The World’s Refugee Crisis: An Overview of Conflicts, Life in Camps, and Future Perspectives

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Introduction

“The paradox of permanent temporariness.”

The Cambridge Dictionary defines a “refugee camp” to be “a place where people who have escaped their own country can live, usually in bad conditions and only expecting to stay for a limited time.” Unfortunately, the “limited time” clause no longer applies. Immediately after the Second World War, most displaced people were re-settled within seven years. Today, in contrast, refugee camps house families for entire generations. The average stay in a refugee camp is seventeen years. The United Nations High Commission for Refugees (UNHCR) classifies people living in camps for over five years as “P.R.S.”: Protracted Refugee Situation(s). Most refugees in the world are PRS. In no sense can life in situations such as these be classified as ‘normal’. Refugees are, for all intents and purposes, incarcerated in a state of temporariness.

refugee camp

a place where people who have escaped their own country can live, usually in bad conditions and only expecting to stay for a limited time

Not only are refugees confined to camps for longer and longer, but there are ever growing numbers of refugees facing the prospect of life in a camp. The number of displaced people has more than tripled in the last ten years. There are more refugees today than any other moment in time since the Second World War – an estimated 65 million. About 80% of these are women or children. Many fascinating and essential aspects of life in a refugee camp remain poorly understood in the developed world. In large part, this is due to a paucity of information
surrounding camp infrastructure and healthcare. On the other hand, many narratives have been written about the day-to-day life of refugees. Newspaper and magazine articles, in particular, offer a brief glimpse into tangible aspects of camp life, and in profiling individual refugees, families and camps, allow the reader to gain a sense of the issues facing them before they find their way to the U.S.

It would be impossible, given the length and time constraints of this essay, to cover all refugee crises, let alone all camps. Therefore, this essay will focus on three refugee populations. The Syrian refugee crisis has overwhelmed the world’s media, and due to the high quality information and reporting already available, is an important population to consider. In contrast, Bhutanese do not represent the largest refugee population in the world, and have significant less media attention, but have re-settled in the U.S. en masse. Finally, the Congolese, while less numerous than other African refugee populations such as the Somalis, are a strong presence at our clinic in Charlottesville.

**Refugee Camps**

“Every refugee situation is specific to itself.”

“This isn’t living; it’s just existing.”

Refugee populations vary significantly depending on the underlying reason for which they left their homeland – be it conflict, persecution, environmental disaster, or dire economic circumstance. Settlement patterns are also variable: refugees may migrate to a camp that has been established organically by previous refugees, or they may migrate to a camp that was created and planned by relief agencies (such as UNHCR). The former is far more common. In the latter case, however, when refugee camps are implemented *a priori*, site planning can occur: public facilities and shelters can be logically organized in space, and the camp location can be chosen to be free of mines, distant from war zones, with access to water, large enough to accommodate 30 square meters per person, and with truck accessibility throughout the year.

Camps are also governed by different agencies. About 34 million displaced people in 125 different countries live in camps governed by the UNHCR. Other camps are controlled by the host country’s government or military (such as Kilis, in Turkey), and yet others are self-governed, such as Yida, in South Sudan (housing Sudanese refugees). The largest refugee camps in the world are in Kenya, Jordan, South Sudan, Tanzania, Ethiopia, Rwanda, Pakistan, Turkey, and India. Populations for these camps range from 60,000-185,000 (Table 1). Together, the fifty largest camps in the world house over 1.9 million people.
### Table 1: The 10 Largest Refugee Camps in the World


<table>
<thead>
<tr>
<th>Camp</th>
<th>Country</th>
<th>Refugee Nationality</th>
<th>Year Established</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kakuma</td>
<td>Kenya</td>
<td>South Sudanese and Somali</td>
<td>1992</td>
<td>185,000</td>
</tr>
<tr>
<td>Hagadera*</td>
<td>Kenya</td>
<td>Somali</td>
<td>1992</td>
<td>106,000</td>
</tr>
<tr>
<td>Dagahaley*</td>
<td>Kenya</td>
<td>Somali</td>
<td>1992</td>
<td>87,000</td>
</tr>
<tr>
<td>Ifo*</td>
<td>Kenya</td>
<td>Somali</td>
<td>1992</td>
<td>84,000</td>
</tr>
<tr>
<td>Zaatari</td>
<td>Jordan</td>
<td>Syrian</td>
<td>1992</td>
<td>78,000</td>
</tr>
<tr>
<td>Yida</td>
<td>South Sudan</td>
<td>Sudanese</td>
<td>2012</td>
<td>70,000</td>
</tr>
<tr>
<td>Kutumba</td>
<td>Tanzania</td>
<td>Burundi</td>
<td>1972</td>
<td>66,000</td>
</tr>
<tr>
<td>Panian</td>
<td>Pakistan</td>
<td>Afghani</td>
<td>2008</td>
<td>62,000</td>
</tr>
<tr>
<td>Mishamo</td>
<td>Tanzania</td>
<td>Burundi</td>
<td>2014</td>
<td>62,000</td>
</tr>
</tbody>
</table>

