to discuss mental illness, or to relieve anxiety are being implemented (Straiton, Reneflot, & Diaz, 2017). This includes simple treatments, such as communal activities like sports, to relieve the burden of being alone with stressful memories.

Asylum seekers and refugees, as a result of aforementioned natural disaster or civil strife, typically experience traumatic events when fleeing their home nations, all while escaping physical danger. The cost of that is their mental health, and with few tools for practicing mental hygiene (e.g. in chaotic refugee camps), great harm is incurred. So how should this new sub-field of health humanitarianism be approached? What logistical, cultural, and social factors and challenges might be at play? Let us study the case of refugees in Sweden and Norway and their use of mental institutions (Finnvold, 2018). It is important to note that in the case of Scandinavian nations, there are many common attitudes regarding assimilation of refugees and sympathy to refugee plights in general. The Gilliver paper, focusing on refugees in Sweden, outlines the need for "targeted qualitative and intervention studies may facilitate efforts to develop and implement preventive methods for immigrants at high risk of mental ill health" (Gilliver, 2014). In other words, there is no one-solution-fits-all here; rather, the solutions need to consider pre-migration effects (the primary trauma, such as war) and post-migration effects (the secondary trauma, such as trouble assimilating). Let me clearly note that even the term 'assimilation' applies to refugees and asylum seekers in the Scandinavian countries, because many spend years in the refugee/asylum system in the hopes of gaining citizenship or residency – all while taking assimilation courses (BBC, 2016). Furthermore, there are several predictors of mental health admissions, including poor social environments and low socio-economic status. Arguably, these predictors cause a feeling of desolation and isolation, or are cased by desolation and isolation. Aside from the refugees themselves, the children of refugees suffer inter-generational trauma. More research needs to be done in this field. Santinsky argues that health determinants affect refugees in the host countries, placing barriers to medical health access. These include, she says, "differences in help-seeking behaviours, limited psychoeducation, lack of service awareness, language barriers, and cultural stigma towards mental illness" (Satinsky, 2019). Humanitarian aid, after all, is a two-way street. Aid workers cannot provide mental health aid if the refugees themselves do not know that they need it. The logical first step, therefore, is to remove these social barriers and provide information on mental health in the appropriate languages (e.g. Arabic, in the case of the Syrians), and to remove the cultural stigma towards mental illness. Making the conversation about mental illness open to all refugees is a key second step. Aid workers need to understand cultural differences (even among refugees, there is a wide variety of cultural values) between themselves and the refugees, in order to find a common language to express what mental health is, and what resources are available.

In sum, a great deal has been done to open up the academic conversation about the mental health needs of refugees. A growing acceptance from the aid workers about the new field must also be paralleled by the refugees and asylum seekers themselves – that is, the workers need to open up the conversation in accessible and culturally appropriate ways. This way, 'people on the move' can seek out the help when appropriate, and in the way that is best suited for them.

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Part 2: Politics of Food Assistance

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2. Politics of food assistance in a humanitarian context

The inspiration item for this section is a video entitled *Food Security Challenges with Solutions in the MENA Region* by the American University of Beirut (American University of Beirut, 2020). This conversation defines what *food security* means, in the two dimensions of agency and sustainability. It then outlines the issues with food security in the MENA region. Finally the conversation also reveals potential solutions to those challenges. In this section of the portfolio, I will briefly look at the dangers of foreign food aid, then focus on the case of evangelical food assistance programs for Palestinians near Jordon. Because food aid is so strongly tied in general humanitarian aid, many statements made in this section are generalized to humanitarian aid of other kinds (financial, development aid, v.v.).

Broadly speaking, scholars agree that humanitarian aid is a two-edged sword. The issue with foreign aid lies within the selfish reasons for providing such aid, which means that the aid itself is ineffective in the long-term, no matter how much is given. Consider, for example, that foreign aid is generally a trade for policy or values. With politicians, giving aid to impoverished nations under the guise of charity means that they can influence the policy in the receiving nations. These policies tend to be unpopular policies, policies that the citizens of the receiving nations would oppose – if they were fair or popular policies, the receiving leader would not need convincing to implement said policies. In turn, these unfavorable policies can lead to more intense disaster, leading to a vicious cycle, including *dependency*[4]. It should not be surprising, therefore, that private agendas in aid is not limited to governments. Non-governmental organizations can also act with private agendas, not being guided by public goals. They employ a special legal status that has many grey areas for transfer of money and resources between nations. All is under the guise of providing charity, whether legitimate or not.

