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Bosnian Refugees in New Zealand

Their Stories and Life Experiences, Health Status and Needs, and the Implications for Refugee Health Services and Policy

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To refugees
and those dedicated to the alleviation of refugees' loss, pain and suffering.

ABSTRACT

New Zealand has been accepting refugees for resettlement since the 1940s and currently accepts a quota of up to 750 refugees per year. Although international literature demonstrates that refugees have substantial health needs, little research has been conducted in New Zealand.

This study used a semi-structured interview guide containing a list of predetermined themes that were explored through open-ended questions. Twelve refugees from Bosnia, seven male (former concentration camp detainees) and five female refugees were interviewed in the setting of their choosing between April and October 1996.

Findings indicate that though severely traumatised by their experiences, the respondents were not assessed for mental health during the comprehensive medical screening process at the Mangere Refugee Reception Centre. As with other aspects of the resettlement process, no follow-up of this group of refugees took place to assess how they were coping and adapting to the new surroundings since the completion of their orientation programme at the Centre. This, in part, may explain their lack of awareness of the service provided by the Refugees as Survivors Centre established some two years after their resettlement in the community.

Though unsure of the long-term effect that their experience may have on their health, immediate and most common symptoms reported were headaches, irritability, persistent thoughts of the past, difficulty with sleeping, and nightmares. Believing that they would not be understood by those who had not been through the experience themselves, former concentration camp detainees have come to rely on each other for mutual support rather than other members of their family or any outsider who had not been through the camps. The majority of those interviewed said they had limited contact with the wider community which resulted in a sense of social isolation. Contact with other Bosnians has been retained,

although contact with non-Bosnian immigrants from the former Yugoslavia, including those who arrived in New Zealand well before recent conflicts, has been avoided.

Despite their ordeal, most of those interviewed seemed to enjoy good physical health. The reported use of General Practitioners and other health services was low. The major reported health need was dental, but dental care was largely not met because of the cost. Language and transport were not identified as major barriers to health care. This may have been mitigated by the availability of interpreters known to the respondents who initially also took them to the health care providers. No other barriers to health care were reported. Mental health services were not seen as a need by those interviewed, in spite of the symptoms reported.

The findings of this study highlight the potential difficulties when an established ethnic group, from the country of origin, is selected as a sponsor, especially considering the cultural religious and political complexities of the former Yugoslavia. Greater consultation with the refugees themselves, speedier family reunification, orientation programmes that more closely reflected the character and background of the refugee group, and greater financial assistance, would have facilitated the resettlement process and minimised possible downstream personal, social and financial costs and in the long term, potential health problems.

The major conclusion of this study is that refugee health and refugee health policy cannot be isolated from the total refugee experience (the pre-flight period, asylum and resettlement in a distant foreign country). This experience is characterised throughout by loss (of loved ones, homes and homeland), trauma and a lack of choice. An effective refugee resettlement and health policy must take these factors into account.

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A special tanks goes to Mr Naser Zenkic who understood the objective of the study and who was willing to assist by establishing the contacts for the study. Without his help and introduction, the task would have been made more difficult, if not impossible.

As with any research project, it would not have been possible without the respondents. I would like to thank the respondents for opening their homes and sharing their experiences and feelings for the purposes of the study. It is acknowledged that for some it may not have been easy to recount traumatic events of the recent past to a person who essentially was a stranger and had not lived through these events himself.

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ABBREVIATIONS

ICRC	International Committee of the Red Cross.
JNA	Yugoslav Peoples' Army *(Jugoslovenska Narodna Armija)*
HVO	Croat Council of Defence *(Hrvatsko Vijece Odbrane)*
NZIS	New Zealand Immigration Service
PTSD	Post-Traumatic Stress Disorder
RMS	Refugee and Migrant Service (NZ)
SDA	Party for Democratic Action
SDS	Serbian Democratic Party
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNPROFOR	United Nations Protection Force

GLOSSARY

The terms below used in the text, are defined as follows:

Displaced Person

"A person who has lost or had to flee from his or her home, but does not necessarily meet the formal requirements for refugee status" (Department of Labour, 1994). A person who has been uprooted within one's country, or whose country has ceased to exist as a result of boundary changes, is such a person. The term was commonly used in the period after the Second World War.

