

U.S. Department of State
Bureau of Population, Refugees, and Migration
U.S. REFUGEE PROGRAM NEWS

Returns and Rebuilding in the Balkans

Ethnic conflicts in Bosnia and Herzegovina, Croatia, and Kosovo caused the displacement of several million people in the 1990s. The U.S. Government, through the Bureau of Population, Refugees, and Migration (PRM), has been a leader within the international community in advocating for and supporting the return many of the displaced.

The number of refugees and internally displaced persons (IDPs) in the Balkans has declined steadily over the past few years. In September 2004, returns to Bosnia and Herzegovina passed the 1 million mark, out of over 2 million who were initially uprooted. Of some 280,000 ethnic Serbs who fled Croatia during its war of independence, some 100,000 have returned. Significant refugee and displaced populations still remain, however, including

over 500,000 within Serbia and Montenegro. Many of these are IDPs from Kosovo. Determination of Kosovo's final status, which could occur this year or next, could facilitate durable solutions for this population. Approximately 330,000 IDPs remain within Bosnia, and an additional 100,000 Bosnian refugees still reside in Serbia and Montenegro and in Croatia.

The Bureau continues to provide immediate humanitarian assistance to the refugee and displaced populations in the region. In 2004, PRM committed \$1 million for initiatives that support the local integration of refugees and IDPs in Serbia who chose to stay as a durable solution. To help the return of minority refugees and IDPs to Kosovo, PRM committed \$6.75 million in 2004 million for NGO programs that facilitate returns. The Bureau also contributed to UNHCR (\$12.5 million) for programs in the Balkans and the International Committee of the Red Cross (\$18.4 million) for the Balkans and other European programs that were not earmarked by country.

From March 12-23, 2005, PRM officers Nancy Iris and Tom Targos visited Serbia and Montenegro, Macedonia, and Bosnia and Herzegovina, to assess

Volume 3, Issue 3

In This Issue

Returns and Rebuilding in the Balkans	1
Monitoring Mission to Liberia	3
Hmong Refugee Arrivals Resume	4
Recent Remarks	6
FY-2005 Refugee Admissions	6



Working through Mercy Corps, the Bureau helped this refugee return to Srebrenica

(Continued on page 2)

(Continued from page 1)

the situation on the ground. They also looked for lessons from the Bureau's work in the Balkans over the last decade that can be applied in other refugee and IDP situations.

In Serbia, NGO partners reported that there are now nascent positive signs for returns to Kosovo. Security is improving slowly, and Kosovo's Albanian communities recently have been more welcoming, with municipal leaders and the central government encouraging returns. Iris and Targos visited several internally displaced individuals and families in Serbia who are ready to return, or are in the process of returning. These IDPs were looking forward to return-



Houses in Bratanuca reconstructed by Mercy Corps with PRM funding

ing to Kosovo, despite the difficulties of life there.

In Bosnia and Herzegovina, Iris and Targos discussed the history of the Bureau's programs and policies in the region with UNHCR, former NGO partners, government officials, the International Committee of the Red Cross, the U.S. Embassy in Sarajevo, and others. They also toured return sites and visited past beneficiaries of PRM programs in the Eastern Republika Srpska.

Among the lessons identified in Bosnia and Herzegovina that will help inform PRM's work elsewhere:

- It took at least 5-6 years after the conflict before large-scale returns of minorities could occur – time was needed to ensure areas were secure enough for returnees to go back.
- PRM "flexible funding" allowed NGOs the leeway to choose return locations and design specific assistance packages for returnees and community dialogues. With "flexible funding," NGOs were able to facilitate the first returns to breakthrough areas.
- These first returns helped to establish the returns process in areas where locals were initially resistant to minorities. This practice also helped to drive other international community support and follow-on funding for returns and inspire spontaneous returns to the same area.
- Resolution of property issues is an incentive for refugees and IDPs deciding to return.
- Beneficiary selection and self-help involvement was key – it was best to match the returnee with a donor and then have the returnee come home and commit to the return by participating in physical rebuilding of a residence.
- Continuity in leadership on returns – whether leadership from UNHCR or NGOs – is key to sustaining momentum and driving the process. Constant interaction and intervention by the U.S. Government with these organizations is also essential.