On to the MENA (Middle East and Northern Africa) region and the politics of food assistance received there. The MENA region is consistently ranked as the top importer of food in the world, and the amount of food assistance it receives is astronomical (Nigatu & Motamed , 2015). Thus in this section of the portfolio, we consider the case of evangelical food assistance programs near Jordan for Palestinians, and how private agendas can affect food assistance in a humanitarian setting (Fiddian-Qasmiyeh, 2015). Fiddian-Qasmiyeh strongly advocates for greater agency (i.e. one of the two basic dimensions of food security, as described in the opening paragraph) for Sahrawi and Palestinian refugees. She concludes that it is time to question the humanitarian, political, and religious *raison d'etre* of these groups, which ultimately are hegemony and render the refugees "invisible," as tools of a larger agenda (Fiddian-Qasmiyeh, 2015). Important to note is that Fiddian-Qasmiyeh is not interested in the proselytising nature of such power dynamics, saying that literature in the past, focusing on such relationships, have "left a range of essential questions and dynamics pertaining to the implications of Evangelical interventions affecting refugees beyond proselytisation unexplored to date" (Fiddian-Qasmiyeh, 2015).

She notes that the veneer of the title of 'non-governmental organization' often hides a political motivation. The Polisario Front (the political representatives for Sahrawi refugees) are well noted for encouraging American Evangelical actors to be involved inside refugee camps (Fiddian-Qasmiyeh, The Pragmatics of Performance: Putting 'Faith' in Aid in the Sahrawi Refugee Camps, 2011). In this decidedly unfair power balance, Fiddian-Qasmiyeh suggests that there is a breach of the "international

[4] 'Dependency,' as coined by international development scholars, refers to a model wherein economically weak countries consistently rely on economically strong countries, allowing the strong countries to influence the policies of said weaker countries. This often leads to disastrous political and economic consequences for the weaker countries.

humanitarian principles of neutrality, universality and impartiality" in the NGO's two goals of proselytizing *and* broader aims (e.g. food assistance). Government actors, through the distanced hand of NGOs, can affect two opposing values. Evangelical Senator James Inholfe has often stated his support for the Sahwari independence movement through NGO activity, yet he also holds that Israel legally holds the land they are on (Fiddian-Qasmiyeh, The Pragmatics of Performance: Putting 'Faith' in Aid in the Sahrawi Refugee Camps, 2011). In other words, NGOs are used as a method of influencing popular belief of who is entitled to this controversial section of land. Certainly this is not *neutral*[5] nor *impartial*[6]. It is this unethical use of NGOs that 'de-legitimizes' humanitarian conversation, says Chouliaraki in *Post-humanitarianism: Humanitarian communication beyond a politics of pity* (Chouliaraki, 2010). There is little trust between potential good-willed donors and the NGO itself: will the mission carry out its work impartially, or is it, by its very nature of being a mission, biased beyond reason?

I will use two theory papers to analyze this case: first a paper focusing on religious organizations providing humanitarian aid (Lynch, 2010). The second theory paper will focus on post-humanitarianism (i.e. beyond helping due to pity, but rather helping for personal benefit) (Chouliaraki, 2010). The solution she offers is "a clear, though not linear, move from emotion-oriented to post-humanitarian styles of appealing that tend to privilege low-intensity emotions and short-term forms of agency" (Chouliaraki, 2010). Unfortunately, while this move does detach emotion and bias from many NGO missions (i.e. forcing impartiality and neutrality), it does move away from the reason for humanitarian aid. Emotions, after all, are what drives donations and brings volunteers in hordes, to help the needy. Removing pity is a dangerous step, because while it *does* help impartiality (i.e. aid to all who ask, regardless of our political opinion), it also removes compassion. It is then easy to make this a more intensely political game, where humanitarian aid no longer has emotional ties. It is purely a trade for economical or political influence.

[5] Neutrality is the condition of taking neither side in an armed conflict. The case of contestation over ownership of the land here is certainly an armed conflict between ethnic groups and nations of the Middle-East, including Israeli Jews, Israeli Arabs, Palestinian refugees, Sahwari refugees, and so on.

[6] Impartiality is the condition of offering aid to whoever seeks it.

