

Peace: The Only Durable Solution to War

The cross-cultural experiences of this author provide a unique perspective of conditions abroad and of the refugee policies here at home.

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When the situation in Kosovo started getting serious, I instinctively braced myself because it reminded me of the situation in the Gulf War. I had the same premonitions. It was a very similar script. The ruthless dictator indicted for war crimes by Den Hague. A people struggling for independence from a central power. An American President, champion of human rights and the underdog. Genocide, ethnic cleansing, rape and pillage. Who had the moral courage to say no? Did we really have time for diplomacy in the midst of horror? The script could have been written for either a Republican or a Demopublican. Thus, the bombing resumed, this time to stop Serb Christians from killing Albanian Kosovar Muslims instead of stopping Muslims from taking each other's lives and land. Trade stopped on the Danube River.

An American In Ulaanbaatar

At the time, I was doing some consulting for UNICEF Mongolia in Ulaanbaatar, the world's coldest winter capital city. It was a strange place to try to understand the war and also try to stop it. Because I prepared a monthly newsletter for donors and partners, I attended weekly press conferences put together by the Mongolian Ministry of External Relations. When asked how

she felt about the war in Kosovo, Minister Tuya, Mongolia's first woman Secretary of External Relations, remarked, "We regret the human tragedy of war and hope those involved can reach a timely resolution." She skillfully took no sides against any state, but took a side against war. Indeed, sandwiched between China's population, Russia's land mass and Overseas Development Assistance coming from the US, Europe and Japan, what kind of position could Mongolia take? Although Mongolia is most famous for Chingiss Khan, the man who conquered most of Asia and part of Europe, since converting to Buddhism, they have learned to value peace and are noted for having a peaceful transition from a one party to a multiparty democracy.

I came home one evening and my Mongolian roommate, who had grown up in Russia, had some shocking news.

"Boris Yeltsin was sending troops to Serbia," he said.

"What for?" I asked.

"To help."

"Help who?"

"The Serbs."

He had heard this on the Russian news. I watched CNN and BBC, but there was no mention of this. I asked around the office and my colleagues said that they had heard something about

it in the paper, but they weren't sure. They said it sounded like a rumor, but in an unsettling way, it came true after the bombing stopped and Russian troops arrived before NATO to help keep the peace.

Meanwhile, the Chinese news agency denounced the American bombing of Serbia, but made no mention of ethnic cleansing in Kosovo. After the "accidental" bombing of the Chinese Embassy, China was outraged and allowed demonstrations against the United States. Unfortunately for Mongolia, the close proximity of their Embassy in Beijing to the US Embassy resulted in the destruction of one of their vehicles. This fueled the 3000-year-old fire between both sides of the Great Wall, but it did not create many sympathies towards NATO and the United States.

UNICEF consistently takes a stand against involving children in war, opposes land mines and deplores the rampant increase in civilian casualties. Unfortunately, these problems are getting worse. In fact, since 1991 almost a quarter of a million children have had their lives disrupted by the war in the Balkans (Bellamy, 1999). UNICEF also provided emergency relief to refugees that included blankets, oral dehydration salts, basic medicine, safe drinking water and long overdue immunizations for children in the region. NATO refused to issue a mea culpa for civilian or child casualties, chalking them up as an unfortunate consequence of war.

My supervisor, an Italian citizen, was very critical of the

bombing. She was concerned that the United States has not learned from the Gulf War, and Iran, and Libya that these bombings only perpetuate the cycle of resentments that lead to violence in the future. I agreed with her, but pointed out that it is easier to hate your neighbor than faceless pilots that bomb from afar. I suggested that the United States knew all too well that carrying out distance campaigns minimized negative public sentiment and led them to commit violence with impunity. It was as if a giant Milgramm's experiment was being carried out, but this time we knew that the bomber would bomb, we only had to confirm that the bombed would not have the strength to hate someone they could not see and touch. We were both pleased that support for the bombing by Italy and Germany were waning, due to pressure from Green and other peace activists.

