

# The Effect of Conflict and Displacement on the Health of Internally Displaced People: The Colombian Crisis

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### ABSTRACT

Decades of violence in Colombia led to the relocation of millions of rural families into urban areas, where the violation of human rights and abuse add to the struggle to meet most basic needs. Lack of housing, economic instability, poor access to healthcare and education impact their overall health. Unfortunately, implementation of laws created to alleviate the crisis has been unsuccessful, as armed groups target aid efforts through violence and threats. While the role of physicians is limited, advocacy and collaboration with other organizations can help improve the health and well-being of this population.

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### RÉSUMÉ

Des décennies de violence en Colombie ont mené au relogement de millions de familles rurales vers des milieux urbains, où la violation des droits de la personne et les sévices exacerbent la lutte pour subvenir aux besoins fondamentaux. Le manque de logement, l'instabilité économique, et l'accès restreint aux soins de santé et à l'éducation ont un impact sur leur santé globale. Malheureusement, l'établissement de lois conçues pour alléger la crise s'est révélé sans succès, puisque des groupes armés ciblent ces efforts d'aide humanitaire avec de la violence et des menaces. Bien que le rôle des médecins soit limité, les activités de plaidoyer et la collaboration avec d'autres organismes peuvent aider à améliorer la santé et le bien-être de cette population.

### INTRODUCTION

As of 2014, approximately 38 million people were displaced due to conflict around the world [1]. Recently, the mass exodus of refugees from Syria has caught the attention of the international community. Unfortunately, in situations of internal conflict, not all of the individuals are able to flee; most can only resort to displacement within the country. In Syria, approximately 6.6 million individuals are known as Internally Displaced People (IDPs). Interestingly, Colombia is the country with the second-most IDPs in the world (6,044,200 Colombian IDPs as of December 2014) [1] and is the only Western country with such a problem at a massive scale [2,3]. The forced displacement of Colombians was first identified in 1985 and has since been a major national problem; it is considered one of the worst humanitarian emergencies in the world [3]. It has been estimated that more than 300,000 Colombians are displaced every year, not including those who flee the country or die during displacement [2,3]. In fact, more than one in every ten Colombians have been victims of displacement at some point in their lives [4]. The widespread violation of their human rights through violent attacks has had a profound and detrimental effect on their health and social determinants [3]. This paper will provide a brief overview of the conflict in Colombia, analyze how health determinants are affected by displacement, and provide a viewpoint on the role of medical professionals in an area of conflict. The aim is to provide an example of the situation lived by IDPs in Colombia, which reflects what happens in other conflict-ridden countries in the world. Given the large

number of refugees that immigrate to Canada every year, this may provide health professionals with the context necessary to better treat and manage this vulnerable population.

### COLOMBIAN ARMED CONFLICT AND IDPS

Colombia has suffered from decades of armed conflict between the guerrillas (a left-wing insurgent group), paramilitary (a right-wing conservative militia) and government forces. Historically, the fight has been over power, natural resources [2,5], and control of drug production [2,6]. Unfortunately, civilians have been the most affected by this conflict [2,3]. The vast majority of IDPs are comprised of minority groups, indigenous peoples and Afro-Colombians [3,6] from the Pacific coast. This region is the most affected by violence due to the major exit ports for legal and illegal goods located along the coastline [7]. This long-standing struggle for power and resources has led to human rights violations that have forced Colombians to flee. Recruitment of minors, sexual violence [3,5], deployment of anti-personnel mines [3], massacres, torture, extortion, and death threats [5] are some of the reasons families flee and seek refuge elsewhere. This exodus has a negative impact on the different dimensions of health.

### EFFECT ON DETERMINANTS OF HEALTH

Conflict and subsequent relocation have a significant impact on the social determinants of health. The violation of human rights and the abuse to which IDPs are subjected, results in a massive

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influx of IDPs to larger cities [3,6,8]; there are reports of up to 93% of IDPs seeking refuge in larger cities [9]. In addition, the vast majority of IDPs do not have the education or training necessary to enter the workforce in the host city [2], and therefore, they are unable to secure employment. As a result, many displaced families suffer from economic instability [3,10,11]. Furthermore, the lack of stable income will lead to food insecurity and lack of shelter, as these families are unable to keep up with the expensive lifestyle of larger cities (i.e. rent, transportation, food, etc.) [10]. For instance, the capital city, Bogotá, hosts the largest number of IDPs across the country [11]. Most are unable to find work and struggle to pay for shelter, thereby leading to economic insecurity and forcing them to resort to desperate measures to survive [6,9]. Most families are forced to send their children to work to produce an alternative source of income, and as a result they are unable to continue their education [12]. The Norwegian Refugee Council estimated that 33% of IDPs are children and young adults, and the majority are never able to return to school following their displacement [13]. This reduces their chances of entering a stable workforce and leaving the cycle of poverty.

