

# Global Refugee Crisis

Ethan Park

Flintridge Preparatory School, USA

## ABSTRACT

This essay explores the often-ignored historical intersections of forced migration and disability. This intersectional approach directs attention to understudied dimensions of how crossing inequalities of race, class, national origin, and ability can shape the experiences of subordinate groups in various ways.<sup>1</sup> Disabled refugees and asylum seekers are the most economically and socially disadvantaged members of society. This displaced population is at heightened risk for abuse, exploitation, and violence. Through the conceptual frameworks of human rights, disability studies, and critical refugee studies, this paper looks the United Nations 1951 Convention Relating to the Status of Refugees and the 1981 International Year of the Disabled Person and their impact on contemporary policies toward refugees. By analyzing these historical policies, we can glean insight into ways for improving resettlement policies and practices for disabled refugees in the contemporary moment.

## Introduction

The global refugee crisis has seen a dramatic increase in recent decades. In a 2022 report, the United Nations High Commissioner for Refugees (UNHCR) noted that there are now more than 108 million individuals who are displaced.<sup>2</sup> The three largest population of refugees and other displaced individuals in need of international protection are from Syria, Ukraine, and Afghanistan. There is a notable distinction between refugees, internally displaced peoples (IDPs), asylum seekers, and migrants. Refugees flee their homes and cross international borders because their lives are in peril. Internally displaced peoples also flee their homes due to danger but have not crossed international borders. Asylum seekers are individuals who have fled their country but their refugee status has not been legally determined. Migrants are those who voluntarily leave their homes to settle in another country. Unfortunately, the distinctions between asylum-seekers and refugees are often blurred depicting both as illegal migrants in contemporary media representations and political rhetoric.

Refugees are forced migrants who are classified into the category of conflict-induced displacement.<sup>3</sup> Refugees are displaced by war, violence, and other forms of persecution. According to the Geneva Convention, a refugee is a person who has a “well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside of the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.”<sup>4</sup> This statement from Article 1 of the *Geneva Convention –Relating to the Status of Refugees* was adopted in the post-World War II era and was initially intended to address European refugees seeking asylum.

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<sup>1</sup> The term intersectionality was coined by American legal scholar Kimberlé Crenshaw in 1989. While Crenshaw examined the separate categorical treatment of gender and race which prevented anti-discrimination laws from being applied to Black women, here I look at the ways intersections between war, migration, age, and ability effect refugee health access.

<sup>2</sup> UNHCR, *Global Trends Report*.

<sup>3</sup> UNHCR, *Addressing the Causes of Migratory and Refugee Movements*.

<sup>4</sup> United Nations, *Geneva Convention –Relating to the Status of Refugees*.

Following the First World War (1914-1918), approximately 7.5 million people were displaced and fled to neighboring countries. Historian Peter Gatrell refers to the surge of “a whole empire walking” in his book, *The Making of the Modern Refugee*.<sup>5</sup> The mass migration that resulted from World War I prompted international cooperation and agreements between countries to provide travel documents to fleeing individuals. It also ushered in the first legal recognition of refugees. The League of Nations was established in 1921 eventually becoming the predecessor to the United Nations.

During World War II (1939-1945), the numbers of displaced people grew drastically. In Europe alone, an estimated 65 million people were forced to leave their homes. The rise of Nazi Germany and the persecution of the Jews prompted millions to flee the violence of the war. This included forced laborers, prisoners of war, and survivors of the concentration camps. Eleanor Roosevelt, who became highly involved in the refugee crisis after World War II stated in 1946 that a “new type of political refugee is appearing,” who “if they stay at home or go home will probably be killed.”<sup>6</sup>

In response to the growing numbers of displaced individuals, the UN established the United Nations Relief and Rehabilitation Administration to administer relief for victims of war through “provisions of food, fuel, clothing, shelter, and other basic necessities, medical, and other essential services.”<sup>7</sup> The United Nations Relief and Rehabilitation Administration established and operated 800 resettlement camps before it closed and turned over its operations to the International Refugee Organization which continued the work of providing services for refugees until it was dissolved in 1952. The United Nations High Commissioner for Refugees (UNHCR) took over responsibilities for international refugee efforts and still serves in this capacity today. On July 28, 1951, the United Nations established the *UN Convention Relating to the Status of Refugees* which articulated the guidelines and policies pertaining to refugee rights. According to the 1951 Convention, refugees received certain protections under international law including non-refoulement which involves the right to be protected by the country in which they seek asylum. It remains a key component of how the international community recognizes a refugee in the contemporary moment.