Muslims

Muslims were one of the national groups, or *narods*, within the former Yugoslavia. Although the term also refers to a religion, unless otherwise stated, in the text it is used to

refer to people who identified themselves as an ethnonational rather than religious group. As one of the six national groups accorded the status of *narod* in the former Yugoslavia, Muslims stood alongside Croats, Macedonians, Montenegrins, Serbs and Slovenes. The differences between the *narods* have been created by and imagined along the lines of religion, geography, customs, history and variations in language. Although the term 'ethnic' is used to refer to these different nation groups, technically they are of the same ethnicity - they are all Slavs. Those residing within Bosnia-Herzegovina have therefore been differentiated along national lines thus referred to as Bosnian-Croats, Bosnian-Muslims and Bosnian-Serbs even though in reality, and particularly in the urban centres, these lines were often blurred.

Refugee

The UN 1951 Convention relating to the Status of Refugees defines a refugee as: "a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and unable or, owing to such fear, unwilling to avail himself of the protection of that country".

In New Zealand, there are two legally recognised categories of refugees: those who form part of the UNHCR mandated annual quota; and those who gain refugee status by applying to Immigration Service after arrival in New Zealand. Those who apply for refugee status after arriving in New Zealand (the asylum seekers) and immigrants who enter the country under the refugee family reunion immigration policy are generally referred to as refugees but do not have legal refugee status.

Post-Traumatic Stress Disorder (PTSD)

A generic diagnostic category first used in the American Psychiatric Association's 'Diagnostic and Statistical Manual of Mental Disorders' (DSM-III). Commonly used when mental disorder (characterised by depression and/or anxiety) follows experiences of trauma

and/or torture amongst victims of political violence, it was devised as a diagnostic category in early publications describing Vietnam War Veterans. Apart from physical injury, individuals diagnosed with PTSD are likely to suffer from: "a devastating loss of self-esteem; interpersonal, social and employment difficulties; acute loneliness; insomnia and nightmares; recurrent, intrusive and disturbing thoughts; reduced involvement with ordinary activities; memory impairment; reduced concentration; emotional lability; irritability and sudden anger; dissociation; hyperalertness; diffuse psychosomatic symptoms; and survivor guilt" (Reid and Strong, 1988, p.342).

According to the legal definition in the UN Refugee Convention, on acquiring a new nationality, a person ceases to be a refugee. In New Zealand, this is normally granted after three years of residency status. While their nationality status may change, social realities do not. The cultural, psycho-social and economic differences and needs make this group different from other New Zealanders. For this reason, these people are often perceived by the community as 'refugees' long after they have acquired a new nationality.

Unless otherwise stated, the term 'refugee' is used here in its broadest sense.

Torture

According to the UN 1975 Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, torture is defined as "any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons" (in Reid and Strong, 1988).

NOTES

The notes referred to in the text are listed at the end of each chapter.

INTRODUCTION

The multicultural nation, known since 1945 as the Socialist Federal Republic of Yugoslavia, no longer exists. Since its creation after World War I, its relatively short history has been marked by internal tensions and conflict reflecting political aspirations of its two main ethnic groups: Serbs and Croats. Located on the Balkans Peninsula in South-eastern Europe, it was a union of six republics: Bosnia-Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia (see map, Plate 3). In area slightly smaller than New Zealand, its population of more than 23 million in 1985 was multiethnic, multilingual and multireligious with the main ethnic groups (Croats and Slovenes; Serbs, Montenegrins and Macedonians; and 'Bosnians') broadly aligned with Roman Catholic, Eastern Orthodox and Muslim faiths, respectively. There were three official languages (Serbo-Croatian, Macedonian and Slovenian) and two written scripts, with Serbs using the Cyrillic alphabet and the Croats the Latin alphabet. Historically separated and controlled by various neighbouring powers, the disintegration of the dual monarchy of Austria-Hungary in the final months of World War I gave impetus to the South Slav independence movement and the formation of the Yugoslav (South Slavs) state. While the wash of Roman, Byzantine, Ottoman and Austro-Hungarian empires deposited layers of culture as reflected in the architecture and way of life in that part of Europe, Yugoslavs' failure to develop a durable formula for national coexistence following the death of President Tito in 1980 and in the wake of the collapse of Communism in Europe in the late 1980s and early 1990s, culminated in a violent disintegration of the Yugoslav state. What remains of the Socialist Federal Republic of Yugoslavia is a union of its two former republics, Serbia and Montenegro which have retained the name 'Yugoslavia'. Croatia, Slovenia, Macedonia and Bosnia-Herzegovina (in its partitioned form) have all seceded and become independent states.

