

Resettlement for disabled refugees

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Over the past few decades there have been some positive (albeit inconsistent) changes in US refugee admissions policy as well as in UNHCR's guidelines for resettlement, especially relating to refugees with disabilities.

Historically, US refugee admissions policy hinged on the notion of 'political persecution' and was coloured by foreign policy interests. This bias was addressed to some extent by the introduction of a new system for determining refugee resettlement priorities in 1996, whereby priorities for refugee resettlement were revised to

groups deemed 'vulnerable', such as persons facing danger of *refoulement*, women at risk, persons in urgent need of medical treatment and persons for whom other durable solutions are not feasible. Inclusion of people with disabilities in the priority one category has opened up opportunities for their resettlement in the US.

outside the country of first asylum rather than resettlement.

Over the years UNHCR's official position on resettlement for disabled refugees appears to have changed somewhat. One indicator of this change is the development of a tool by UNHCR to help field officers and its NGO partners to identify individuals in need of immediate intervention, especially resettlement. Initially developed as a tool to identify women at risk, the Heightened Risk Identification Tool (HRIT) was extended in 2007 to include other at-risk individuals. In its current form, the HRIT includes six categories with different heightened risk indicators and checklists for determining the cause and level of the risk and its impact on individuals and their families. Disability is included as an indicator under the health needs category of the HRIT.

Disability as a factor warranting special resettlement intervention by UNHCR is also reflected in its more recent 2004 *Resettlement Handbook*² which addresses how general resettlement guidelines could be applied to various categories of 'vulnerable' refugees. Among these, disabled individuals are subsumed under the broader category of refugees with medical needs. Despite acknowledging that people with disabilities are eligible for resettlement like all other refugees, and that in some cases they would need special resettlement intervention, UNHCR still shies away from identifying disability as a priority resettlement category. The 2004 *Resettlement Handbook*, like the 1996 guidelines, maintains that "Disabled refugees who are well-adjusted to their disability and are functioning at a satisfactory level are generally not to be considered for resettlement."

In the past, UNHCR has made attempts to encourage resettlement countries to accept disabled refugees and those with special medical needs. One such attempt was the establishment of the 'Ten



Refugees from Burma/Myanmar at Umpium Refugee Camp, Thailand.

introduce greater diversity in the numbers and types of refugees to be resettled in the US.

The new system also sought to create an enhanced role for UNHCR and NGOs to refer those refugees for resettlement who were perceived to be most vulnerable, across three priority categories. Within this new system, 'Priority one' – which had previously been reserved for emergency cases – now includes persons facing compelling security concerns in countries of refuge. People with mental and physical disabilities are included in this category along with other refugee

Like US refugee admissions policy, UNHCR resettlement guidelines for disabled refugees have also evolved over time. UNHCR has historically considered resettlement as an option of last resort for refugees with disabilities. According to the 1996 manual entitled *UNHCR Community Service Guidelines on Assisting Disabled Refugees: A community-based approach*, "it is more advisable to help the integration of the disabled in their own communities."¹ Even in the context of inadequate local resources in the country of first asylum, the 1996 guidelines recommended alternative solutions such as temporary medical evacuation

or More' plan in 1973 whose aim was for resettlement countries to accept – annually – ten or more (later, twenty or more) persons with disabilities, plus their families, who might otherwise not meet admissibility criteria. At the time of writing, Denmark, Norway and New Zealand were either following this policy or had some alternative quota for admission of medical/disabled refugees. Other countries, such as Ireland, Finland, Chile and the US, were not specifically following the policy but did consider refugees with medical needs as a priority category for resettlement. At the same time, some countries like Australia specifically restricted the admission of refugees with disabilities and medical needs, citing cost of health care and community services as prohibitive criteria.

