

## Lessons from the Field: Refugees, Climate Change, and Health

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With global forced displacement at record highs (UNHCR 2017) and the projected escalation of climate temperature, sea level rise, and frequency of extreme weather events (IPCC 2018), more scholarship and social and political action is urgently needed. Climate change and related weather events now constitute stronger “pushes” moving people across geographic space. Meanwhile, emerging and recurring debates over what counts as voluntary migration or forced displacement and how it can and should be addressed continue to shape state actions, which in turn shape the health of migrant and displaced populations and future migration flows. In this piece I discuss first how refugee status is determined and the ways in which it could be expanded in light of current forces driving population movement. Second, I review implications of climate change on underlying social forces influencing displacement and the importance of strengthening related safety nets. Lastly, I draw from my own research and fieldwork on displacement and health to highlight key areas for ongoing research and action to improve health for displaced populations.

### **Who are refugees and who are not?**

Refugee status is most commonly determined at the state level by the 1951 Refugee Convention on a case-by-case basis when a personal founded fear or experience of personal persecution is demonstrated (UN Convention 1951). In response to realized limitations of this definition, the UNHCR has explicitly expanded its scope to also include other asylum seekers, stateless persons, and internally displaced persons (IDPs). Most recently the definition has been expanded to include those persons displaced by natural or man-made disasters (UNHCR 2015), but many state’s policies regarding legal status for displaced persons do not incorporate the same definition expansions. Some scholars argue for an even more dramatic shift away from the traditional refugee definition for the purposes of guiding migrant policy and host country receptivity to a more inclusive human rights framework; one that recognizes additional forces that violate basic human rights and that drive people across borders.

The term “survival migration” has recently been used to describe migration driven by unmet human needs and violations of essential human rights (Betts 2013). Betts’ concept of survival migration aligns with several prominent human rights frameworks (e.g., Nussbaum 2001) and social theories highlighting the structural violence present in nation states where certain individuals or groups are

systematically deprived of essential human needs or rights (Farmer 2004). In other words, this definition argues that even in the absence of direct personal persecution, in the context of extreme human rights violations or deprivation of basic human needs, fleeing a frail or oppressive state is a form of forced migration that should be consistently recognized internationally. This idea, and other debates over how to define refugee status, carry life-altering legal status ramifications for migrants that have fled dire living conditions and inform what kind of life they will be able to lead post-displacement. Careful consideration of the terms ‘refugee’ and ‘migrant’ is additionally critical to the social climate in host countries given the connotations of more or less “deservingness” attached to these terms.

### **Climate Change’s Impact on the Environment, State Fragility, and Displacement**

In light of increasing pressures on resources and living environments introduced by climate change in the upcoming decades, this issue of who is a refugee and who is not will become increasingly relevant. Bett’s (2013) description of “fragile and frail states” that source survival migrants and refugee-like situations can easily be expanded to incorporate “fragile and frail environments or ecosystems” that no longer support the basic needs of its inhabitants.

Climate change’s impact on displacement will not only come through environmental degradation and extreme weather events, however. Evidence shows that climate change can affect conflict, resource distribution, and the spatial stratification of class much more broadly (Barnett and Adger 2007). In the midst of events and changing circumstances related to climate change, pre-existing structural inequalities can further drive displacement and population health inequalities that marginalize and disenfranchise already vulnerable populations (IPCC 2018, UNHCR 2017), accelerating a vicious cycle of vulnerability.

### **Priorities for Research and Action Regarding Health for Displaced Populations**

Given how climate change can intensify national and international inequalities that contribute to displacement and health inequities, I will briefly lay out select research priorities for better understanding and improving health for refugees and displaced persons. My recommendations are not an exhaustive list. Instead, they stem from my personal work among refugees and migrants living in northern Thailand along the Myanmar border and my review of the literature on refugee health—a body of work that still renders only a fragmented image of what displacement means for population health and wellbeing. More scholarship and empirical research is needed to refine current understandings of how displacement relates to a broader sociology of violence, how pre- and post-displacement contexts jointly shape health and development over the life-course, and how to best ensure that trauma and stress related to displacement are not perpetuated across generations.

#### *1. Displacement and a sociology of violence*

There is more than one way to consider how forced displacement is situated in a broader context of violence. Scholars in sociology and anthropology provide key insights into the different domains for violence, ranging from the physical to more covert (e.g., Scheper-Hughes and Bourgois’s [2018]

*everyday violence*) to even below consciousness (e.g., Bourdieu and Wacquant's [2004] *symbolic violence*). Structural violence, first introduced by Galtung (1969) and popularized more recently by anthropologist Paul Farmer (2004), describes the complex and deeply unjust power structures in which social inequalities in health are embedded. These theories of violence are distinct and complementary. They provide a framework for understanding forms of marginalization and disenfranchisement that range in their visibility. They can be linked to social forces that are personally embodied (i.e., "get under the skin"), and, through examining pre-migration circumstances in different contexts, evidence of these different forms of violence could further elucidate understandings of volition in migration processes.

