

come from, country information figures largely in decisions on individual claims. West Germany maintains an internal system of classifying countries.

By reducing a large amount of research to a single page summary, a classification system also offers an easy reference for people who may not have knowledge about political situations in every country but who may have to deal with refugees. For example, a lawyer in Canada or a Canadian immigration officer in Singapore may suddenly be confronted with a refugee claimant from Vanuatu. This classification can give the lawyer or the immigration officer a fairly accurate idea, although admittedly a cursory one, of the political situation in Vanuatu that pertains directly to refugee claims; and can at least serve as a starting point for further research.

**A**s long as it is necessary to screen manifestly unfounded claims there are several benefits to doing it through a country classification system. As a system of information-processing, the classification ensures that a country information specialist will examine every aspect of political situations that impact on the refugee determination process.

Moreover, although the system does not eliminate judgment, it is fair to the extent of evaluating all countries according to the same method and data. The decision-maker who is screening claims is using a uniform system that is applied to every claim, regardless of where that claim is coming from.

And the next time an Indian or anyone else charges racism or discrimination in the refugee determination process, the answer can be objectively justified and demonstrated. □

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### **Southeast Asian Women Should Have Their Immunity To Rubella Tested**

Out of 300 Southeast Asian women between 12 and 40 years of age screened, one in four was susceptible to rubella (German measles), according to a recent study jointly sponsored by the Manitoba Minister of Health and the Manitoba Joint Refugee Coordinating Committee. Most Canadian women, by contrast, have been immunized before they reach child-bearing age. The Manitoba Minister of Health is encouraging Indochinese women to have their immunity tested and to be vaccinated if necessary, provided they are not pregnant.

## **NEWS IN BRIEF**

### **NEWFOUNDLAND/CANADA AGREEMENT ON "SPECIAL NEEDS" REFUGEES**

Newfoundland and Canada have signed a federal-provincial agreement to assist refugees who would normally be excluded from Canada on the grounds that they might place excessive demands on health and social services; for example, unaccompanied minors, the mentally or physically handicapped, people from radically different cultures, people with tuberculosis, etc.

The agreement, which is similar to an agreement signed with Manitoba in September 1981, establishes a Special Program for Assisting Refugees (SPAR). Under the program, a joint federal-provincial committee will review individual cases to assess the refugees' needs, identify the availability of the special services that would be required, and consider whether, given special assistance, the refugee(s) could eventually be successfully established in Canada, normally within two years.

The committee is responsible for deciding, within one month of receiving all necessary information, the conditions for admission or refusal of such refugees. If the committee does not recommend admission of a refugee and the request was identified by a private group, the committee must give the private group written reasons for its decision. If the committee does recommend admission, it must also plan and follow up on the delivery of whatever services it deems necessary to ensure the refugee's(s') successful settlement.

The agreement includes a list of which services it is the responsibility of the federal government to provide if required, which the provincial government and which the private group if one is involved. For instance, basic living allowances, dental care and temporary medical assistance are the responsibility of Canada; provincial medical insurance, funds for non-insurable health costs incurred once the refugees are in Newfoundland, and certain forms of social assistance are the responsibility of Newfoundland.

If a special needs case comes to the attention of the committee after the refugees are already in Newfoundland, the case may still be dealt with under the program.

The number of refugees to be admitted to Newfoundland under the program will be negotiated each year by the committee. Since 1979 Canada has resettled around 1,311 cases of special needs refugees. Of these, 829 have been people with tuberculosis, 437

unaccompanied minors, and 45 handicapped people. Newfoundland, which takes .5% of the refugees who come to Canada, has resettled three tuberculosis cases, one handicapped case, and 18 unaccompanied minors.

### **AID TO MISKITO INDIANS IN HONDURAS**

In May 1982 Canada pledged \$250,000 to the United Nations High Commissioner for Refugees (UNHCR) for its program of assistance to Miskito Indians in Honduras.

Some 8,500 Miskito Indians who have fled Nicaragua are living in a refugee camp at Mocerón, about 50 km from the Honduras-Nicaragua border. According to the Canadian International Development Agency, rudimentary facilities at the camp are under strain because of the continuing influx of refugees. Food and medicine must be transported over 83 km of sand and clay road, taking several days to reach the camp, and upkeep of the road is required to ensure that basic supplies can be furnished during the rainy season. Canada's contribution will be used toward the leasing of aircraft required to fly in road grading equipment, spare parts and other supplies.

There are also an estimated 23,000 Salvadoran refugees in Honduras (out of a total of around 300,000 in northern Latin America), of whom around 15,000 are assisted by UNHCR at the request of the Honduran government; and at least 1,000 Guatemalans.

### **CANADA'S REFUGEE QUOTA FOR POLAND**

A Canadian government task force that visited Austria in January recommended that there be no increase in Canada's quota for government-assisted Polish refugees.

The United Nations High Commissioner for Refugees (UNHCR) estimates that there are 47,000 Polish asylum-seekers in Europe, of whom most are in Austria and other countries as follows:

Austria .....	30,000
Federal Republic of Germany .....	11,000
Sweden .....	1,500
France .....	1,000
Italy .....	1,000
United Kingdom .....	500

In addition, an estimated 90,000 Poles are in Europe on extended visitor's visas or residence permits, having not registered for asylum, possibly in order to wait and see what happens in Poland.