* Camps 2, 3, and 4 on the list are all part of Dadaab refugee complex

Several factors play a role in the kind of camp refugees are re-settled in. The number of displaced persons seeking refuge, the cultural and ethnic ties between the host country and the refugees, the host country’s capacity to absorb new people, and the military and political circumstances of the host country all contribute.\(^5\) Most camps today are in developing countries. Some argue that funding large-scale camps in these countries is a deliberate move by Western Europe, in order to keep displaced people outside its borders.

These all-too-real reminders of world conflict thus remain out of sight, and out of mind.\(^10\)

### Syrian Refugee Crisis

“Camps keep refugees alive, but they prevent them from living.”\(^10\)

“We are trying to keep busy. But it is nothing like a home.”\(^1\)
The Syrian conflict began in 2011 and alone has resulted in the largest refugee crisis since World War II. In April 2011, in the town of Daraa, a few 13-year-old boys painted anti-government graffiti on the school wall. The government responded by torturing them, and thousands took to the street to protest. Bashar Al-Assad, a British-trained physician who inherited the regime from his dictator father, was expected to take a more moderate approach to leadership. Yet he responded to the protests with violent crackdowns. This, in turn, compelled more civilians to protest for democracy, and demand Bashar Al Assad’s resignation. Opposition supporters, including several in the military, took up arms and a bloody conflict ensued. Eventually, what started as an uprising for democracy disintegrated into a mess of competing rebel groups, terrorists and jihadists, and international influence, all fighting for power at the expense of a quarter of a million civilian lives.\textsuperscript{26,27}

**DID YOU KNOW?** Even under the Obama administration, the U.S. was slow to accept Syrian refugees. Between 2008 and 2013, only 50 refugees were allowed into the U.S. each year. Between Oct 2015 and July 2016, however, more than 7,500 refugees resettled to the United States.\textsuperscript{16}

Syria had a pre-war population of 22 million, but as of December 2015, 5 million of these had sought refuge in Iraq, Jordan, Turkey, Lebanon and Egypt.\textsuperscript{16} Over a year into the conflict, high-ranking officials from the UNHCR met to discuss how to absorb the millions of Syrian refugees pouring into neighboring countries. Three options were discussed: voluntary repatriation; incorporation with citizenship into the country of refuge; and third-country resettlement. With repatriation to a country in chaos being out of the question, and with resistance from politicians in Jordan and Lebanon to the second option, Syrians were forced to seek resettlement in whatever other country would accept them.\textsuperscript{7}

**Camp 1: Zaatari, Jordan**

\textit{“We design refugee camps; refugees build cities.”}\textsuperscript{9}

Zaatari, located in Jordan, has a population of 78,000 and has become an informal but bustling metropolis.\textsuperscript{9} It contains 14,000 households, 10,000 sewage pots and private toilets, 3000 washing machines, and 150 private gardens. The camp is served by nine schools, two hospitals, a circus academy, a travel agency for airport pick-ups, a soccer league, a pizza delivery service, homemade ice-cream shops, pet stores, flower shops, rotisserie chicken take-out, and three thousand other shops.\textsuperscript{6,9} It boasts a main commercial street, called Champs Elysee, and different gentrifying neighborhoods.

Even from pictures it is obvious that this camp is unique: it has character and identity. Zaatari has been called “the most fascinating project on Earth when it comes to
the development of camps” by a UN official. With its “populist urban logic” and opportunities for social mobility, it has been compared to the favelas of Rio de Janeiro. Most importantly, its grounds-up identity gives refugees a sense of ownership of their community.

