

DISCUSSION SUMMARY

Discussion began with a commentary by a representative of the Pan American Health Organization who argued for an integrated approach to health care and called for international health and mental health organizations to coordinate their efforts within the local health care system.

The discussion then moved to the the meaning of mental health. Campos proposed a redefinition of the concept of mental health. Under this broader interpretation, it is argued that, for better or worse, all aspects of life affect mental health, in which everything we do reverberates.

All policies are premised on a determined view of mental health and we must concentrate on developing recommendations that make the greatest contribution possible. Examples can be seen in the efforts to stimulate collective organization and mutual self-help, in which both of these goals are conceived of as decisive factors contributing to mental health. The opposite approach is to offer more paternalistic assistance in which the beneficiaries are made to understand that they are defeated and, thus, must receive and have things done for them.

It has been said that the discussion of mental health is altogether irrelevant since among these populations there are other priorities such as decreasing infant mortality. However, this position was rejected as presenting an arbitrary distinction between physical and mental health, which is risky and impractical.

In carrying out programs to improve the physical conditions of refugees and the displaced, improvements in mental health can be effected if the people are encouraged to reflect on the causes of existing problems and to establish new relationships among themselves in order to prevent the reoccurrence of problems. It should be made clear that mental health and happiness are not synonymous. Thus, an individual, group, or family may

live under very adverse psychosocial conditions and yet maintain a resilient attitude and thus protect its mental health.

Another topic of discussion was how to develop and implement mental health programs. There arose concerns that current theories of mental health have contributed to "white man's" values, a particularly wide-spread perception among communities such as the Miskitos in Nicaragua who generally respond with considerable fear and mistrust to "Spanish" values, which they consider alien and negative. This phenomenon highlights another common mistake: We think about mental health programs outside the communities in which they are to be implemented, whether in drawing up policies and actions of given governments and agencies or even in formulating recommendations in a workshop such as this.

Following up on this point, the speaker stressed that the design of a mental health program must be adopted to the specific conditions and past histories of each group and, thus, that the participation in the planning and execution of the programs by the group members themselves should be promoted.

It is clear that, in relating mental health to the concrete situation of the refugees themselves, peace becomes an essential condition for the development of these programs. Any action or development that relieves the pressures of war, reestablishes calm and security, and strengthens respect for human rights will, without question, make a greater contribution to the collective mental health of the refugee communities than will any other specific program.

In planning mental health programs it is important to consider the psychosocial effects of the new warfare strategy being put into effect in the region; low-intensity warfare exerts psychological pressures in order to involve the civilian population against its conscience and to subject and dominate it.

Current migration among refugees and displaced groups is substantially different from the classic migration that has existed in Central America and the rest of Latin America, and has very distinct consequences.

Two modes of attention offered in receiving countries were discussed: refugee camps and a dispersed,

primarily illegal, population. It was concluded that neither of the two could be held up as a positive model. Both situations present their own advantages and disadvantages for mental health development.

RECOMMENDATIONS

The following policy recommendations are supported by research of individual scholars in Central America and Mexico and the experience of international and national organizations that offer refugee assistance in the region.

Whereas: We as social scientists see the suffering, insecurity, anguish, and despair of the refugees, migrants and repatriates, we also recognize that these conditions originate in the profound political, economic and social crises which have brought about the war, violence and massive migration.

The regional conflict and the consequences of war have made nearly all Central America a disaster area.

Therefore, we make the following recommendations:

Humanitarian Response

1. We call upon the governments and national and international organizations to seek a swift and effective resolution of the conflicts and to bring about peace with social justice, and a return to democracy and self-determination. We look for the construction of a new society in which all peoples of the region may live with dignity and without fear.

2. We call on governments to keep borders open and provide protection to those persons fleeing persecution. In particular, we urge the UNHCR to pursue aggressively its legitimate role as protector of refugees.

3. We encourage the general public in the countries of the region to offer a humanitarian response to the refugees. At the same time we call on more developed nations outside the region to accept Central American refugees for resettlement.

4. We call on governments, international and national assistance agencies and private organizations to create a forum to guarantee the real participation, with voice and vote, of refugees, displaced and repatriates in the analysis of their conditions and in the negotiation and implementation of policies and programs in their behalf.

Specifically, it is recommended that the Tripartite Commissions on repatriation currently established with representation of the home and host governments and the UNHCR be expanded to include direct representation of the affected refugee populations.

5. Considering that the reintegration of repatriates and displaced persons has been hindered and limited by the militarization of the return process, particularly in Guatemala,

We recommend that the repatriation and reintegration process be demilitarized and that greater civilian participation be permitted and encouraged. Moreover, we recommend that nongovernmental agencies be given a major role in project development and implementation as they are trusted by and have access to refugee and displaced populations.

6. Considering that vast numbers of undocumented Central Americans will not be able to repatriate because of the tremendous political, economic, and social costs of the civil conflicts in their societies of origin,

We call on governments in the region to grant legal status, in accordance with international agreements, to those Central Americans not currently recognized as refugees. In this light, we would

call on governments to comply fully with the international covenants that they have signed protecting refugees.