Monitoring Mission to Liberia

The Bureau of Population, Refugees, and Migration pursues multilateral solutions to the problems of refugees. Multilateralism provides financial burden-sharing because UN consolidated appeals permit the U.S. taxpayer to bear only 25% of worldwide refugee program costs. The costs can be much higher when the U.S. acts unilaterally. Multilateralism also works better for victims of complex emergencies. This is possible because the Bureau understands how to bring effective performance out of all the actors in the multilateral humanitarian system. On-site monitoring is one of the most important tools in this effort to maximize the effectiveness of international organizations. Bureau staff observe the performance of UN and other organizations in refugee situations, and then make recommendations to improve the work of the organizations.

As reported in volume 2 issue 7 of the *Newsletter*, Liberia's long civil war has created approximately 500,000 internally displaced persons (IDPs), and 350,000 refugees. The United States and the European Union are the two leading donors in Liberia. A joint U.S.-European Commission delegation

“Liberia faces great challenges, but if everyone participates in the rebuilding of the country and its fledgling democracy, the future can be better for all Liberians.”

visited Liberia and Guinea from February 20 to March 1, 2005, to evaluate international efforts that are now underway to create conditions to make it possible for Liberian refugees and internally displaced persons to return to their homes. Deputy Assistant Secretary of State for Population, Refugees and Migration, Linda Thomas-Greenfield, led the U.S. delegation. Mr. Steffen Stenberg, European Union Hu-



Linda Thomas-Greenfield (in hat) and Steffen Stenberg (right) talk with Liberians in Perrytown IDP camp.

manitarian Aid Department (ECHO) Head of Unit for Africa, led the European Commission team.

Following the monitoring trip, the team members drafted a series of conclusions and recommendations for follow-up action. The U.S. and European teams have communicated their joint findings to U.N. organizations and international and non-governmental organizations that are working in Liberia and neighboring states. The main conclusion of the joint mission is that the return of displaced Liberians to their homes must be accelerated. The security situation in many parts of Liberia has significantly improved, making repatriation and returns more likely, and many refugees and IDPs are willing – and want -- to return home. Voluntary repatriation can be speeded up through a better information campaign to let refugees know about conditions in Liberia, including plans for elections in October 2005. The return of displaced people to their homes will allow them to participate in the elections, and to take advantage of the upcoming planting cycle. The team also concluded that operational coordination among UNHCR country teams in the region must be improved. Effective reintegration measures must also be put into

(Continued on page 4)

(Continued from page 3)

place to sustain the returns. "After 14 years of conflict," said Thomas-Greenfield, "Liberia faces great challenges, but if everyone participates in the rebuilding of the country and its fledging democracy, the future can be better for all Liberians." U.S. and EC diplomats based in Cote d'Ivoire will return to Liberia in April to assess the implementation of these recommendations by UNHCR and other organizations.

In the two-year period 2004-2005, the United States Government will contribute over \$500 million to support the peace process, humanitarian efforts, disarmament and demobilization, reintegration, and other aspects of Liberia's reconstruction. Between 2003 and 2005, the European Union contributed \$313 million (EUR 241 million) to support humanitarian aid, reconstruction, reintegration and peace efforts in Liberia.



A Liberian girl creates her own amusement in Kouankan refugee camp

Hmong Refugee Arrivals Resume

In December 2003, the U.S. Department of State announced a refugee resettlement program for Hmong refugees from Laos living at Wat Tham Krabok, Thailand. Approximately 15,000 individuals were deemed eligible for resettlement in the United States, and the first refugees arrived in the United States in June 2004 (see Volume 2, Issue 2 of the *Newsletter* for more details). To date, some 9,000 of the refugees have arrived and some 6,000 are still awaiting travel in Thailand.

In January 2005, the Centers for Disease Control and Prevention became aware of several reports of recently resettled Hmong Lao refugees in the United States with active tuberculosis, including two cases of multiple drug-resistant tuberculosis (MDR TB). CDC called for a temporary halt in the movement of the refugees to the U.S. while expanded screening and treatment guidelines were developed.

The Department of State, the Centers for Disease Control and Prevention, and the International Organization for Migration have implemented the new screening procedures for the remaining population in Thailand as quickly as possible, while also providing counseling on tuberculosis screening and treatment procedures. The staff has developed a weekly newsletter and is available for counseling and to answer questions.

The travel suspension has now been lifted for refugees who complete the new screening and treatment protocols. Since the resumption of travel, approximately 200 Hmong Lao refugees have arrived in the U.S. from Wat Tham Krabok. The expanded screening and treatment process will delay the arrival of some of the refugees until all health concerns have been adequately addressed. Those with active or MDR TB will receive treatment until they are free of the disease and eligible for travel to the U.S. The Department is fully committed to bringing all approved refugees from Wat Tham Krabok to the U.S.