## ADDITIONAL FUNDING FOR SETTLEMENT SERVICES

A few Poles in Asia, Africa and Latin America - for example, sailors or technicians who were working abroad - have also requested asylum.

Third countries have allocated resettlement places to Poles as follows.

### Estimated portions of ongoing settlement programs for Eastern European refugees

Australia	4,500
Canada	3,500 (not including family and group sponsorships)
U.S.A.	5,500

### Special allocations

Iceland	25
Luxembourg	75
The Netherlands	100
New Zealand	100
Switzerland	1,000

A further 800 Poles have been resettled in other countries for special reasons.

Around 5,000 Poles have indicated that they would like to remain permanently in Austria, and UNHCR has given Austria U.S. \$2 million to facilitate this. In 1981 the Austrian government spent over U.S. \$50 million on assistance to the Poles.

The federal government has allocated an additional \$17.7 million for providing assistance for refugees and immigrants to adapt to life in Canada. The funds will go to the Adjustment Assistance Program (AAP) which provides basic living allowances for government-assisted refugees, and to the Immigrant Settlement and Adaptation Program (ISAP), which funds voluntary organizations across Canada to provide direct settlement services to immigrants, such as reception, counselling, interpretation and translation.

The additional funds will not only increase the total allocations for fiscal year 1982-83 for these programs; the

new levels of funding for this year will also be guaranteed for 1983-84. Previously, both programs had been operating from year to year with only very low levels of funding being guaranteed from year to year. These levels had been set prior to the start of the Indochinese Refugee Program.

In recent years, therefore, the bulk of the funding for these programs has had to be negotiated later in the fiscal year through "Supplementary Estimates." Last year, for example, the guaranteed level of funding ("A" base) for AAP was \$2.8 million and several increases later, the estimated accrued expenditures for the program totalled \$20 million.

	AAP	ISAP
1981-82 Approximate Expenditures	20.0	2.8
1982-83 "A" Base	2.8	1.8
1982-83 Supplementary Estimates	16.6	1.1
1982-83 TOTAL	19.4	2.9
1983-84 "A" Base	19.4	2.9

## RESOURCE EXCHANGE

### CULTURAL PROFILES FOR EL SALVADOR AND POLAND

Cultural profiles to assist sponsors of refugees from El Salvador and from Poland will be available shortly to supplement the *Guide to Private Sponsorship of Refugees in Canada*.

The guide, produced cooperatively by many voluntary and government agencies across Canada, offers comprehensive, practical information on how to sponsor. It includes directories of local services for each province except Quebec, and cultural profiles on refugees from Argentina, Cambodia, Chile, Laos, Uruguay, and Vietnam, in addition to the two new ones. Orders for the guide should specify which province and nationality(ies) information is required for and should be sent to:

Canadian Foundation for Refugees  
P.O. Box 50,000  
Ottawa, Ontario K1G 4B6

### SETTLEMENT INFORMATION

The Indochina Refugee Action Centre (IRAC) in Washington, D.C., has published seven documents resulting from a Practitioner Workshop held last year:

- Refugee Orientation
- Health-Related Services
- Social Adjustment Services
- Vocational Training and Skills Recertification
- Manpower/Employment Services
- Outreach, Information and Referral
- Refugee Resettlement Services

This series is available free of charge to non-profit organizations involved with refugee assistance; and at a cost of \$35 to others.

Canadian Foundation for Refugees  
P.O. Box 50,000  
Ottawa, Ontario K1G 4B6

### REFUGEE CAMP HEALTH CARE: SELECTED ANNOTATED REFERENCES

This 52-page annotated bibliography lists books and published papers on refugee health care and relevant technical issues and includes a country bibliography. The publisher of this book, the Ross Institute of Tropical Hygiene, also offers an annual course on health care in refugee camps in conjunction with the World Health Organization and the United Nations High Commissioner for Refugees. This year it will be held in London from June 28 - July 2, 1982.

Ross Institute of Tropical Hygiene  
London School of Hygiene and Tropical Medicine  
Keppel Street (Gower Street)  
London WC1E 7HT

### REFUGEE RESETTLEMENT: ABSTRACTS

The International Refugee Integration Resource Centre (IRIRC), a new joint project of the United Nations High Commissioner for Refugees, the

International Council of Voluntary Agencies, and the International Committee for Migration, has published its first issue of *Refugee Abstracts*, a quarterly providing summaries of significant books, journals, reports and projects dealing with refugee resettlement worldwide.

IRIRC  
13, rue Gautier  
1201 Geneva  
Switzerland

### "A FUTURE FOR US ALL"

A resource guide for refugee women's program development.

Centre for Applied Linguistics  
3520 Prospect St., N.W.  
Washington, D.C. 20007  
U.S.A.

## CONFERENCE

### THE STANDING CONFERENCE OF CANADIAN ORGANIZATIONS CONCERNED FOR REFUGEES

1982 Refugee Consultation  
Friday, June 18 - Sunday, June 20, 1982  
Redemptionist Centre  
Aylmer, Quebec (near Ottawa)

*For more information contact:*  
The Standing Conference of Canadian Organizations Concerned for Refugees  
1857 de Maisonneuve Ouest  
Montreal, Quebec H3H 1J9  
(514) 937-5351