## Methods

Since 2020, I have been an active member of a 501 c3 status non-profit organization called *Share to Love* that is based in Los Angeles. Through this organization, I have gradually learned about the growing refugee crisis both locally and globally. Both my maternal and paternal grandfathers were internally displaced persons (IDPs) who were displaced during the Korean War. They were originally both from North Korea and when war broke out on the Korean peninsula, they could not return home. My paternal grandfather was separated from his family during the war and became an unaccompanied displaced minor. Reflecting on my personal family history and my interest in healthcare sparked my interest in this project on refugee healthcare access. Through the course of this study, I conducted a literature review of 46 sources. In addition, I utilized qualitative research methods to interview 2 individuals to assess the specific challenges faced by refugee children. The interviews were conducted between June 2020 and August 2023. Each interview was between 20-40 minutes. The participants who I interviewed were staff members who worked in refugee resettlement centers at the *Internationale Freikirche Köln* (International Free Church Cologne) in Germany and *Fundacja Ocalenie* (Ocalenie Foundation) in Poland.

## Colonial Vestiges of the UN 1951 Refugee Convention

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<sup>5</sup> Gatrell, *Making of the Modern Refugee*, 12.

<sup>6</sup> The Eleanor Roosevelt Papers, The Human Rights years, 1945-1948.

<sup>7</sup> <https://www.iwm.org.uk/learning>

World War II prompted the transformation of international organizations and governments. While the formation of the United Nations and the establishment of the Refugee Convention brought new alliances and cooperation between different countries, the 1951 Convention was limited to Europe and refugees fleeing persecution in Europe after World War II. While the 1951 Refugee Convention was regarded as a success to address the displacement in Europe, it was narrow in its scope and practice. Ironically, the UN General Assembly declared 1959 as World Refugee Year while the international community and the UN High Commissioner for Refugees was responding to an emerging refugee crisis in newly independent postcolonial countries.<sup>8</sup>

As the Cold War intensified, there was also a shift in the patterns of displacement across the globe. The Cold War prompted a “shift from the bipolar world and its end twice upended the ways refugees were identified, placed, and received in the twentieth century.”<sup>9</sup> As conflict increased in Indochina, Afghanistan, Indochina, and countries in Africa, large numbers of individuals were forced to flee their homes in search of safety and survival. While thousands remained trapped in refugee camps, others made their way to Western countries through both legal and illegal ways. Such a crisis of displacement and the rapid increase in the numbers of individuals seeking asylum created a crisis. According to the UNHCR, by the end of the Cold War, there were 17.2 million refugees. The collapse of the former Soviet Union in 1989 was a significant turning point. While it granted independence to countries formerly in the Soviet Union it also created ethnic conflicts between these countries resulting in instability for its residents.

In order to address the growing numbers of displaced individuals as well as the different geographic locations in which conflict was occurring, the Refugee Convention was revisited and revised. The narrow scope of the 1951 Refugee Convention was revised in the 1967 Protocol that removed the geographic specificity of Europe and expanded the refugee status to anyone who met the legal definition of a refugee. The Additional Protocol to the *UN Convention Relating to the Status of Refugees* removed the restrictive language of categorizing refugees as individuals only from Europe. It redefined refugees to include all persons, regardless of geographic location and period of displacement. The Additional Protocol was drafted at a special meeting held by the Carnegie Endowment for International Peace and the UN High Commissioner for Refugees (UNHCR) from April 21-28, 1965. This more inclusive definition of a refugee garnered support from the international community. Whereas the 1951 Refugee Convention only had 26 nation-states that were signatories, the 1967 Protocol’s expansion of refugee status beyond the borders of Europe prompted 145 states to ratify it.

