

Vulnerable communities among asylum-seekers

by D. A. Lopes

Background

The Malaysian Red Crescent Society (MRCS) has provided all facilities for the care and maintenance of Vietnamese Boat People (VBP) since the first landing on 4 May 1975 of 47 VBP, on a small island off the north-east coast of the Malay Peninsula. Since then, over a continuous period of 19 years more than 250,000 VBP have landed in Malaysia and all of them except about 6,500 have either been resettled in third countries or have been repatriated to Viet Nam. The remaining 6,500 are housed in two camps, located at Sungai Besi and Cheras, each a few kilometres outside the city of Kuala Lumpur.

The peak period of the influx of VBP into Malaysia was in the late 1970s and early 1980s, when there were as many as 40,000 to 50,000 VBP at a time in Malaysia. They were distributed over eight camps located in various areas in East and West Malaysia. These camps were run by the Malaysian Red Crescent Society. With the decrease in the VBP population, the camps were closed in stages and all VBP were transferred to Sungai Besi Temporary Camp (SBTC). The camp at Sungai Besi has been in existence since 1979 and was originally set up as a transit centre for the final documentation, orientation and medical examination of all VBP who had been accepted for resettlement in third countries. After the introduction of the Comprehensive Plan of Action (CPA) in March 1989, the role of the SBTC was changed and it became a holding centre for VBP, who are required to undergo a process of screening to determine their status, either as refugees or as economic migrants.

A sizable proportion of asylum-seekers underwent traumatic experiences when they were forced to leave their country. To cope with this group, a Social Services Section was formed by the MRCS in the camps

to provide counselling and follow-up services to various categories of VBP, especially to vulnerable groups and in problem cases like marital conflicts, potential suicides, child abuse, etc. This article is based on the experiences of the MRCS Social Services Section in Sungai Besi Camp.

Introduction

Asylum-seekers, sometimes loosely called refugees, may be classed among vulnerable communities. In Sungai Besi Camp, the community consists of Vietnamese Boat People and a small number of Cambodians, who are vulnerable to the changing pressures of international politics as well as to the better-known risks to personal safety and psychological well-being. Like all VBP in the other South-East Asian camps, they are subject to the Comprehensive Plan of Action (CPA) and the drawn-out procedures which determine their status as approved refugees or as economic migrants. Those deemed to be refugees are offered the possibility of being resettled in third countries, while all others are urged to return voluntarily to Viet Nam. This latter option has generally been resisted, with the result that the majority of people in the camp have been there for more than four years and many for more than five years. During this period they have led an institutionalized life, having their meals provided already cooked, second-hand clothing distributed according to schedule, curfew, no opportunity to earn their living and limited scope for any work whatsoever.

In such a setting where they are not able to make the usual daily decisions, people become apathetic and are subject to anxiety, violence and depression. They lose touch with the necessity for work and the need to strive towards goals. Among these people the Social Services have identified the more vulnerable groups: unaccompanied minors, aged-out minors, unaccompanied women (with and without children), the physically handicapped, the mentally handicapped, victims of violence and the elderly.

The following paragraphs give some idea of the attempts made to address the problems of these groups in order to reduce their vulnerability.

Unaccompanied and semi-accompanied minors (UNAMs and SAMs)

UNAMs are children who arrived here under the age of 18 without an accompanying parent. SAMs are children who arrived under the age of 18 with a distant relative (aunt, uncle or relation other than a parent). A system was established for the careful monitoring of each child, in terms of their behaviour and schooling and in relation to their future.

Each child is allotted a "caretaker". With SAMs, attempts are made to ensure that the accompanying relative assumes this responsibility. Where this is not possible and in the case of UNAMs, the caretaker is someone whom the child knows and trusts. This person is responsible for the child's day-to-day conduct with regard to schooling and camp rules, as well as for the child's welfare, food, clothing and other necessities. The child lives with the caretaker and takes part in his or her family life. As far as possible, the authorities try to ensure that the caretaker is a family man or woman. This person is also well known to the Social Services Section and is recommended by one of the counsellors. UNAMs and SAMs are encouraged to meet with their counsellor once a month. To this end and also to promote good school attendance, incentives such as pens, books and aerogrammes are given.

While this system cannot make up for the lack of the children's own family in ensuring good development, it is felt that this is a better alternative to grouping all UNAMs and SAMs together. The system allows the child to grow up in a family environment, with an identifiable family structure in which culture values are respected and maintained and in which the child can learn directly something of social, family and other relationships. Under this system, a member of the Vietnamese community, and not only the camp authorities, is responsible for the supervision of the child. The caretaker system also discourages the development of a "gang mentality".

Aged-out minors

Aged-out minors are minors who attain the age of 18 during their time in the camp. At this age they can no longer be under the care of caretakers. In fact these are young men and women who have lived for up to five years in a camp in a foreign country without the presence and support of their own parents. These young adults with time on their hands are prey to the negative influences in the camp, and in seeking comfort can enter into unhelpful relationships. Social workers are assigned to assist these vulnerable young adults, continuing the relationships already built up when they were minors. In this way it is hoped that they can be helped to make better decisions concerning their lives and circumstances.

Unaccompanied women

Unaccompanied women are women arriving alone, or with other female siblings, or as the single female head of a family (with male

children under the age of ten). These are provided with accommodation in a Women's Zone separate from the general camp population. In Sungai Besi Camp men outnumber women two to one. There are many young unmarried men in the camp and many older men whose spouses are not with them. In such a situation, women are particularly vulnerable.