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Part 3: Health Humanitarianism and Climate Change

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3. Health, humanitarianism and climate change

The inspiration item for this section is an article by Relief Web detailing development aid from the USA to Bangladesh totaling over 7 billion dollars (Relief Web, 2020). Aside from political or human-made factors affecting underdevelopment (e.g. lack of physical infrastructure), the main cause of Bangladesh's underdevelopment includes its unfortunate climate (Brouwer, Akter, Brander , & Haque, 2007). Two-thirds of Bangladesh is less than five meters above sea level; much of the land is extremely water-logged and at major risk for flooding. Bangladesh faces a massive crisis with rising sea levels; it is projected to lost 11% of its land mass by 2050. Factor in a large population in a crowded area, and a lack of reliable health systems, and the health crisis arises quickly. This section will focus on climate change and health humanitarianism in Bangladesh. The constant flooding of coastal areas with seawater means that farming is affected. A lack of food stability (related to the previous section of this portfolio) leads to mass migration. Mass migration in a country of little health support unsurprisingly leads to health humanitarianism as an indirect result of climate change. The article *Climate change events in the Bengali Migration to the Chittagong Hill Tracts in Bangladesh*, along with consideration for the Rohingya refugee influx post-2017, with two theory papers to provide a lens for analysis (Islam, 2020). These papers will be from the view of food security and forced migration (McGregor, 1994) (Poncelet, 2010).

Climate change events details the direct outcomes of climate disasters: damaged homes, damaged farmland (and thus livelihood), and sickness are a few. Climate migrants in Bangladesh typically move to the Chittagong Hill Tracts (CHT) region. Their health is particularly affected by drinking salty water. Furthermore, "people gradually lost the financial capability to lead their lives" when their livelihoods were flooded, and "they suffered ill-health caused by climatic events and were deprived of the minimum infrastructure and medical facilities due to the lack of hospitals and health professionals' reluctance to work and live in areas that are vulnerable to disasters" (Islam, 2020). In other words, the financially well-off health professionals were able to move away from the vulnerable areas, leaving behind vulnerable farmers without access to suitable health care in the wake of climate change. They migrate, and this is where humanitarian aid is required to alleviate the lack of internal health-care support. Furthermore, the Rohingya refugee influx into Bangladesh weakens the already frail health system (Medicins sans frontieres, n.d.).

Since 1985, Médicins Sans Frontières has had a continuous presence in Bangladesh, attempting to provide basic health resources to internally displaced Bangladeshi – services that the government should have been providing. The newer, further added strain of Rohingya refugees reveals that the continued dependency on foreign aid in Bangladesh is dangerous. MSF cannot forever become the basic health system in Bangladesh, and to deeply embed itself in the country as the status quo 'ministry of health' is risky. The Bangladeshi government will not be motivated to set up their own system to support its own citizens, let alone support refugees like the Rohingya. Furthermore, aid dependency keeps technical knowledge out of the hands of Bangladeshi people – it excludes them from the conversation of how to help themselves. This long-term strategy of foreign aid prevents development and autonomy for Bangladesh as a whole.

Consider food production in Bangladesh, for example. McGregor notes that displaced populations will create food instability in hosting areas, due to a large influx of people into an already overpopulated region, often waterlogged (McGregor, 1994). However, much of Bangladesh's land is viable for food production and agriculture (assuming appropriate anti-flooding measures are put into place, such as in the developed Netherlands, parts of which also lie below the sea) (Bangladesh.com, n.d.). Thus, climate change does not always necessitate human migration nor unstable food supplies, given that the government is working to put into place anti-flooding measures. Sadly, because this is not the case, forced

climate migration occurs internally. As a direct result of this migration, as we have already noted, foreign food aid is required to make up for food instability. Food aid, however, increases dependency of aid imports and dis-incentivises local agriculture – in other words, it removes market demands, simply because foreign food is easier to get. Consider also that over decades of foreign food aid, local methods of farming and food production may be lost as the older generations die out. Therefore, not only is the financial benefits of local food production lost, but the methods of such production are gone from Bangladeshi knowledge as well.

In sum, Bangladesh faces a nebulous web of issues, including poor infrastructure, overreliance on foreign aid, a large amount of internal migrants, and an influx of Rohingya refugees. By ensuring anti-flood plans, and climate preparation methods, along with sustainable health care methods (that do not rely on international aid), Bangladesh can build its way to becoming a self-reliant, resourceful nation living in harmony with its climate.