In the forward to *Travaux Préparatoires*, which provides an overview of the 1951 Convention, Sadako Ogata, the UN High Commissioner for Refugees, noted that the “refugee situations began to arise in different regions of the world, which were not in any way related to pre-1951 events. This led to efforts to make the Convention fully applicable in all new refugee situations, based on the recognition that the 1951 Convention should become the universal international instrument for the protection of refugees.”<sup>10</sup> Most importantly, the Additional Protocol to the *UN Convention Relating to the Status of Refugees* legally recognized refugees based on their displacement rather than their country of origin.<sup>11</sup> According to the revised *UN Convention Relating to the Status of Refugees*, refugees cannot be forced back to their home country and have the right to healthcare, education, employment, and freedom of movement. However, these rights are often discounted and violated.

Several scholars have critiqued the Eurocentric focus of the Refugee Convention and its failures to address various different forms of displacement. Proxy wars that were supported by larger international countries such as the United States and the Soviet Union created conflicts with people fleeing Angola, Afghanistan and other post-colonial countries.<sup>12</sup> In *The UNHCR and World Politics: A Perilous Path*, Gilbert Loescher

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<sup>8</sup> Gatrell, *Free World? The Campaign to save the World’s Refugees*.

<sup>9</sup> Gatrell, *Making of the Modern Refugee*, 199.

<sup>10</sup> Ogata, “Foreword,” in *The Refugee Convention 1951*.

<sup>11</sup> Asylum Access.

<sup>12</sup> Koser and Black, “The End of the Refugee Cycle?”

argues that Western governments were the primary donors to the UN High Commissioner for Refugees and were interested in the anti-communist work and refugees directly fleeing communism rather than refugees fleeing from ethnic conflicts or proxy wars.<sup>13</sup> In *Survival Migration*, Alexander Betts argues that cross-border displacement of individuals is no longer only persecution driven by race, religion, nationality, membership in a social group, or political opinion, but has shifted to conflict, dispossession, or severe deprivation. Such a shift necessitated revisiting the parameters of *UN Convention Relating to the Status of Refugees* that defined the status of a refugee. Increasingly, people flee in what Betts calls “survival migration,” and individuals escaping persecution, conflict, and deprivation have not been granted refugee status but have been detained and deported.<sup>14</sup>

## Disabled Refugees

During the 1959 World Refugee Year, there were an estimated 45,000 disabled refugees in Europe, of which 10,000 were living in camps.<sup>15</sup> Many disabled refugees were from World War II. Causes of disability are several including physical amputations, injury from mines, wounds from wars, as well as psychological impairments caused by trauma from rape, torture, or witnessing the death of loved ones. In “Disability in Contexts of Displacement,” Michel Karanja notes that disabled refugees fleeing conflict are especially vulnerable since they are not mobile. This can lead to them being abandoned by family and at increased risk for harm.<sup>16</sup> The vulnerability of disabled refugees is also heightened by the fact that they face legal limitations. There are no international laws protecting the rights for disabled refugees. According to the Health for Asylum Seekers and Refugees Portal, there are only “scattered provisions of conventions, legal instruction, and international humanitarian law,”<sup>17</sup> but no overarching legal protections to ensure access to resources and health care for disabled refugees. The lack of legal protections for disabled refugees increases the dangerousness of their situation and increases health problems. In “UNHCR’s Shifting Frames in the Social Construction of Disabled Refugees,” Veronika Flegar argues that although the UN High Commissioner for Refugees planned to raise funds for the rehabilitation, immigration, and integration of disabled refugees, few countries were willing to resettle refugees with disabilities. According to the UN, Australia accepted 200 refugee families with a disabled family member while 79 other countries including Canada, Norway, and Sweden were involved in the resettlement effort in a much more limited capacity.