After four and a half years of bloody conflict, some 250,000 Yugoslavs were dead, a similar number injured and more than 2.5 million, mostly Bosnian Muslims and Croats, were driven from their homes. Many ancient buildings, monuments to and symbols of

Muslim history and culture, were destroyed or severely damaged. Impotent to halt the war, the European and international community was confronted with a mass exodus of refugees from Bosnia, the largest refugee crisis in Europe since World War II. The attempted genocide of a people caused massive public outrage and applied considerable pressure on the international community to respond to atrocities being committed against Bosnian Muslims in various Serb-run concentration camps.

This thesis is about one small group of these former Yugoslavs, the Bosnians, who were either made homeless or held in various concentration camps, unable to return to their homes and communities because they were either destroyed or forcibly taken over by Serbs. In need of resettlement, the United Nations High Commission for Refugees approached the New Zealand Government to accept a certain number of Bosnian Muslim displaced by the conflict. During the summer of 1992/3, thirty-one persons arrived, mostly young men released from the concentration camps only weeks earlier. Subsequently, they have been joined by other family members, all of whom have settled in the Auckland area. Thousands of kilometres from the home they loved, the Bosnians began to rebuild their shattered lives in New Zealand.

Using a qualitative investigative study approach, I interviewed twelve of these Bosnian Muslim refugees in order to gain insight into their pre-migration, migration and resettlement experiences. The focus of the study was on these experiences and the impact they may have had on the health and general wellbeing of this group of refugees. The next step was to see whether the health needs of this Bosnian cohort were being identified and met and whether there were any barriers to their gaining access to necessary health services. Since resettlement can have an impact on the health status of the newcomers, I sought to find out what steps were taken to aid the successful resettlement of this group and how these measures were perceived by the group. The findings of the study indicate major concerns with some aspects of the current refugee resettlement policy and procedures. The study raises questions as to the adequacy of the measures used to adequately identify and meet the health needs of such a group of refugees. Since the identified procedural shortcomings carry implications for the refugee resettlement policy,

some suggestions are made which, if implemented, could alleviate some of the suffering of refugees and facilitate an easier transition into a new society.

The group of Bosnian refugees is unique in that being European in origin, it diverges from the "new" refugees, mainly from South-east Asia, who have resettled in New Zealand over the last twenty years or so. My interest and concern to select the Bosnian refugees arose from my professional and academic background in health. I was particularly well-placed to conduct the study as I spoke the language of Bosnians and had a reasonable understanding of their history and culture. Sharing a similar background and knowledge to the research participants gives a researcher a distinct advantage, including the ability to discern issues and any potential problems that may not be appreciated by someone unfamiliar with the respondents' history and culture. Furthermore, by not requiring an interpreter, the researcher is able to conduct a more "normal" conversational interview and be aware of subtle verbal and non-verbal messages that otherwise could be lost.

The significance of this thesis lies in three areas. Firstly, this study is one of very few (and the only such study in New Zealand) about resettled Bosnian refugees. Secondly, although the focus of the study is on the health of Bosnian refugees, it looks at health in the total context of the experiences prior to and following resettlement. Finally, this thesis aims to present the 'authentic voice' of a small group of Bosnian refugees who have resettled in Auckland, New Zealand between 1992-1995. Out of this 'authentic voice', recommendations are made for the purpose of promoting an understanding of the issues affecting refugees and their health, reducing their resettlement stress, and aiding their adjustment to a new country.

The thesis consists of ten chapters. In the first chapter, I describe the methodology of the study, including the research design used, sample selection, the process of data collection, the process of data analysis, ethical issues taken into consideration, and the limitations of the study. A review of the literature pertaining to refugee experiences, and associated health issues, is covered in the second chapter. In the third chapter, I provide an overview of New Zealand's immigration and refugee policy and information pertaining to the health

and health needs of refugees in New Zealand. Chapter 4 discusses the Bosnian people, who Bosnians are and the history of their nation. Given the complexity and poor understanding of the war in former Yugoslavia, Chapter 5 is devoted to an elucidation of the civil war. In Chapter 6, I focus on what became a hallmark of the civil war, ethnic cleansing, and the cost of the conflict in terms of human suffering and the loss of life. The experiences of the respondents as victims of the sectarian violence are described in this chapter. Chapter 7 covers the experiences of the refugees in the country of first asylum (Croatia) and place of temporary refuge (inside Bosnia) while Chapter 8 covers their experiences in the country of resettlement (New Zealand). In Chapter 9 I describe the health experiences and health needs of the respondents and the services available to them through time; pre-war, during the war, in the place of refuge, and in New Zealand. Conclusions are presented in Chapter 10, including recommendations for policy on refugee resettlement and further research.