References

American University of Beirut. (2020, October 15). Food Security Challenges with Solutions in the MENA Region. Beirut, Lebanon. Retrieved from https://www.youtube.com/watch?v=LgQ9Dk7j0cM

BBC (Director). (2016). *Norway: Rape prevention classes for refugees* [Motion Picture]. Retrieved March 31, 2021, from https://www.youtube.com/watch?v=5JQW8DIrskE

Chouliaraki, L. (2010). Post-humanitarianism: Humanitarian communication beyond a politics of pity. *International Journal of Cultural Studies, 13*(12), 107 - 126. Retrieved March 12, 2021

Fiddian-Qasmiyeh, E. (2015). Conflicting Missions? The Politics of Evangelical Humanitarianism in the Sahrawi and Palestinian Protracted Refugee Situations. In A. Horstmann, *Building Noah's Ark for Migrants, Refugees, and Religious Communities* (pp. 157 - 159). New York: Palgrave. Retrieved March 12, 2021, from https://link.springer.com/chapter/10.1057/9781137496300_7

Gilliver, S. C. (2014). Recent research on the mental health of immigrants to Sweden: a literature review. *European Journal of Public Health, 24*, 72-79. Retrieved March 12, 2021, from https://pubmed.ncbi.nlm.nih.gov/25108001/

Islam, R. (2020, June). Climate change events in the Bengali migration to the Chittagong Hill Tracts (CHT) in Bangladesh. *Climate and Development*, 1 - 22. Retrieved March 12, 2021, from https://rsa.tandfonline.com/doi/full/10.1080/17565529.2020.1780191?casa_token=d9AV_T4Qw9sAAAAA%3AJXJd7gijlB4epBTgnIOmM0NVMfs0qFkCj4oQplOe7Ly93UbyfqtXNi10G6DMFnBXw3Do1UkoqBRU#.YEwZGGhKjIU

Jon Erik Finnvold, E. U. (2018). Refugees' admission to mental health institutions in Norway: Is there an ethnic density effect? *Social Science and Medicine, 209*, 43 - 50. Retrieved March 13, 2021, from https://pubmed.ncbi.nlm.nih.gov/29787927/

Kienzler, H. (2019). Mental Health System Reform in Contexts of Humanitarian Emergencies: Toward a Theory of "Practice-Based Evidence". *Culture, Medicine, and Psychiatry* (December), 636–662. Retrieved April 1, 2021

Lynch, C. (2010). Religious Humanitarianism and the Global Politics of Secularism. *American Political Science Association 2010 Annual Meeting*. Retrieved March 12, 2021, from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1644550#

McGregor, J. (1994). Climate change and involuntary migration: implications for food security. *Food Policy, 19*(2), 120-132. Retrieved March 12, 2021, from https://www.sciencedirect.com/science/article/abs/pii/0306919294900655

Médecins sans frontières. (n.d.). *Mental Health*. Retrieved April 1, 2021, from MSF.org: https://www.msf.org/mental-health).

Nigatu, G., & Motamed , M. (2015). *Middle East and North Africa: An Important Driver of World Agricultural Trade.* United States Department of Agriculture - Economic Research Service. Retrieved April 2, 2021, from https://www.ers.usda.gov/webdocs/outlooks/35796/53335_aes88.pdf?v=7471.1

Poncelet, A. (2010). A Country Made for Disasters: Environmental Vulnerability and Forced Migration in Bangladesh. In T. Afifi, *Environment, Forced Migration and Social Vulnerability* (pp. 211 - 222). Retrieved March 12, 2021, from https://link.springer.com/chapter/10.1007/978-3-642-12416-7_16

Satinsky, E. (2019, December 1). Multiculturalism and Compassion: Responding to Mental Health Needs Among Refugees and Asylum Seekers. *International Journal of Health Policy and Management, 8*, 734-736. Retrieved March 12, 2021

Straiton, M. L., Reneflot, A., & Diaz, E. (2017). Mental Health of Refugees and Non-refugees from War-Conflict Countries: Data from Primary Healthcare Services and the Norwegian Prescription Database. *Journal of Immigrant and Minority Health*, 582–589. Retrieved March 31, 2021

Wenders, W., & Ribeiro, J. (Directors). (2015). *Le sel de la terre* [Motion Picture]. Criterion-on-Demand. Retrieved March 31, 2021