By the time the UN General Assembly declared 1981 as the International Year of the Disabled Persons, the number of global refugees had grown drastically. Emphasizing the need for rehabilitation, equal access to opportunities, and prevention of further disabilities, the UN General Assembly called for action from the international community. The International Year of the Disabled Persons defined “the right of persons with disabilities to take part fully in the life and development of their societies, enjoy living conditions equal to those of other citizens, and have an equal share in improved conditions resulting from socio-economic development.”<sup>18</sup> The United Nations sought to increase public awareness, increase the acceptance of persons with disabilities, and encourage those with disabilities to mobilize. There was also a movement to expand disabilities to not only physical impairments but mental disabilities, including symptoms brought on by post-traumatic stress among refugees. The UN High Commissioner for Refugees received the Nobel Peace Prize in 1981, the same year as the International Year of the Displaced Persons was established, providing momentum and attention to disabled

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<sup>13</sup> Loescher, *The UNHCR and World Politics*, 12.

<sup>14</sup> Betts, *Survival Migration*, 5.

<sup>15</sup> United Nations, *World Refugee Year*.

<sup>16</sup> Karanja, “Disability in Contexts of Displacement.”

<sup>17</sup> Health for Asylum Seekers and Refugees Portal.

<sup>18</sup> United Nations, *The International Year of Disabled Persons*.

refugees. However, the international community's willingness to engage in disabled refugee issues as such remained limited at the time.

Despite the UN's International Year of the Disabled Persons initiative, public sentiment towards those with disabilities served as a barrier to attaining equal access and acceptance. Despite efforts to integrate refugees with disabilities, they were subject to exclusionary practices based on their disability, race, and migrant status.<sup>19</sup> Disability scholars note that such experiences of refugees with disabilities is not based on the single marker of disability, but a combination of their disability, race, and immigrant status. Such predetermined associations often marginalize disabled refugees in their efforts to resettle.<sup>20</sup> In addition, refugees are "often homogenized with little or no alertness to context, culture, religion, gender, but especially dis/ability."<sup>21</sup> Refugees are lumped as a group without taking into consideration their differences. This is rather surprising given that the World Health Organization (WHO) estimates that 15% of the world's population consists of people with disabilities and refugees with disabilities are double the global average of individuals with disabilities.<sup>22</sup> The United Nations High Commissioner for Refugees also estimates that out of the estimated 108 million forcibly displaced people worldwide, 42% are children and as many as 15–20% are people with disabilities.<sup>23</sup> Understanding how disabled refugees were defined by the United Nations at crucial points in recent history is important for how to move forward in the contemporary moment.

## Disabled Refugee Youth and Access to Care

Currently, there are more than 32.5 million refugees with half of that number being under the age of 18. The countries with the highest number of refugees are Syria, Ukraine, and Afghanistan. As refugees are frequently exposed to traumatic experiences before, during, or after fleeing, they represent a particularly vulnerable group. This is especially true for refugees who are under the age of 18. Many refugee children have lost their homes and even family members, increasing the already high levels of mental and physical stressors on the body. War and displacement elevate risks of injury, disease, and malnutrition. Often poor sanitation and lack of food and water turn refugee camps into vectors for infectious diseases. Health care infrastructure is also severely weakened by war and this in turn strains the healthcare system and levels of care that can be provided.

Refugee health services typically fail to address the specific needs of people with disabilities. The existence and needs of disabled refugee children are rarely acknowledged. For example, disabled refugees have difficulty accessing food and water at distribution centers and are often the last to receive sustenance resulting in further malnutrition. Even access to health centers is difficult for those with physical or psychological disabilities. While refugees in general are an extremely vulnerable group, disabled refugees and more importantly disabled children face increased vulnerability and "are among the most marginalized in an already disposed group."<sup>24</sup> Children who are refugees are reported to have disabilities in mobility (7%), cognition (5%), vision (1%), but most commonly anxiety (22%) and controlling behaviors (10%).<sup>25</sup> Such debilitating health conditions are the result of but are not limited to blast injuries; untreated diseases and health conditions; detrimental mental and physical developments that result from malnutrition; lack of immunizations; post-traumatic stress; anxiety and depressive symptoms. Despite these statistics, there is very little to no attention given to disabled children who are refugees.