 Despite all of this, Zaatari can also feel like a prison. The camp has 24-7 surveillance by the Jordanian army, and authorization is required to enter or exit the camp. Zaatari also generates animosity among Jordanians. Despite the fact Jordan receives a million dollars a day to run refugee camps, and that many Jordanians benefit from Syrian influx, some among the population feel that Syrians who live in urban centers drive up rents, ‘steal’ jobs, and drain resources.

The four most prevalent health conditions in the Syrian refugee community are anemia, hypertension, diabetes, and mental illness. Over 70% of primary healthcare visits in Zaatari are due to communicable diseases. Non-communicable diseases comprise roughly 20%, and injuries and mental illness make up the rest. Women in Zaatari have access to birth control and family planning services. Almost half of children and women of child-bearing age in Zaatari are anemic. While a negligible amount of children are acutely malnourished, 17% of children in the camp suffer from chronic malnutrition (stunting).

Camp 2: Kilis, Turkey

“What is startling about Kilis is how little it resembles the refugee camp of our imagination.”

Kilis Camp, in Turkey, could not be more different than Zaatari. While Jordanian camps have the reputation of being chaotic, poorly supplied, with thriving black markets (where donated goods are stolen then sold for profit), Turkish camps are well organized and well supplied. The first thing to know about Kilis is that it is not run by UNHCR or any other relief agency. The Turkish government takes control and financial responsibility for this camp.

Facilities are state of the art for a refugee camp. An electronic card, with the refugee’s fingerprint, is scanned for entry, and the entrance is flanked by metal detectors. There are no smells of rotting garbage or raw sewage. There are power lines, and street lights that keep the camp well lit (making women feel safe at night). There are playgrounds. There are maintenance men who can fix electric and plumbing. There are fire hydrants. Three

grocery shops with a better supply than many Syrians had at home are found on the main street. A nearby camp that opened down the road, Nizip II, even has a barber shop, offering free blowouts to the women.


The 'homes' in Kilis are two thousand identical shipping containers, arranged in neat rows. Indeed, Kilis tries to prevent precisely the ground-up urbanism that defines Zaatari, and in doing so strips Syrians of a sense of community. As one refugee put it, “there is no purpose in a life like this. One day is like another.”

Bhutanese Refugee Crisis

Bhutan is a small country nestled high in the Himalayas between India and China. Its population, around 650,000, is mostly Buddhist, and divided into three principal groups: the Ngalongs, Sharchlops, and the Lhotshampa. The latter group, which mostly lives in the south of Bhutan, is ethnically Nepalese, is Nepali-speaking, and practices Hinduism (there was a large Nepali migration to Bhutan in the late 1800s). They lived peacefully in Bhutan until the late 1980s, at which time the King of Bhutan began to perceive the Lhotshampas as a threat to the political order and started a campaign of “Bhutanization.” Thousands of Lhotshampas were imprisoned and tortured. In addition, widespread discrimination arose, making it more difficult for Lhotshampas to attend school, find jobs, and acquire citizenship. Branded as “anti-nationals,” Lhotshampas fled in the thousands to India and Nepal. By 1993, more than 100,000 Bhutanese refugees settled in UNHCR camps in Nepal.

DID YOU KNOW? Bhutan’s King believed that an economic approach to defining a country’s success (such as the “GDP”) was dehumanizing. Thus he developed a concept called the “Grosse National Happiness”—a measure of a nation’s collective happiness. Unfortunately, this concept did not seem to include the Lhotshampas.

Bhutanese Camps

In total, seven UNHCR camps were created in eastern Nepal: Beldangi I, Beldangi II, Beldangi II extension, Goldhap, Khudunabari, Timai, and Sanischare. Together, they comprised a population of 107,000 people at their peak in 2006, spread out between 17,000 huts. Bhutanese camps are close to each other geographically, established at a similar point in time, and all run by the same organization, so may be considered as a single entity.
These camps are dense, with shelters crammed together. Flooding following heavy rains is common in July. Shared latrines serve multiple shelters. Yet despite its crowding, water and sanitation are of good standard. In fact, the health and nutrition status of refugee Bhutanese in Nepal is better than that of the typical Nepalese citizen.

Medical care in the camps is provided by the AMDA (Association of Medical Doctors of Asia), and up through 2002, was provided by “Save the Children UK” as well. Refugees have access to pediatrics, psychiatry, reproductive health, basic laboratory services, emergency medical consultation, and voluntary testing for HIV/AIDS. Rates of vaccine coverage reached over 95%. Communicable diseases are uncommon: only 1.6% of refugees have a history Malaria; only 0.8% have positive sputum or culture for Mycobacterium TB; only 0.1% of them have a history of Leprosy (a disease which is endemic in Nepal), and about 1.3% have Hepatitis B.