7. We urge the UNHCR to promote frequent opportunities for regional consultation and coordination in the search for policy solutions to the crisis of refugees, displaced and undocumented in the region.

Resource Allocation

8. In consideration of the May 1989 "International Conference on Central American Refugees" to be held in Guatemala City, called by governments in the region in cooperation with the UNHCR and UNDP, at which decisions will be made concerning resource allocation, and in light of the expected increase in resource levels for refugees and development in the region,

We call on planners to be mindful of the potential for creating dependency by allocating resources for infrastructure or other projects that cannot be maintained in the long term by local resources.

9. Considering that the changes in the conditions that initially caused outmigration will not necessarily lead to automatic repatriation, refugees must be given the opportunity to decide voluntarily whether they will integrate locally in the host country, repatriate, or seek resettlement to a third country.

Therefore, we recommend that international assistance be channeled equitably to support these three options.

10. Considering the level of hostility which we have seen develop in poor communities that border on refugee camps as local residents

witness the material and financial resources being directed to refugees alone,

We recommend that governments and international and private organizations not make refugees, displaced persons, and repatriates privileged groups by directing resources solely to them, but rather direct resources to the benefit of all marginal populations within a micro-regional development strategy.

11. Considering the detrimental effect on the environment of certain traditional agrarian practices which result in resource depletion and soil erosion,

We call on governments and technical agencies at all levels, with the participation of refugees, displaced, returnees, and other beneficiaries, to consider projects that will modify those traditional agricultural production methods that cause environmental damage. Specifically, we recommend projects that permit the protection of the soil, forests, and water resources by means of agroforestry and reforestation which may help halt and eventually reverse the ecological tragedy in the region.

12. We call on governments in the region and the international community to coordinate efforts in improving conditions for refugees who are likely to remain in camps for the foreseeable future,

We recommend that, refugees in the camps, be furnished information about local employment opportunities and the characteristics of the local labor market and economy to help them find work in the local community or to initiate and participate in new productive projects.

Mental Health

13. Considering the psychosocial problems faced by all refugee, displaced, and undocumented populations, which will not be resolved in the short term without preventive measures and which may persist even after repatriation or reintegration,

We urge all governments in the region to create a mental health care strategy, in which national and international agencies may collaborate, to address the problems of the refugee and displaced populations. Such a strategy should be consistent with local health care methods and consistent with universal health care by the year 2000, a goal subscribed to by all the member nations of the World Health Organization (WHO) since 1977.

14. Considering that the policies subscribed to by WHO member states assume health to be an integrated process and that those policies set out a strategy for Primary Health Care on the basis of preventative care and community participation,

We recommend that refugee mental health programs be formulated along the lines of the Primary Health Care Strategy, thus, promoting community responsibility and organization. At the same time, we reiterate the need to design these programs to fit the particular characteristics of the country or population to be attended.

15. Considering that Central America has also been subject to a psychological strategy of low intensity warfare,

We recommend that mental health programs now being developed include measures to counteract the effects of this psychological warfare by offering information and the opportunity for its victims to reflect on the origin and characteristics of their pathological behavior

in order to relieve them of guilt and suffering.

Research and Information Needs

16. Considering the ongoing need for reliable data on the migrant, displaced, and refugee populations in Central America,

We recommend the collection and evaluation of existing data sources and the sponsorship of new, rigorous initiatives to study the conditions of the refugee, displaced, undocumented and repatriate communities in the region.

17. Considering the significant differences among each refugee group in terms of nationality, ethnicity, legal status, socio-economic background, and welfare,

We urge policymakers and researchers to understand and respect the unique characteristics of each group when carrying out projects, policies and research.

18. We call on the UNHCR and governments in the region to mount an information campaign directed toward refugees about existing national and international accords on the rights of refugees and responsibilities of States for the protection of these populations. Information would include the rights of refugees relative to integration in host countries, voluntary repatriation, and resettlement in third countries. Information centers to be created would design the appropriate means to disseminate information to refugees.

19. We urge the media in the region to keep public opinion informed about the situation of the refugees, displaced and undocumented.

20. Considering the challenge that conditions in Central America present to the research community's ability to provide rigorous, scientific findings that may guide policies and programs for refugee, displaced and undocumented populations,

We propose that the Consejo Superior Universitario Centroamericano (CSUCA) be used as the regional center for coordination of information and research on the subject.

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We wish to thank the Bureau for Refugee Programs of the U.S. Department of State for its generous support of the HMP and CSUCA's Central American Research Program. Without the support of these two programs this conference and report would not have been possible. We also wish to acknowledge the many individuals who organized the conference and prepared this document: At CSUCA, Gilda Pacheco Oreamuno, Juan Bautista Castro and at CIPRA, Dr. Patricia R. Pessar, Mary Ann Larkin, and Gerardo D. Berthin. In addition, we thank Ana Leonor Torelli and Leda Maria Zúñiga for transcription; Charles Becker, Charles Roberts and Greta Siebentritt for translation; and Jacqueline Kellachan for typing.