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<sup>19</sup> Barnett, *Empire of Humanity*.

<sup>20</sup> Annamma, "Dis/ability Critical Race Studies."

<sup>21</sup> Pisani et al., "Disability and Forced Migration."

<sup>22</sup> World Health Organization, *World Report on Disability*.

<sup>23</sup> UNHCR, *Persons with Disabilities*.

<sup>24</sup> UNHCR, *Refugee International*.

<sup>25</sup> Women's Refugee Commission. *Disability Inclusion*.



The intersections between refugee status and disability have not been sufficiently investigated specifically in terms of refugee children with disabilities. There is not enough research examining the challenges refugee families who have children with disabilities face. The knowledge regarding their needs, services, structural barriers, and the degree to which their needs are met is sparse. The United Nations High Commissioner for Refugees (UNHCR) notes that out of the estimated 108 million forcibly displaced people worldwide, 42% are children and as many as 15–20% are people with disabilities. Reviewing this data, we can see that refugee children who are disabled comprise a sizeable number of the refugee population. This specific group faces challenges at the intersection of variable positions including their race, national origin, gender, class, and disability.<sup>26</sup> However, this is a group that has largely been made invisible and disregarded.

In “The Color of Violence: Reflecting on Gender, Race, and Disability in Wartime,” Nirmala Erevelles argues that “the violence of imperialism is instrumental not only in the creation of disability but also in the absence of public recognition of the impact of disability in the third world.”<sup>27</sup> Physical disabilities such as loss of limb, blindness, severe skin burns, deafness, as well as psychological disabilities such as anxiety, depression, post-traumatic stress syndrome are all too often the result of war and conflict that is often fueled by the violence of imperialism and colonialism. However, nations and international organizations often practice a form of benign negligence, turning a blind eye to the plight of disabled youth resulting from such conflicts.

In “Disability and Forced Migration: Critical Intersectionalities,” Pisani and Grech argue that humanitarian practices toward migration and refugee studies continues to adopt an “ableist approach focused on heteronormative productive bodies” and fails to critically engage with issue of bodies and borders outside of traditional definitions.<sup>28</sup> Cultural norms often pressure families to hide disabled children thus preventing them from benefitting from education, health, and nutrition programs. Children with disabilities in refugee camps are especially vulnerable to isolation, stigmatization, and violence. It is harder for them to access education and essential services, and form relationships with their peers which is critical for maintaining a healthy psychosocial well-being.<sup>29</sup> It is also important to consider health gap measure like the Disability Adjusted Life Year (DALY) in this discussion. Most staff at refugee camps are not aware of the additional challenges disabled children encounter and how this can affect the higher mortality rates among those who are disabled.<sup>30</sup>

In 2015, the United Nations published the *2030 Agenda for Sustainable Development* emphasizing that a rights-based approach to healthcare is needed for all peoples regardless of race, age, or other variables. Historically marginalized groups, ethnic minorities, and those who face discrimination due to race, gender, religion, class, or ability often find it difficult to access adequate health care. Discussions of health access need to take into consideration health inequities for marginalized populations such as the growing population of refugees across the globe.

Out of the 108 million people who are displaced worldwide, approximately 21.6 million are people with disabilities. The Women’s Refugee Commission notes that refugee women, children, and youth with disabilities are often excluded from “vital services, including those that address gender-based violence, programs for adolescents and youth, and education on sexual and reproductive health care.”<sup>31</sup> Given that the World Health Organization’s (WHO) constitution states that “the highest attainable standard of health is one of the fundamental rights of every human being” and the United Nations also emphasizes health as a human right in

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<sup>26</sup> Bešić and Hochgattererm, “Refugee Families with Children with Disabilities.”

<sup>27</sup> Erevelles, “The Color of Violence,” 118.

<sup>28</sup> Pisani and Grech, “Disability and Forced Migration: Critical Intersectionalities.”

<sup>29</sup> Women’s Refugee Commission, *Disability Inclusion Translating Policy into Practice in Humanitarian Action*.