My American colleague at UNICEF had long since disowned the United States and its foreign policy. He was a committed public health professional who wished he could help children stay healthy in a world free of politics and corruption. The bombing disturbed him.

Yet another colleague, from Sierra Leone had not been able to go home for several years because of his country's brutal civil war. International apathy caused his country's suffering to linger and allowed children to have their limbs amputated by rebels.

With so many voices against war, why does it continue?

As a social worker, I know that we learn and teach patterns of violence in the family and community. As an activist, I know that many people and for profit corporations make money selling entertainment that reinforces our worst tendencies and selling guns, land mines and other weapons that rationally increase the injuries and death.

Fire Disco Club

After the bomb dust cleared and relief workers moved into Kosovo, I prepared to leave Mongolia to get an MSW at the University of Michigan School of Social Work. Our Area Representative had been a field instructor at Colombia's program and I didn't have the heart to tell him that I was turning down Columbia's admission for my alma mater, despite the fact that they were making me pay out of state tuition having lived too long in Mongolia. The thought of being in Ann Arbor again and paying out of state tuition for it drove me to Ulaanbaatar's newest nightclub, the Fire Disco Club. I was with one of my Danish friends and he was trying to demonstrate to me that Danes drank as much as the Finns, Mongolians and perhaps even the Russians. A large, inebriated man tapped my companion on the shoulder, "Excuse me, are you American?"

"No I'm Danish."

"Oh, sorry."

At this point I was trying to get away, but it was too late. "Are you American?"

"Uh...yeah, why?"

"America. Like this!" he exclaimed, holding up his pinky.

This meant bad in Mongolian. I just nodded. "America... CIA... Kosovo... Serbia... NATO... Bomb... Bad...you understand?" he held my arm and gripped it tightly.

I kept nodding, but I was angry. I was angry that it wasn't my ambassador or Clinton or Blair stuck at a bar in Ulaanbaatar next to some drunk guy who had his studying in Moscow memories revived by NATO action against the Warsaw pact. I was angry because I didn't even agree with or agree to the bombing. I was angry for being held accountable for the actions of my government that I regularly criticize. I was also angry that this guy expressed no concern for Kosovars, probably because they were Muslim. Finally, I was angry with myself for having gotten out of touch with activism while living overseas.

He continued, "Oh sorry...I'm sorry...I'm just a little bit drunk, okay? You know, my son is going to America to study this fall. He's going to UCLA." My new friend pulled out his wallet and stroked my shoulder. He produced his ID. "See, I'm a pilot for Mongolian Airlines. And I'm a driver. If you ever want to go to the Gobi desert, let me know, I'll take you there."

I couldn't believe that this guy could go off on America and then turn around and let me know how proud he is that his son is going there. There was no thought about boycotting the enemy, only pride in how he could access the education of the powerful. I was also at a loss for myself, because I already was part

of the enemy. It's harder to be the enemy of violence in a nation that has perfected it.

Back Home in Michigan

I returned home to Michigan and discovered that my hometown had received 120 Kosovar refugees. The agency responsible for them, Refugee Services, became my MSW field placement. Refugee Services has resettled over 10,000 refugees in the area under the auspices of Catholic Social Services in its 20-year history. The agency has about 40 staff providing resettlement, employment, health care transportation, interpretation, immigration services and ESL. Most of the staff are Bicultural/Bilingual. Some know three or four languages. Many of the staff are refugees themselves.

Refugee resettlement in the United States is more difficult since the end of welfare as we know it. In the old days, refugees had almost a year to learn English before they had to find a job. Now, they have to find work within the first few months if they want to keep their benefits. College cannot be substituted for work but some limited job-training can. This means that they have to find work that doesn't require English, which often means wages ranging from minimum wage (\$5.15) to \$6.50/hr. Fortunately, many of these jobs do provide medical coverage, but this coverage doesn't always extend to adult family members. Families must work and learn English at the same time, which is difficult while raising a family. Some family

members need to work two jobs to pay the bills. This is especially difficult for large families with only one adult who can work. These economic factors make it difficult to culturally adjust, especially with a language barrier.