Secondary education is left to an organization called Caritas (under management of the Jesuit National Service). The refugee schools have about 35,000 pupils and 700 teachers. It is run almost exclusively by Bhutanese. Violence among the refugee population is rare, and community committees were established to manage everyday issues in the camp. There are even sanitation volunteers to assist with maintenance of the latrines.

The story of Bhutanese refugees is a story of success. In 2007, eight countries came together and agreed to provide asylum to the Bhutanese refugees (US, Canada, Denmark, the Netherlands, Norway, the UK, Australia, and New Zealand). The US received almost 85,000 – by far the largest number of any country. Overall, 9 of every 10 refugees were resettled.

Described as “one of the largest and most successful programs of its kind” by UHNCR, and as “an extraordinary achievement,” the seven original camps were reduced to two, and only 18,000 Bhutanese refugees remain in Nepal.

**Congolese Refugee Crisis**

The Democratic Republic of Congo (DRC, previously known as Zaire), a huge country with the land size equivalent of entire Western Europe, contains about 250 ethnic groups who speak 700 different languages. Most Congolese are Christian, some are Muslim, and still others practice African traditional religions. Congolese are frequently bilingual, speaking their native dialect as well as...
Kiswahilli (one of DRC’s official languages) and/or French.\textsuperscript{18,19}

DID YOU KNOW? In the DRC, children are often perceived as belonging to the community rather than to the parents. A child is only the parent’s while it is in the womb. “Village children spend most of their time outside the house and may roam freely, eating and even sleeping in neighbors’ houses. Children learn traditional values and norms not only from their parents but from other adults as well.”\textsuperscript{18}

The Congolese refugee population is the sixth largest in the world.\textsuperscript{18} The vast majority of Congolese refugees re-settled in Uganda, Tanzania, Burundi, and Rwanda.\textsuperscript{18} About 500,000 people had fled the DRC by January 2014,\textsuperscript{18} yet in total, over 3 million Congolese are displaced (many within their own country).\textsuperscript{19}

Conflict in the DRC dates back to the Rwandan genocide in 1994.\textsuperscript{20} Millions of Rwandans crossed the border to the DRC during the genocide.\textsuperscript{20} However, it was also rumored that some of the perpetrators of the genocide were hiding in camps in eastern Congo.\textsuperscript{20} Rwanda, Uganda, and a Congolese opposition leader called Lauren Kabila thus formed an army coalition and invaded Eastern DRC to locate them.\textsuperscript{20} The invaders eventually defeated Congo’s longtime dictator (Mobutu Sese Sejo), and Lauren Kabila became Congo’s president.\textsuperscript{20} The year was 1997, and it marked the end of The First Congo War.\textsuperscript{20} By 1998, President Kabila grew weary of the Rwandan and Ugandan presence in eastern DRC, and set about forcing them to leave, in what would become the Second Congo War.\textsuperscript{20} This conflict involved nine African countries and over twenty armed militia groups. Often termed Africa’s World War, the Second Congo War was the deadliest conflict worldwide since WWll.\textsuperscript{20}

The Eastern Congolese provinces of North Kivu and South Kivu suffered the brunt of the war.\textsuperscript{19} Despite a peace accord signed in 2003, armed groups and militias continue to commit atrocities against the local population, particularly women (who they rape) and children (who they forcibly enlist as child soldiers).\textsuperscript{19} Assassinations, disappearances, gang rapes, torture, sexual slavery, and purposeful mutilation of women’s genitalia are rampant.\textsuperscript{19,20} One study estimated that 48 women are raped each hour in the DRC, totaling over 1,000 women a day.\textsuperscript{20} Sexual and gender-based violence (SGBV) resulted in unprecedented rates of psychological trauma, physical injuries including fistulas, pregnancy, infertility, and sexually transmitted infections.\textsuperscript{20} One can assume that all Congolese refugees have experienced or witnessed some form of violence – not only in the DRC but also in their countries of asylum.\textsuperscript{19} Indeed, human rights groups call the area “the most dangerous place in the world to be a woman.”\textsuperscript{19}

Congolese Refugee Camps

While the vast majority of Congolese refugees settled in rural camps, there is a growing number living in urban centers in Rwanda and Uganda. Host governments have
increasingly allowed Congolese refugees to work and move freely within the country. In Tanzania, refugees concentrate in the Nyarugusu Camp. In Burundi, refugees live in overcrowded camps in the capital city Bujumbura. Overall, Uganda has the highest number of Congolese refugees (Table 2).