<sup>30</sup> Chen et al., “The Evolution of the Disability-Adjusted Life Year.”

<sup>31</sup> Women’s Refugee Commission, *Disability*.

the Universal Declaration of Human Rights, it is essential that the fundamental health rights are accessible for this most vulnerable population.<sup>32</sup>

There is a limited amount of research focused on the needs and experiences of refugee children. There is even less literature on the experiences of refugee children with disabilities. The United Nations Children's Fund (UNICEF) notes that the refugee population is much younger than the overall migrant population. 51% of all refugees are under 18 years old and of those 20% are disabled.<sup>33</sup> The following sections examine two countries that have the highest number of refugees – Syria and Ukraine.

## Case Study: Syrian Refugees in Germany

According to the UN High Commissioner for Refugees, six million people from Syria were registered as refugees in 2011. The UN High Commissioner for Refugees also estimates an additional 6.8 million displaced individuals within Syria. In 2015, 1.1 million Syrian refugees immigrated to Germany. Germany is the second largest refugee-hosting country in Europe with 1.3 million refugees. According to the Federal Office of Migration and Refugees, Germany has received almost 1.5 million refugees the majority coming from Muslim majority countries in the Middle East, such as Syria, Afghanistan, Iraq, and Iran. As of 2020, there are 510,005 refugee minors under the age of 18 living in Germany.<sup>34</sup> Help Age International's 2014 report cited that almost twice the World Health Organization global average of persons with disabilities resided within the group of Syrian refugees.<sup>35</sup>

In order to address the influx of migrants, Germany installed a new branch of government, the Federal Office for Migration and Refugees. This office has two main functions. It evaluates asylum claims for refugees and coordinates integration courses. The integration courses which include language and culture orientation courses are designed to help facilitate social interaction and help migrants integrate into German society and workforce. Morgan Etzel notes that such policies enforced the notion of "good foreigners" proving their worthiness by learning German, participating in cultural integration, and contributing to the labor economy.<sup>36</sup> The increase in refugees from Syria and other Muslim-majority countries in Germany has shifted the dialogue from one of the rights of refugees to concerns over the challenges faced by members of the host country as well as questions of who gets to be designated as a genuine refugee.<sup>37</sup> In Germany, the medical screening procedures that are conducted shortly after refugees arrive into the country is a source of national health data. There is often the assumption that foreign refugees bring diseases upon arrival to the host country. Nayan Shah has discussed the ways in which disease is often racialized in his important work, *Contagious Divides*.<sup>38</sup>

In addition to the stress of adapting to a new culture, language, and norms, refugees from Muslim-majority countries have faced increased discrimination and racist attacks since the terrorist attacks of September 11, 2001. Refugees face several stressful situations in Germany ranging from degrading racial remarks, daily hassles, jeers, and people looking down on them. While these experiences are stressful in and of themselves, happening to children and adolescents who are in their developmental stages of life trying to identify themselves and their place in society can even be more jarring. The developmental challenges of children are combined with anti-immigrant and anti-refugee sentiments adding to heightened mental stress for youth. The YOUR-GROWTH study conducted between January 2019- May 2020 details the health and well-being of refugee

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<sup>32</sup> World Health Organization, *World Report on Disability*.

<sup>33</sup> UNICEF, *Uprooted: The Growing Crisis for Refugee and Migrant Children*.

<sup>34</sup> Federal Statistical Office, *Results of the Central Register of Foreigners*.

<sup>35</sup> Help Age International Handicap International, *Hidden Victims of the Syrian Crisis*.

<sup>36</sup> Etzel, "New Models of the "Good refugee," 116.

<sup>37</sup> Dimitraidi, "Introduction: Delineating the Linkages."

