

## CAB Corner: The 2023 North American Refugee Health Conference

CARRE staff including Community Advisory Board (CAB) members were excited to attend the North American Refugee Health Conference ([NARHC](#)) this past July in Calgary, Canada, established by the Society of Refugee Healthcare Providers. The conference included over 750 providers and leading immigrant and refugee agencies beyond and across North America and focused on many themes that have been consistently raised by the CARRE CAB including advocating for formal accountability and solidarity around historical and ongoing compounded trauma, cultural humility and self determination to best support refugee overall wellbeing. Below is a summary of CARRE's presentations as well as key thematic takeaways from the conference:



**CARRE presented on Reducing the Impact of Trauma on Early Childhood within the Context of Forced Displacement** alongside partners at the Child Trauma Research Program at University of California San Francisco (UCSF). CARRE discussed early childhood trauma in the context of forced displacement (and how core developmental fears can be exacerbated by the realities of forced displacement), described the importance of promoting healthy attachment as a protective factor and identified strategies for promoting attachment in daily work with children and families. You can find our presentation PDF deck [here](#).



CARRE also ran an interactive workshop entitled **Reimagining Mental Health Services** with partners at the University of Illinois Chicago (UIC). Participants in the workshop provided real-time feedback on their experiences and perspectives related to mental health services for forcibly displaced populations in the United States and the potential benefits of developing a shared MHPSS framework contextualized for supporting individuals and families in the United States. Facilitators lead discussions reviewing feedback and encouraged all to continue engaging with the project through future material review and updates. Want to join the conversation and be updated on this adaptation? Please take our survey [here](#) on how you would like to be involved!

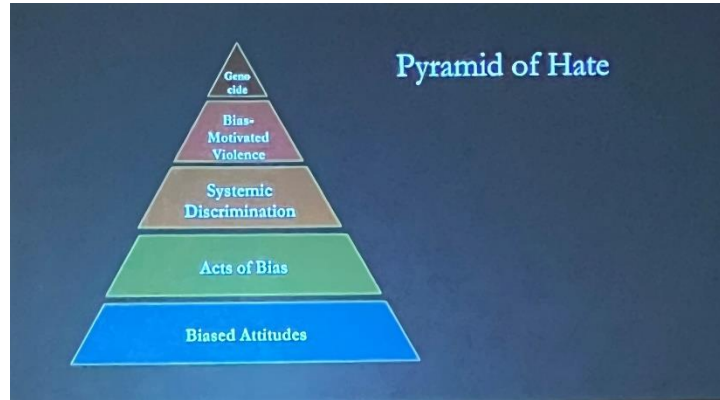
Some **key takeaways** from the NARHC 2023 keynote and presentation speakers that we encourage providers and other professionals to think and reflect on include the following (full list can be found [here](#)):

### Current Impact

The magnitude of forced displacement, including the amount of trauma and loss attributed, is unimaginable, unsustainable, and rising at unprecedented levels. According to the [International Organization for Migration](#) (IOM) by 2020, there are 281 million people estimated to be living in a country other than their countries of birth. According to the [United Nations High Commissioner for Refugees](#) (UNHCR) as of May 2023, 110 million people have been forcibly displaced worldwide alone. While recognizing the scale, children are significantly impacted, experiencing multiple, simultaneous traumas daily with entire generations experiencing a cycle of day-to-day survival. A significant aspect of the

compounded trauma endured is contributed to family separation or missing family members, as well as the fear of being sent back to unsafe conditions. This will ultimately impact overall health and healing.

### Historical and Generational Considerations



Source: Dr. Suzanne Barakat: Executive Director, UCSF Health and Human Rights Initiative

When working alongside families who have experienced forced displacement and acknowledging cultural and contextual factors related to trauma and chronic stress, addressing all barriers to healing are essential. In addition to profound grief and loss, these barriers might also be related to shame, dignity and harmful narratives related to historical and ongoing injustice and hate. As noted in the “Pyramid of Hate” graphic above, stressors related to persistent injustices around structural violence, hate based targeting and implicit and unintended biases on cultural, religious and ethnic lines can’t be ignored as they may lead to detrimental outcomes unaddressed, while contributing to additional migration stressors and trauma such as discrimination, social exclusion and silencing.

As providers addressing all barriers to healing, this also starts with intentional cultural humility and being mindful of how our own views and identities shape how we approach care. We must work alongside individuals as self-determining actors, allowing families to indicate how individual, community and societal events not only impact healing, but how communities heal (the healing process). Conversations are centered around community-based indigenous perspectives and practices in care and healing. The importance of honoring sacred, ceremonial and oral cultural and traditional practices to address trauma, reconciliation and resilience should not be forgotten. Much unlearning still needs to take place to recognize historical and intergenerational trauma, and the differences within and among communities while at the same time, highlighting shared humanity.

Ultimately while recognizing the impact and toll of forced displacement, past and present, and community-based healing practices, providers and communities nationally can push for enhanced advocacy around the narratives of health and wellbeing being a social, and essential, human right.