In order to assist this adjustment process, I decided to work with the community orientation program. As a way to encourage community participation in refugee resettlement, the United States Catholic Conference granted our agency money to develop this program. I work with the Community Orientation Case Manager who is in charge of putting together this program which includes a six-hour orientation in home or at the agency. A Community Orientation Task Force of agency representatives and an Ethnic Advisory Board comprised of clients and other members of clients' ethnic groups helped develop this program. Although some refugees get ESL and cultural orientation overseas, there are many differences among communities in the United States that cannot possibly be addressed. Clients need information specific to the area. In our six-hour program, we explain to them the basics of tenant-landlord relations, the health care system, some information about TANF and Medicaid, and paying bills. We even give them a bus pass and show them how to take the bus. Other community orientation projects include a women's circle, support to single moms and informational workshops open to clients.

Our clients come from all over the world. They are mostly from Cuba, Somalia, the Sudan and former Yugoslavia. Because of intensive media coverage about the arrival of the Kosovars, Refugee Services received several hundreds of calls from volunteers and donors who wanted to help. The response from the community was so great that the newly hired volunteer coordinator became overwhelmed and resigned after being on the job for two months.

When I started in September, many of the Kosovars had already left as per invitation by the State Department to cancel their travel loan and fly them back on government tab. And yet, some were still arriving, often to be reunited with families who decided to stay in the USA as part of a durable solution. For many refugees, United Nations High Commission on Refugees considers asylum in a country of choice as a durable solution. In former Yugoslavia, these refugees include "persons of mixed ethnicity, or in mixed marriages; severely traumatized persons, such as former detainees and victims or witnesses of extreme violence; minority members of the armed forces; potentially stateless persons; Roma (gypsies)" and potential witnesses in an International Tribunal to name a few (U.S. Committee for Refugees, 1999, p. 180). In my agency, many such families meet these criteria, especially the criteria for mixed ethnicity or mixed marriages. In short, in a country that is rapidly becoming het-

erogeneous, with one village Serb and the next Muslim, for example, there is often little room for mixed marriages. That's why they come to America, a country that grudgingly prizes itself for mixtures.

Although I helped oriented refugees from all over, I particularly remember the two Kosovar groups, especially in contrast to the Somali and Sudanese. The Sudanese were very assertive and had no problem asking for what they wanted. They all wanted winter coats because they came to Michigan wearing dress appropriate for Northeast Africa. They got them. They were quick to point out discrepancies between services they expected overseas and what they actually got in the United States. The Kosovar groups, on the other hand, were untalkative. The translator and I went through the presentation rather quickly and had very few questions to answer. One family in particular reported having a sick daughter with parasites in her GI tract. During orientation, the mother was completely withdrawn and had no expression on her face. The father asked us questions about materials that had just been covered. His adult son took on the role of caring for the both of them. He took careful notes in Albanian for the family.

I didn't hear about them until a few weeks later. While I was taking a shift answering the phones for the receptionist who was on vacation, a man called and said that he was with an Albanian family who had a sick child with a temperature and stomach pains.

I transferred the call to the health unit. An hour later, the same voice called. I transferred the call to the health unit, a bit irate and asked someone to deal with the call. Finally, as I was walking out the door at the end of the day, the family called again complaining about their daughter. The health unit coordinator was at my desk signing out and I asked him if he would take the call. When he said no, I told him that I didn't really know what to say to the family, since they had called three times. I was frustrated, because I wanted the client to be served by what I perceived to be an unresponsive agency. I hated being on the phones—not because it was below me, but because it was difficult. I had habit of losing calls when three or four people called at once, each speaking a different language. I was also frustrated with the family for calling so much. As I listened to our coordinator, I learned that Refugee Services had already taken the child to the doctor and the doctor had said that there was nothing wrong with the child and that a fever can be brought down with Tylenol. He spent some time with the client and tried to reassure them. It became clear to me that the family was only acting out of a sense of concern for their daughter in an unfamiliar country. Also, our agency was doing the best it could in a difficult situation where clients really needed emotional support networks in addition to transportation to health care facilities.