(Continued on page 5)

(Continued from page 4)

The Centers for Disease Control and Prevention has prepared an extensive list of questions and answers — excerpted below — concerning refugee health screening. For the complete list, see <http://www.cdc.gov/nchstp/tb/pubs/HmongQA/Default.htm>

Question: Are refugees tested for infectious diseases, such as tuberculosis, prior to coming to the United States?

Answer: U.S. migrant health screening policy focuses on migrants planning to establish permanent U.S. residence, namely immigrants and refugees. All immigrants and refugees migrating to the United States are required to have a medical screening examination overseas, which is performed by physicians or physician groups appointed by the local U.S. embassy. The mandated medical examination focuses primarily on detecting diseases determined to be inadmissible conditions for the purposes of visa eligibility. These diseases include certain serious infectious diseases such as infectious tuberculosis, human immunodeficiency virus infection, syphilis and other sexually transmitted infections, and infectious Hansen's disease (leprosy).

The objectives of the screening are to identify and treat diseases of public health importance, both to improve the health of newly arriving citizens and to prevent potential disease transmission in both host and receiving communities. The screening process also includes notification of state and local U.S. health departments about refugees arriving to their jurisdiction to ensure appropriate follow-up evaluation and treatment. Early investment in the health needs of refugees and other migrants facilitates the migration process, improves migrant health and decreases associated morbidity and mortality, avoids long-term health resource and social costs, and protects global public health. Over 400,000 immigrants and refugees are medically screened before arrival in the United States annually; immigrants comprise approximately 90% of arrivals, and refugees close to 10%.

Question: Should anyone who comes in contact with refugees be tested for tuberculosis?

Answer: A person with latent tuberculosis infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent tuberculosis infection. However, if you have spent time with someone with tuberculosis disease or someone with symptoms of tuberculosis, you should be tested. People with tuberculosis disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has tuberculosis disease, you should go to your doctor or your local health department for tests.

The general symptoms of tuberculosis disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of tuberculosis disease of the lungs also include coughing, chest pain, and coughing up blood. Symptoms of tuberculosis disease in other parts of the body depend on the area affected.



Hmong refugees from Laos gathered in January 2004 to learn about the U.S. resettlement program

Recent Remarks

Please visit www.state.gov/g/prm for the complete text of the following statements:

Assistant Secretary of State Arthur E. “Gene” Dewey, “Migration in the Age of Globalization”

“While there are challenges in effectively managing migration, the key is to maximize the benefits of migration, for both the countries of origin and destination, and, of course, for the migrants themselves.

Migration outside of legal channels presents many problems for the United States. Organized illegal migration -- migrant smuggling and trafficking in persons -- is particularly problematic and represents grave danger for the individuals involved and for national security.

The United States would not support the creation of any UN agency on international migration. The United States continues to believe that the International Organization for Migration’s Council Session is the appropriate forum to discuss general international migration issues.”

Deputy Assistant Secretary of State J. Kelly Ryan, “Counter-Trafficking Strategies in the Caribbean”

“The Department of State has funded this project in order to raise awareness about trafficking in the Caribbean, build capacity in the public sectors to help combat this crime and provide for its victims, and strengthen regional cooperation and information sharing.”

Additional items recently added to the website:

- U.S. Contribution to the U.N. High Commissioner for Refugees
- U.S. Contribution to the International Committee of the Red Cross
- U.S. Contribution to Afghanistan Winter Emergency Needs
- United Israel Appeal, 2004 Final Report
- The Status of North Korean Asylum Seekers and U.S. Policy Toward Them
- Funding Actions Finalized with Organizations, February 2005
- Guidelines for NGO Projects/Emergency Relief for Afghan Refugees and Returnees
- NGO Guidelines for Overseas Assistance

Fiscal Year 2005 Admissions Statistics

Region	FY 2005 Regional Ceiling	March 2005 Arrivals	Arrivals in FY 2005 as of 3/31/2005
Africa	20,000	1,352	8,391
East Asia	13,000	580	4,691
Europe & Central Asia	9,500	791	3,717
Latin America & Caribbean	5,000	725	2,857
Near East & South Asia	2,500	173	1,162
Unallocated	20,000		
TOTAL	70,000	3,621	20,818

President Bush has authorized the admission of up to 70,000 refugees for fiscal year 2005, 50,000 regionally allocated and an additional 20,000 unallocated.