In my own fieldwork among refugee and migrant populations in northern Thailand I was struck by overlapping and distinct forms of structural and interpersonal violence in post-displacement contexts. Both were rooted in lacking access to human rights protections or being stuck in social situations of low personal agency. For instance, violence against women was relatively common in the workplace by Thai employers and at home by partners, particularly in communities with lower prevalence of legal migrant status and in refugee camp settings. In my study sample, reporting two or more moves was associated with a 20-fold greater odds of reported partner abuse. This is just one example of the how any migrant context (with or without refugee status) where human rights are not systematically protected by law and its enforcement, such as in Thailand, presents severe constraints on individual agency. In the case of intimate partner violence, legal status has implications for women who might otherwise pursue legal recourse, and also for men who are more likely to become agitated and aggressive at home when they cannot seek safe or fulfilling employment.

More empirical work can shed additional light on how violence and displacement intersect to shape health in different contexts. To better understand dominant patterns of displacement relevant to health at the Thai-Myanmar border, I analyzed life history event records among over 600 migrant and refugee women. The analysis revealed striking patterns of stress exposures characterized by different forms of violence. For instance, common configurations of pre-displacement stressors emerged based on their timing, nature, and intensity: long-term military occupation and oppression, violent raids and sudden loss of home, rare encounters with soldiers but periods of severe food and water insecurity, or anticipatory asylum-seeking that entailed weeks or months hiding in nearby forests. These configurations of stressors, while all negative, entail different physiological embodiment and warrant closer investigation into how to tailor interventions that go beyond the general trauma therapy traditionally prescribed for refugees.

## *2. The intersection of pre- and post-displacement contexts and implications for health*

Existing research on refugee health is largely limited to trauma and nutritional assessments in temporary post-disaster settings and retrospective studies of a very select group of refugees that successfully reach permanent resettlement (SF Médecins 1997, Porter and Haslam 2005). While contributing valuable information, these studies leave large gaps in our current understanding of the long-term health impacts of displacement. This is especially true for particularly vulnerable displaced populations—notably the two-thirds of all refugees that remain in protracted displacement situations in non-Western contexts (UNHCR 2017). Furthermore, the negative impacts of displacement are likely

most acute for those individuals that land in new host country environments where they do not possess guaranteed legal protections, encounter hostile social environments, and the situations in their country of origin remain unstable (Porter and Haslam 2005)—i.e., most displaced persons in protracted situations.

In my research of migrants and refugees at the Thai-Myanmar border, I found that individuals from high-stress pre-displacement contexts (based on reports of military violence and material deprivation) were more likely to land in risky post-displacement situations, defined by more experiences of exploitation at work, arrest or fear of deportation, and to lack legal documentation. In addition, having lived in a high-stress environment before displacement amplified the negative health effects of current stress environments for select maternal and child health outcomes. Thus, vulnerability begets more vulnerability without directed human rights interventions.

### *3. Stopping the intergenerational transmission of trauma and stress*

Much of the academic discussion to date alludes to the general importance of adversity and toxic stress for health over the life-course (McEwen and McEwen 2017). That is, the stressors and disruptions imposed on an individual through displacement can have lasting and reverberating effects on health over the lifespan. Looking toward the future of health for displaced populations, strategic efforts to overcome the negative impacts of former trauma and toxic stress are needed but must be developed with local contexts in mind. Key priority groups for promoting health and wellbeing in displaced populations parallel the generally established sensitive periods of health development: children, adolescents, and women during the perinatal period (Kuh et al. 2003).

Social support and cohesion is a particularly powerful mitigating factor in the relationship between stress and adverse health outcomes (McEwen and McEwen 2017). Thus, community-based organizations and social groups that rebuild social relationships among commonly fragmented groups and families in migrant and refugee neighborhoods should remain a priority. Several projects in second-country resettlement sites have successfully run new economic ventures to provide jobs to refugees where they can pursue livelihoods of interest, which have also influenced more positive social reception of resettled refugees (Betts et al. 2014).

In summary, as global anxiety escalates around climate change and the potential “disruptions” it will bring to nations in the form of mass forced migration, it remains critical to maintain a human rights approach and resist a socialization for scarcity (Hanna and Kleinman 2013). National and international infrastructures desperately need to be better equipped to provide aid to populations forcefully displaced. More resources should be put into promoting health and resilience in currently vulnerable populations and places—including populations that have already experienced some form of displacement. Population research moving forward must critically assess the methods and measurements used to understand key aspects of violence, volition, and health over the life-course in order to inform solutions. And while climate change is indeed a powerful determinant of local weather patterns and disasters that will continue to influence future population movements, ultimately the

degree of devastation it will entail depends on the social systems in place now and who is included and excluded from them.

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