This anecdote illustrates a normal response to a horrible situation. I can't imagine what it's like to survive genocide, war and a bombing campaign. But I do know what it's like to cross cultures and live overseas. Given that I needed an incredible amount of support in order to adapt to living in a new culture, I certain that it would take even more to survive trauma and I'm afraid that clients with symptoms of PTSD are not getting the services they need.

One client from the Balkans diagnosed with PTSD has been placed on Paxil, a medication used for social anxiety, panic attacks, depression and OCD. He has been unable to receive psychotherapy to complement the medication because of the language barrier. In December, he had a suicide call. Since then, he's been calling the office regularly while his roommate is at work just so he could have someone to talk to. The health unit put him on Direct Observation Therapy, the practice of watching the client take daily medication. This situation led the health unit coordinator and I to strategize a solution to this problem.

Previously, I had been given the task of identifying a professional staff trainer to conduct Mental Health training for resettlement staff and counterpart agencies in the health sector. This training and its funding got pushed until August so that it could be part of a statewide refugee resettlement meeting. Meanwhile, we had staff that were suffering different levels of countertransference, burn out and vicarious victimization, but we wore it

very well. I did some research on the web and in published literature about PTSD and refugee mental health. As it turned out, Chicago had a Bosnian Mental Health Clinic that had experience with these issues. We brainstormed with some positive actions:

- Because clients have a federally protected right to health care services through a translator, try to identify mental health care professionals willing to work in this situation no matter how difficult.
- Organize a PTSD self-help/support group or "coffee break" to share stories. Should the facilitator be a trained clinical worker?
- Refer hard cases to facility in Chicago or Detroit.
- Continue regular home visits by staff of high-risk clients to do Direct Observation Therapy.
- Investigate complementary therapies: art therapy or massage/body work.
- Involve clients in community activities.

Our Medical Unit coordinator contacted Community Mental Health and set up a meeting with our staff to discuss the first issue, identifying a health care provider. We discovered that in addition to the language barrier, there was a division of service barrier. CMH takes the uninsured, HMOs take HMO Medicaid and anyone can bill straight Medicaid on a fee for service basis. Since are clients have a mix of medical insurance coverages that range from Medicaid, HMO and uninsured, sometimes in the same family, it would

be problematic to work with groups or families. Briefly, single adult refugees get Medicaid for eight months or less if they get a job with benefits. Families lose their Medicaid if they start working before three months. Some families have insured children, but uninsured parents. CMH staff agreed that patients had a right to care and encouraged us to work with the administration to identify treatment on a case by case basis. They agreed to look into referral options in state, since Medicaid couldn't be used out of state. They agreed that a support group would be good for adjustment issues, and felt that a licensed clinician would not be necessary as long as you had a plan for emergencies. This meeting was a good initial step in having additional systems of support for clients who need it.

Meanwhile, I worked with another intern from a rival school of social work about organizing a staff training to raise awareness in the staff. She decided to put together a workshop on grief and I planned on PTSD and avoiding burn out. We talked about the long-term needs to train bicultural workers to facilitate self-help groups that took the form of a social event in order to avoid stigmatization. It should be no surprise that our clients, although they want to be able to go to the doctor's office when they need to, they don't want to be treated for a "mental illness."