<table>
<thead>
<tr>
<th>Host Country</th>
<th>Congolese Refugee Census</th>
<th>Urban Locations</th>
<th>Rural Camps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>45,124</td>
<td>Bujumbura (37%)</td>
<td>Kinama (21%), Bwagiriza (20%), Musasa (15%), &amp; Kavumu (7%)</td>
</tr>
<tr>
<td>Rwanda</td>
<td>72,988</td>
<td>Kigali (2%)</td>
<td>Kiziba (22%), Nyabihu (19%), Gihembe (19%), Kigeme (24%), Mugumobwa (9%)</td>
</tr>
<tr>
<td>Tanzania</td>
<td>64,569</td>
<td>NA</td>
<td>Nyaruyusu (100%)</td>
</tr>
<tr>
<td>Uganda</td>
<td>155,742</td>
<td>Kampala (12%)</td>
<td>Several settlements (88%)</td>
</tr>
</tbody>
</table>

(Source: UNHCR [http://www.unhcr.org/558c0e039.pdf](http://www.unhcr.org/558c0e039.pdf))

What is most curious about the refugee situation in Africa is that countries producing thousands of refugees also serve as host nations to neighboring countries’ refugees. For instance, even though Congo has sent thousands of refugees to Uganda, Rwanda, Burundi and Tanzania, it is also the host country to some 222,000 refugees from Rwanda, Central African Republic, and Burundi.

In Tanzanian, Ugandan, and Rwandan camps, there is free primary education. In camps in Burundi, secondary education is also widely available. Despite these opportunities, one fifth of Congolese refugees are illiterate.

Mental health services are extremely limited In Rwanda and Uganda, but are better in Tanzania and the best in Burundi, where all camps have SGBV prevention and response programs. The five most common medical conditions among Congolese refugees are
tuberculosis (TB), hypertension, HIV/AIDS, visual problems and heart disease. In all four countries, NGOs provide inpatient and outpatient medical care. For example, pediatric, reproductive health, psychiatric consultations, emergency medical services, laboratory services, TB management, HIV testing and counseling are all offered throughout the camps (with a degree of variability among camps). Data from 2012 demonstrated that 100% of births in Burundi were attended by a skilled attendant; 92% in Rwanda, 100% in Tanzania and 93% in Uganda.

In 2000, Congolese refugees began resettling in the U.S., mainly coming from camps in Tanzania. Between 2008 and 2013, about 11,000 Congolese refugees arrived in the U.S. Due to the escalation of conflict in Kivu, however, in 2012 the U.S. Bureau of Population, Refugees and Migration announced that they would accept 50,000 Congolese into the U.S. between 2013 and 2018 (Figure 2). Most refugees were received in Texas, Arizona, Kentucky and New York.

Nakivale Camp, Uganda

“The Uganda model is almost unique in allowing refugees the freedoms that they are granted […] Refugees are given the opportunity to contribute to the local economy.”

“I have stayed here for 30 years and I had 143 hectares. Now with all the refugees coming, all the land has been taken.”

Nakivale, Africa’s oldest camp, was established as an official refugee settlement in 1960. Within the camp are over 70 villages, each with almost a thousand people. This is a real city: there are commercial and residential streets, sports fields, schools (including one secondary school) and hospitals. The camp stretches over rolling hills, fields, lakes, and streams. One journalist described it as “awe-inspiring.” Currently, Nakivale hosts over 60,000 refugees, of which over 32,000 are Congolese. Almost all of these have been direct victims of conflict, and the vast majority of women have been raped.