Men are not allowed in the women's zone, and those of them whose work takes them into the area have to be accompanied by women from the Zone responsible for security. The Women's Zone is well fenced off from the general camp and well lit at night, to provide physical security for the occupants, and contains separate public facilities, such as toilets, bathrooms and cooking areas. A leader is chosen from among the Zone's occupants every six months (with the approval of the camp authorities) to represent the women at all public meetings in the community and with the camp authorities.

Pregnant women

All pregnant women are seen and visited by Vietnamese voluntary case-workers, who encourage them to attend the prenatal and postnatal consultations held by the midwife in the sick bay. They are given advice on how to take care of themselves and their new-born babies. Family planning and the methods available in the camp are discussed with them, together with the dangers of abortion. Teenage pregnancies are especially closely monitored by social workers.

The physically handicapped

The physically handicapped form a relatively small group in the camp. Since the camp has been established over a long period of time and since the present community has been in the camp for four or five years, care of the physically handicapped is well organized. The social worker responsible is in charge of their special ground-level accommodation, close to the camp sick bay, which gives more space to the occupants than the normal housing. Arrangements are made for visits to the orthopaedic clinic for the fitting and repair or adjustment of artificial limbs and close liaison with the sick bay concerning their continuing medical follow-up. A physical exercise room is available where clients receive regular physiotherapy under the direction of Vietnamese volunteers.

Psychiatric patients

Considering the size of the camp, the number of people receiving psychiatric treatment is surprisingly small. It is clear from case studies

that a few patients were showing marked symptoms during their long stay in the camp, where the pressures and uncertainties have proved too much for them to cope with. For these patients the psychosis is often reactive, and they can usually be discharged after treatment without fear of relapse.

After identification, the patient is seen by the visiting consultant psychiatrist for assessment. With a positive assessment, the patient is accepted for treatment. The patient will see the visiting psychiatrist at regular intervals and the sick bay is responsible for dispensing any medicines that might be prescribed. A designated social worker is responsible for the patient's general care and any accompanying relative is made responsible for his or her day-to-day care, especially for ensuring that the prescribed medicine is taken. Where this is not possible or advisable, a caretaker who is trusted by the patient is appointed. This person informs the social worker immediately of any problem that may arise, especially of any change in the patient's condition. When such changes occur, the social worker cooperates with the sick bay in finding better ways of dealing with the patient. In all such dealings, the visiting psychiatrist, the sick bay personnel and the social worker cooperate closely with a Vietnamese volunteer case-worker who also acts as interpreter.

Victims of violence

Victims of violence are people who suffered violent trauma during their escape journey. They may have lost relatives or close friends on the journey, have been attacked, beaten or abused by pirates, or have suffered rape. Once identified, these victims are allocated a social worker (if possible a Vietnamese-speaking counsellor) and are seen regularly to help them to cope with the aftermath of their ordeal. Women victims of violence are dealt with by a female social worker. Any of these with special problems can be referred to the visiting psychiatrist.

Details of these cases are kept separately from the normal social service case-sheets, and only authorized personnel involved in the case have access to them. Where a female victim of violence encounters particular problems, such as harassment by others in the camp, her needs are catered for immediately and special arrangements are made.

All victims of violence, male and female, have access to all the normal medical services and are free to seek the confidential help of their social worker whenever they wish.

The elderly

Anyone born in 1941 or before is regarded as elderly. There are very few who fall into this category, since the vast majority of people in the

Vietnamese camps are young — the old mostly stayed at home. Of those who fall into the category of the elderly, most are in their fifties and are hale and hearty, well able to cope with the rigours of camp life. The few who are over 60 years of age are usually cared for by accompanying family members. They do not seem to be in any greater physical or medical need than the general population of the camp, except for some arthritic and rheumatic conditions. The provision of mattresses and blankets, together with medical help, alleviates their discomfort.

Each elderly person is registered with the social worker concerned. Each one is encouraged, by means of an aerogramme incentive, to meet with the Vietnamese volunteer case-worker once every two months. A system of Vietnamese volunteer home visitors, who report on their monthly visit to each of the elderly, ensures that the Social Services Section is informed rapidly of any change in circumstances. Once in every three weeks, the social worker concerned meets a small group of the elderly to help them to take charge of their own lives, especially with regard to their own future. A video is shown to encourage attendance.

Conclusion

In its work with asylum-seekers, no consideration was more important to the MRCS than upholding the Universal Declaration of Human Rights. In addition to ensuring that every individual's basic needs in terms of food, shelter and clothing were covered, the MRCS also paid particular attention to the needs of vulnerable groups. Together with all other VBP camps in South-East Asia, the camp at Sungai Besi will be closed by the end of 1995, thus bringing to an end a 20-year era of provision of care and maintenance to Vietnamese Boat People by the Malaysian Red Crescent Society.

As this article was going to press we learned of the death of its author, Dr D.A. Lopes. The ICRC wishes to express its sincere condolences to the Malaysian Red Crescent Society.

Dr D.A. Lopes, Brigadier General (Rtd), was Director of the Malaysian Armed Forces Medical and Dental Services from 1969 to 1981. In March 1989 he joined the Malaysian Red Crescent Society as Medical and Administrative Director of its Assistance Programme for Vietnamese Boat People. Dr Lopes was promoted to Assistant Secretary General in October 1989 and in that capacity worked in close consultation with the Malaysian authorities, the United Nations High Commissioner for Refugees (UNHCR) and the International Federation of Red Cross and Red Crescent Societies.