The Ethnic Advisory Board is another avenue for potential organizing around the well being of our refugee clients. The first meeting, last August, consisted only of staff members who gave

input into the design of orientation. The second meeting consisted of Bosnian, Sudanese, Somali and Cuban clients and community members. Although they spent most of the meeting evaluating the orientation program specifically and resettlement in general, they expressed continued interest in organizing volunteers if not going to next step to form ethnic associations. Previously, two ethnic groups of refugees, Vietnamese and Hmong, took their own initiative to organize their own multi service community centers in order to meet their own needs. Our new group was pleased with this history, but was not ready to take that step having only been in the country less than two years. The challenge I currently have is to get the Ethnic Advisory



Board to move from providing input into existing services to organize their own actions on their own behalf. Muslim women in the community are especially concerned about the needs of Muslim refugee women, especially in regards to culturally sensitive health care and obtaining halal (traditional)

food. Clients organizing can make sure not only that services are provided, and provided in a culturally competent way, but can raise the self-esteem and well being of the participants and help facilitate the cultural adjustment process.

Working with refugees is sensitive because both the right and the left can have a knee jerk reaction to refugee issues, especially in regards to employment. The right may complain about refugees taking American jobs. The left may complain about the exploitation of refugees, who are perhaps less exploited than US born. In reality, the USA accepts only 70,000 refugees a year out of the 12 million in the world identified by the United Nations. This is a small number fraction of our work force. Far from being exploited, our clients in general are well respected by our employers and often find better jobs in their own professions. Furthermore, our landlords acknowledge that they make better tenants, more likely to pay their bills on time and avoid eviction than their native born counterparts. They are neither large enough to take our jobs nor exploited enough to get evicted and end up homeless. They become homeowners and business and non-profit entrepreneurs in the largely forgotten urban center in a place far away from the homeland where they probably can never return.

The real issue is the creation of refugees through war and the creation of war for geopolitical gain. It is also unfortunate that who the United States

chooses to resettle often has more to do with politics than with protecting universal human rights or satisfying basic human needs.

A Vision Of Peace

When I was growing up, I felt that the world was safe because of my hometown hero Patricia Coffman, substitute teacher during the school year and peace activist during the summer. Although she had a master's degree in education, she could never get a tenured position. This may have been her police record of trespassing as a result of demonstrating on a local air force base. It is her inspiration that led to my involvement in organizations now called Peace Action and the Social Welfare Action Alliance.

Although we accept refugees as a durable solution, as a peace and justice activist, I assert that the final solution must be a global end to war and a move towards peaceful conflict resolution. This is a tall order, but it is no taller than the charter of the United Nations itself. In regards to the Balkans, one village stands out as a model for reconciliation. In Gornji Vakuf of Central Bosnia, Bosnian Croat, Muslim and a Serbs organized a children's center in the neutral zone of their village. They wanted a place where children could play where they would be safe from land mines. Julia Demichelis, winner of the National Peace Corps Association Shriver Award for Humanitarian Service, facilitated this process. In her acceptance speech, she criticizes the United Nations and

United States for keeping people who have their own strategies for peace separated. About the village of Gornji Vakuf, Demichelis says, "politicians still force [residents] to go to separate schools in different official languages, though kids and their parents join each other daily for educational, recreational and social events on the cease fire line in their private center." In this space, residents of Gornji Vakuf created a three-year integration strategy independent of elected leaders who had a vested interest in separation and continued violence because they are collecting rent from UN peacekeeping forces. Demichelis argues that these community-based interventions are more successful than large-scale projects currently supported by the United States (Julia Demichelis, 1999). Hers is a voice not represented by the violent images of CNN which reinforce the glory of war.

I don't find this too far fetched, because my agency has Bosnian, Croat, Serb, Kosovar staff members who work together for a common purpose. This past week, we threw a baby shower for one of our Kosovar staff members, who is eight months pregnant. Everyone chipped in for gifts and the potluck: Albanian, American, Serb, Croat, Bosnian, Sudanese, Somali, Kurd, Vietnamese, Hmong and Cuban. Our clients may have misgivings about accepting services from the enemy, but the misgivings dissolve when a new enemy at the INS is discovered. Although there

is a lot of work to be done to build a multi-ethnic Balkan community in my home town, I am confident that it is possible under the right circumstances, however fragile. In the end, the real solutions are people to people which governments and agencies can choose to support or to ignore. □

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