More recently, in at least one location UNHCR used the process of group resettlement for disabled refugees. Group resettlement is a relatively recent initiative devised by UNHCR to streamline the identification and processing of refugees being considered for resettlement. While mostly used for the resettlement of ethnic minorities among refugee populations, this approach was used for the first time with refugees with disabilities living in Dadaab, a border town in Kenya. In 2005, UNHCR launched the 'Disabled Refugees and Survivors of Violence Profiling Project' in the Dadaab refugee camps. Some 5,500 individuals were screened through the project, of whom approximately 2,000 disabled refugees and their families were identified as meeting UNHCR's resettlement criteria and were mostly resettled in the US.³

However, it appears that this endeavour was neither well-documented by UNHCR nor systematised for replication in the future, thereby creating significant information gaps for field officers as well as for disabled refugees living in refugee camps.

Lessons and recommendations

Several implications emerge from the above. Firstly, presenting disability as a medical issue may indeed allow UNHCR and collaborating NGOs to establish urgency of resettlement intervention for disabled refugees.

However, locating disability within the medical and health-related needs category harks back to the medical model of disability, which has long been decried by disability activists for reducing the experience of disability to biomedical explanations and for focusing exclusively on remediation of individuals rather than correcting discriminatory societal practices. It would be preferable therefore to relocate disability out of the category of medical needs into a category of its own; better still, since disability is a cross-cutting issue, it could comprise a sub-category under all existing categories considered vulnerable – women, survivors of torture, unaccompanied minors, older persons and so on.

Secondly, it may be argued that the language of vulnerability compels refugees to present themselves merely as vulnerable and needy while ignoring their personal resources and resilience. In order to counter this phenomenon, some in the field advocate for a case-by-case process for determining which refugees need special assistance rather than presupposing refugees' vulnerability on the basis of their disability or some other characteristic. Indeed, there could be situations where disabled refugees are able to provide for themselves in other ways and therefore do not need special resettlement assistance or prioritisation. However, eliminating disabled refugees as a sub-group whose access to resettlement opportunities warrants special attention would be premature in the face of existing discriminatory practices of resettlement countries. Evidence from the field indicates that disabled refugees do not have equitable access to resettlement opportunities on a par with non-disabled refugees. While this might not make all disabled refugees vulnerable, it does marginalise them within existing resettlement policies. And as long as this marginalisation prevails, retaining a separate category for disabled refugees in need of special resettlement assistance is vital.

Compared with other resettlement countries, the US is not only open to resettlement of disabled refugees but also identifies people with disabilities as a priority category for

resettlement, making it a potential trailblazer in this regard. In order to encourage other resettlement countries to follow the example of the US, a good starting point would be to add disability issues to the agenda of the Annual Tripartite Consultations on Resettlement that UNHCR, resettlement countries and NGOs have been hosting since the late 1990s.

It would also be a good idea to invite disability rights representatives to these meetings as they can play an important role in persuading their respective governments to open up resettlement for disabled refugees. Cost-burden arguments against resettling disabled refugees carry ideological implications that are discriminatory against disabled refugees and disabled citizens alike in that people with disabilities are perceived as a drain on health-care and social service systems with no benefits to offer to society. Governments of receiving countries are thus exposed as paying lip service to disability rights within state boundaries while continuing to discriminate against people with disabilities at the borders.

Finally, UNHCR needs to review and clarify its resettlement policy vis-à-vis disabled refugees. Current policy is confusing at best and gives the impression that UNHCR favours resettlement for disabled refugees only as an option of last resort. This position might serve as a deterrent and a source of confusion for field officers. The wording of the policy should spell out equal access to resettlement for disabled and non-disabled refugees while situations where people with disabilities will be prioritised for resettlement should be specified. Disabled refugees living in refugee camps should be made aware of their eligibility for resettlement and positive examples should be documented so that they can be replicated in other refugee situations.

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1. <http://www.unhcr.org/refworld/docid/49997ae41f.html>
2. <http://www.unhcr.org/4a2ccf4c6.html>
3. See Women's Refugee Commission (2008) *Disabilities Among Refugees and Conflict-Affected Populations* <http://www.womensrefugeecommission.org/programs/disabilities>