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**SKJ International Summer Internship 2002:  
The International Centre for Migration and Health**

I spent the last three months in Geneva, Switzerland working for the International Centre for Migration and Health (ICMH). As a WHO Collaborating Center for Health-related Issues Among People Displaced by Disasters, ICMH is committed to improving the health of people in the context of migration. The organization works towards its strongly held belief that the right to health applies to all people, be they migrants, refugees, environmentally displaced, or any other person on the move.

As an intern with ICMH, I was given the opportunity to work on a timely and substantive issue, and was never asked to carry out administrative duties for the organization. When I arrived in Geneva, Executive Director Manuel Carballo and I discussed potential projects, and between my interests and the needs of the organization, it was decided that I would write a report about the interplay between mental health and asylum seeking. Before my arrival, however, Manuel and I had decided that I would work on a project dealing with the human rights implications of migrant access to health care. I was exposed to the field of international human rights (IHR) while a student in Jerusalem, and I wanted to continue my IHR education for a potential career as a human rights lawyer. Yet after our first in-person meeting, our original idea had morphed into an assignment about access to health care among a particular sub-group of migrants, that of asylum seekers. With further discussion, we narrowed the project to specifically address the mental health implications of applying for refugee status as defined by the 1951 United Nations Convention Relating to the Status of Refugees. After agreeing to focus

on the European Union, I began to research the mental health implications of seeking asylum in the EU.

EU Member States have been trying to harmonize immigration and asylum policy for almost two decades, well before the EU was even formed. The most recent attempt to move towards a common EU immigration and asylum policy was in June 2002, when Member State representatives met for the Seville Summit to discuss pertinent EU issues. Although Member States have long recognized that the "zero" immigration policies of the past are no longer appropriate, some countries within the EU have tightened the noose on their borders at a time characterized by labor shortages and an increase in the number of people displaced by regional conflicts. The EU acknowledges that its shrinking (and ageing) workforce requires replacements, and that the majority of them must come from beyond its own frontiers. The need for continual EU productivity, coupled with the urgency to replenish social security and pension funds, has led to this realization. Yet with the rise in illegal migration, and pressure from an increasingly immigrant-wary electorate, governments are publicly "getting tough" on asylum seekers when in fact a more balanced approach is necessary.

Evidently, it is a difficult and complex task for Member States to shed their longstanding asylum traditions. My research revealed that during the Cold War, for example, asylum became an ideological tool for much of Western Europe. Receiving countries happily threw out their welcome mats for refugees fleeing communist regimes. And today, asylum trends among Member States often reflect colonial ties. These lingering traditions explain in part why the EU still does not have the authority to grant people asylum. That power currently rests with individual Member States, resulting in great disparities in access to mental health care for and treatment of asylum seekers.

Although several studies have examined the psychiatric and psychosocial disorders of survivors of torture and organized violence, few have highlighted the mental health implications of seeking asylum. Thus, there is a dearth of comprehensive data about the interplay between levels of past trauma, post-migration stressors, and the resulting psychiatric and/or psychosocial disorders found among asylum seekers. My aim at ICMH was to begin to fill this void by attempting to show how seeking asylum in the EU may retraumatize asylum seekers and potentially exacerbate their mental health disorders.

Like many summer opportunities, interning at ICMH had its pros and cons. On the positive side, living in Geneva, and being surrounded by the UN and countless NGOs, provided for an excellent learning atmosphere. All interns had access to both the UN and WHO libraries and facilities, and I used them frequently. More importantly, unlike interns at many UN agencies and larger NGOs, interns at ICMH are given substantive and meaningful work. During my tenure, I was never asked to photocopy, run errands, compile monotonous data sets, or be anyone's secretary. Rather, with joint input from the Director and myself, I was able to write about a topic pertinent to ICMH's mission.

On the negative side, interns at ICMH received little feedback from the Director or other "higher-ups." The Director is a great man, and is a well-respected expert in the field of migration and health. His managerial skills and abilities to resolve intra-office conflicts, however, are weak. This management deficiency, coupled with the fact that he is overworked and understaffed, negatively affected the intern experience. It is important to note, however, that these "negatives" all contributed to my learning experience as well as my personal and professional development.