Conflict and violence also leads to poor mental health and decreased access to health services. It has been shown that IDPs have high rates of general anxiety and depression [14,15]. More recently, Richards and colleagues found that 88% of IDPs suffered from post traumatic stress disorder (PTSD) as a direct result of abuse experienced or witnessed. Also, it was noted that females were at a higher risk of suffering negative mental outcomes, while their male counterparts were more likely to adopt destructive coping mechanisms. For instance, male IDPs were found to abuse alcohol in an attempt to manage their depression/PTSD symptoms [2]. It is important to note that men in Colombia are culturally expected to deal with their emotions in a private way [16] and mental health conditions are rarely recognized as a medical problem. As a result, there is an increased incidence of alcoholism and under-diagnosing of mental health complications in this population [17]. It was also suggested that anxiety, depression and PTSD are known to be exacerbated by economic instability, lack of housing and lack of basic necessities [18,19], all of which are present in IDPs who seek refuge in urban areas. To further aggravate the situation, there are few accessible mental health services available to IDPs [2,20,21] and, for the most part, general healthcare access is minimal or non-existent [9]. Colombia has a 2-tiered medical system, where the wealthy pay for private medical services and the poor use public healthcare [22]. However, the public medical system has limited access to hospitals, specialists, and pharmaceuticals [22]. In addition, a large number of violent attacks in smaller towns target hospitals and health centers [6], thereby limiting access to the few available healthcare resources. This results in inadequate access to medical services for IDPs, which are undoubtedly the most vulnerable and poorest in the country.

### **POLICY-MAKING**

Over time, there have been numerous policies and laws created to protect IDPs in Colombia [2]. Unfortunately, these laws have done little to ensure their well-being. For example, in 2011 a new law known as the “Victims’ Law,” sought to provide assistance and land restitution to IDPs. Unfortunately, the government blocked said legislation because it was presumed that ex-members of the armed forces would also benefit from those provisions [6]. Even though Colombia is the country with the most laws that seek to improve work opportunities, subsidize education, and protect IDP’s human rights [6,23], the majority of IDPs remain unemployed, live below the poverty line, and cannot afford housing [2,3,8,9]. Given that there are no displacement camps in Colombia, IDPs are forced to live in overcrowded shelters in some of the poorest neighbourhoods in urban areas [3,6]. In a report published by the Overseas Development Institute, it was concluded that the main problem in Colombia was not a lack of policy-making, but instead, it was unsuccessful implementation [6]. The armed conflict has always been identified as the main factor responsible for such problems [6]. Armed groups specifically target programs created to help IDPs, thus preventing their implementation [24]. As an example, the Self-Reliance Program sought to restore previously owned land back to IDPs, enabling them to regain self-reliance through the production of agricultural products. Nonetheless, the recurrence of violence and lack of security by the government prevented long-term resettlement of IDPs; most of those who used the program found themselves displaced a second time [6]. Similarly, human rights defenders have been victims of abuse, kidnapping and death threats [3], which limit accessibility of interested parties to the target population. At this point, the solution lies on attaining a level of security that would allow the implementation of policies passed. However, the decades of civil unrest, wars between drug “cartels” and the constant attacks from armed groups have made this solution almost unattainable. Efforts to cease fire have proven to be ineffective, as the humanitarian crisis only gets worse [3].

### **ROLE OF HEALTH PROFESSIONALS**

The role of medical professionals towards the IDP crisis can be difficult, particularly in an unstable environment. In theory, physicians could work towards improving access to healthcare, advocating for programs that will ensure that basic needs are met, and promoting health education. In the context of the Colombian crisis, access to health services could be improved by offering IDPs with medical care free of charge and bringing basic medical services directly to them. This would ensure that services are provided irrespective of the client’s inability to pay and their location. In addition, health education would allow IDPs to improve their health by giving them a sense of empowerment over their health decisions, and allowing them to regain a sense of control

and autonomy. This is best exemplified by the work of Médecins Sans Frontières. They have been able to conduct TB screening programs [25], mental health promotion [26], vaccination brigades [27], and set up mobile clinics [28]. While the TB screening programs have been successful in empowering municipalities to take over this project [25], other attempts to provide healthcare have failed due to the influence of guerrillas. More specifically, in 2004 a team from Médecins Sans Frontières was kidnapped, raising security concerns and leading to the temporary termination of several initiatives [29]. It is important to realize that health professionals alone cannot make a change, as they themselves have been victims of the armed conflict [24]. However, collaboration with the government, humanitarian organizations and the community in general would allow them to reach those most in need. As medical professionals, we have the duty and moral responsibility to advocate for the most vulnerable and to give a voice to those who cannot advocate for themselves.

The decades of conflict and violence in Colombia have led to the displacement of millions of families into urban areas, where they struggle to survive and meet their most basic needs. They are victims of human rights violations and abuse, which have a deleterious effect on their health. In addition, economic instability, lack of proper housing, access to healthcare and education exacerbate their overall health needs. Even though many policies and laws have been passed in an effort to alleviate the IDP crisis, their implementation has been unsuccessful due to the violence and attacks from armed groups. While the role of physicians may be limited, small efforts to reach IDPs can be a first step towards ensuring their well-being.

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