After arrival, refugees spend up to five months in temporary housing before being allotted a plot of land to work and from which to run a business. Typical jobs in Nakivale include food crop production, post-harvest crop handling, livestock husbandry, vocational jobs (e.g. tailoring, soap making, sandal making, baking), and even manufacturing energy-efficient stoves. (Over 2,000 energy-efficient stoves have been made by the community.) A
system of shallow wells and pumps from Lake Nakivale provide the population with water. Each family is allotted 15 liters of treated water a day, but this requires walking 15 km and back to fill buckets, using one of 50 hand-pumps or 318 water taps. Around 90% of households have latrines.25

With regard to health provision, community outreach interventions in place include antenatal care and immunization campaigns, HIV/AIDS awareness campaigns, general health promotion, and capacity building for Community Health Workers. Nakivale has four health centers with two referral hospitals in urban centers nearby.25 The most common diseases encountered in Nakivale include malaria and respiratory tract infections. The incidence of acute malnutrition in the camp is approximately 3%.25

Importantly, refugees in Uganda are free to roam the country. In fact, Kampala witnessed a fivefold increase in number of refugees settling between 2007 and 2013.20 This freedom is unique, especially when contrasted with Kenya’s policy on refugees. In Kenya, Somali refugees are confined to camps and have strict work restrictions imposed on them.24 Because of Uganda’s unique policy, Nakivale has been called a model camp.23 The UNHCR has hailed Uganda’s policies as progressive and inclusive.23

Nevertheless, refugees in Uganda report being the target of resentment and intolerance.24 Even with expanded rights and the ability to travel, having refugee status is not compatible with cultivating a long-term life plan.24 Neither refugees nor children or grandchildren of refugees are granted citizenship, and they are not allowed to own the land they cultivate or their homes.24 Thus, life feels forever temporary. Informal conversations with Congolese refugees at the IFMC reinforce these sentiments: one refugee who arrived from Uganda only four months prior described life in Kampala as a Congolese to be “horrible,” as there was tremendous discrimination due to her nationality. Any crime that was committed “would always be the Congolese’s fault.”

Hostility against refugees among the host country’s population is a common theme. Refugee camps are almost exclusively established in developing countries, where a large number of the local people struggle to feed their families daily. Witnessing foreigners receive so much aid from international organizations (and sometimes from their own government) fosters anger and frustration.23 Close to Nakivale, Ugandan villages have grown

bitter about Nakivale’s resources, and began encroaching on the land allotted for refugees. The UNHCR attempts to appease them by extending resources originally allotted to refugees: about 35,000 Ugandans living close to refugee camps receive water, health and education provided by UNHCR.

**Conclusion: The Future of Refugee Camps**

“Impermanence costs more in the long run.”

Recently, much has been written about the world’s current response to our ever-growing refugee crisis. The current refugee camp model has been widely criticized. While in theory the UNHCR calls for durable solutions for those who are displaced, in practice refugees are left to “wait the conflicts out” with hopes of eventually returning home. Unfortunately, often these conflicts have no foreseeable end in sight.

By virtue of approaching refugee camps as temporary settlements with temporary inhabitants, host countries avoid investing in permanent infrastructure, and often impose restrictions on refugees’ involvement with local society. Many host countries do not permit refugees to work outside the camp, and some do not allow refugees to leave the camp altogether. Some have such tight control at camp borders that refugees feel they live in a prison. Consequently, a huge contingency of young people who could be active members of society and contribute to economic development are left confined to menial jobs or without jobs at all within the camp. One reporter writes: “The solution is not to fence [refugees] out or trap them in their home countries, but to help them relocate in ways that benefit local economies and urban environments.” Europe provides an example: its aging population poses an increasing burden on social safety nets. An influx of young people to take on a variety of jobs (from plumbers to architects to nursing home aids) could be a positive addition to the economy.

Not only are refugee camps a waste of human capital, but they foster idleness and thus take a toll on refugee mental health. As is evident in Kilis, despite the well-serviced camp environment, Syrians can feel overwhelmed with boredom and desperation. They are left without a purpose. More than generous food rations, giving refugees a place in society leads to satisfaction and happiness.

Some go as far as suggesting refugee camps could become “urban incubators.” This means treating a refugee camp from its inception as a place that can develop to fulfill a host country’s professional or economical needs. In the urban incubator model, refugee camps could become assets to their host country. For the countries that have taken on the largest burden of refugees (such as Turkey, Pakistan, and Lebanon, which together house a third of the world’s refugees), the daily influx of potential capital could even turn camps into...
full-blown cities. But this means investing in sewage, electricity, schools, libraries, parks, and civic institutions. In the process, refugees would obtain meaningful jobs and their contribution to society would become more than a theory.

This is no ordinary moment in time, and one thing is for certain: we cannot tackle the current refugee crisis with the ammunition we've used in the past. Several concurrent diasporas are occurring and will continue in the coming years. We need creative solutions to provide refugees a new, permanent home, in a system where the host society also benefits socially and economically from their presence.

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