<sup>38</sup> Shah, *Contagious Divides: Epidemics and Race*.

minors in Germany. In the study sample of 106 individuals which consisted of 45% girls and 55% boys, most participants came from Syria (55%), Iran (35%), and Afghanistan (10%). The study indicated that there are three coping mechanisms that were predictors of well-being—seeking social support, avoidance coping, and palliative emotion regulation.<sup>39</sup>

There are also high rates of unaccompanied asylum-seeking adolescent refugees. The uncertainty and anxiety that looms largely over refugees also appeared to aggravate physical medical conditions. Often, anxiety, depression, and post-traumatic-stress disorder are higher in refugee adolescent populations than the general population. In the report, “Access to Health Care for Asylum Seekers in the European Union—a Comparative Study of Country Policies” Norredam et al. note that while refugees suffer from both higher rates of physical and psychological health issues, they are less likely to utilize health care and social services than other migrant groups.<sup>40</sup> Another study states that 40% of Syrian asylum seekers in Germany exhibited symptoms of PTSD and other comorbidities such as depression.<sup>41</sup>

Refugees rarely have full access to the healthcare system in their host country, thereby substantially increasing an already elevated risk for several adverse health and social outcomes. According to Sarah Lischer’s article, “Causes and Consequences of Conflict-Induced Displacement,” challenges of refugee migration as well as whether they are well-received or not in destination countries make refugee health a difficult phenomenon.<sup>42</sup> In their book, *Disabled People in Refugee and Asylum Seeking Communities*, Keri Roberts and Jennifer Harris note that there are few service providers for individuals with disabilities that also have experience working with refugees.<sup>43</sup> Service providers who have experience working with refugees often lack familiarity working with individuals with disabilities. The lack of service providers with adequate experience can serve as a challenge for recognizing the types of care needed for this community. In “Immigrant and Refugee Families Raising Children with Disabling Conditions: A Review of the International Literature on Service Access, Service Utilization, and Service Experiences,” King et al discuss the importance of communicating the mental health needs of young immigrants and refugees with disabilities. The study emphasizes that the “most noticeable gap in the literature is the absence of work on the service delivery experiences of refugee children with identified disabilities.”<sup>44</sup>

Such challenges that disabled refugees face should not be seen as just individual problems but larger structural barriers. Scholars have advocated for thinking about disability as a political and analytical category in which the state has a particular responsibility.<sup>45</sup> In “Disabling Globalization: Rethinking Global Political Economy with a Disability Lens,” Deborah Stienstra urges us to perceive disability as a political and analytical category in which the state has responsibility rather than an individual pathology or mere tragedy of war. Stienstra critiques viewing disability as what Marcia Rioux and E. Zubrow calls an “individual pathology,” blaming it on the private ailment of the individual, and highlights the institutional and public importance of disability in international policies.<sup>46</sup>

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<sup>39</sup> Nilles, “Coping of Young Refugees in Germany.”

<sup>40</sup> Norredam, “Access to Health Care for Asylum Seekers.”

<sup>41</sup> Gäbel, “Prevalence of Posttraumatic Stress Disorder.”

<sup>42</sup> Lischer, “Causes and Consequences of Conflict-Induced Displacement.”

<sup>43</sup> Roberts and Harris, *Disabled People in Refugee*.

<sup>44</sup> King, “Immigrant and Refugee Families Raising Children with Disabling Conditions,” 195.

<sup>45</sup> Stienstra, “Disabling Globalization.”

<sup>46</sup> Rioux and Zubrow, “Social Disability and the Public Good.”



## Case Study: Ukrainian Refugees in Poland

Recently there has been a massive refugee movement from Ukraine due to the ongoing conflict in the region and aggression by Russian forces. On February 24, 2022, Russia invaded the Ukraine. With the current war in Ukraine, over 7 million Ukrainian refugees have been displaced across international borders.<sup>47</sup> This led to the establishment of multiple refugee camps along the Polish-Ukrainian border. The favorable and welcoming attitudes by the Poles toward the Ukrainian refugees are different from those expressed by Germans toward Syrian refugees.<sup>48</sup> Łaciak and Frelak argue that Poles are more willing to accept refugees from Ukraine due to their cultural similarities. However, they warn that Ukrainian refugees could pose economic competition and fuel anti-refugee attitudes in Poland.

One non-profit organization that works to integrate migrants into Polish society is *Fundacja Ocalenie*. The organization was founded in 2020 and works to help migrants integrate into Polish society. They promote cross-cultural dialog and aims to preserve the dignity of all human beings. *Fundacja Ocalenie* emphasizes the importance of helping refugee children continue their education. Providing safe spaces is a primary concern since the threat of human trafficking increases with instability and the rise in refugees and displaced individuals. The *Fundacja Ocalenie* has partnered with CARE International for a 24-month period (July 2022 – June 2024). The project is aimed at assisting refugees and migrants living in Poland. This project addresses some of the direst needs including integration obstacles; financial challenges; limited access to Polish language courses; lack of access of medical resources.

*Fundacja Ocalenie* has a program geared specifically for children called Help Center for Foreigner's and Youth Center in their Lomza location. *Fundacja Ocalenie* has maintained a tutoring and scholarship program called *Wiedze do Potęg* (Knowledge to the Max) that aims to support education for foreign youth, especially for those with learning difficulties. Their tutoring program has grown in recent years and they project a drastic increase in the participation of Ukrainian children. They have opened up what they call children friendly spaces near the Polish-Ukrainian border to provide much needed care for refugee children. These places allow children to engage in play, art, sports, and rest despite the war and conflict around them. *Fundacja Ocalenie* has served 8,000 children in these children-friendly spaces since March 2022. The organization also provides workshops on educating the Polish public about refugees, anti-discrimination, and organizes community building integration events throughout the year.

## Conclusion

Urgency of the refugee issue is a defining characteristic of our time. Sympathy toward this topic is temporary and people often get compassion fatigue. Discourse on charity only goes so far in addressing the topic of refugee resettlement. However, conversations about rights – health rights, children's rights, refugee rights, and the rights of the disabled – need to be rigorous and thoughtful and hold the global community accountable. Anita C. Bradford argues in *Suffer the Little Children: Child Migration and the Geopolitics of Compassion* that discussion around immigrant and refugee children should not be centered on just helpless victimhood and sympathy since this only reinforces a sense of American superiority and white savior mentality.<sup>49</sup> Rather, we need to focus more on health rights, refugee rights, children's rights, and rights of the disabled. Understanding the history of displacement and the international community's response to those who are displaced offers us important perspectives for approaching the questions of the refugee crisis in today's world. While the 1951

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<sup>47</sup> UNHCR, Refugee Facts.

<sup>48</sup> Łaciak and Frelak, "The Wages of Fear."

<sup>49</sup> Bradford, *Suffer the Little Children*.

*United Nations Convention Relating to the Status of Refugees* and the 1981 *International Year of the Disabled Person* were important points in our international community's history on understanding and addressing the plight of refugees and those who are disabled, they should serve as launching points for future conversations on addressing the global refugee crisis.

## Limitations

There is currently not enough awareness or discussion in the refugee centers about refugee children or refugee children with disabilities. Most of the literature I found was on the refugee population in general. This allowed me to realize that more work needs to be done on refugee children especially those challenged with disabilities. I would also like to acknowledge that there are differences in types of disabilities. This was not addressed in my work but is a very important point that I hope to investigate in the future. I also realize that being a high school student, I have not had much exposure to courses on global health or refugee health. I took an on-line Coursera course from Professor Slotin from Yale University called "Global Health" and community colleges courses on "Public Health" and "Health and Social Justice" to continue to broaden my understanding of healthcare access for minority populations. In 2022, the United States accepted 125,000 refugees and my home state of California accepted the greatest number of refugees resettling in America. The global problem of the refugee crisis that results from violent conflict and natural disaster is not an issue that is distant and far away, but it greatly affects my local community. The next part of my research would be to look at refugee resettlement efforts in California. As I am submitting this essay, violence in the Middle East has displaced thousands in Gaza and Israel. In the coming months there will be a growing need to address the challenges refugees, especially refugee children will face in the aftermath of war and trauma.

## Acknowledgment

I would like to thank Professor Rachel Washburn and Professor Amanda Apgar at Loyola Marymount University's Health and Society program for their support and guidance throughout this research.

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