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# Little or no attention

Glenn Miles reports from a refugee camp in Thailand, an ongoing catastrophe that has fallen out of the media spotlight.

Some of the most heart-rending pictures on our television screens and in our newspapers have been those of the Kurdish refugee children and their parents struggling for survival.

For weeks the media was saturated with pictures of their terrible plight and we longed to do something for them.

The problem is that the media knows that people's attention spans are limited. They show pictures for a while, but then that particular catastrophe is overtaken by another disaster of equally devastating proportions.

But the situations still exist, with little or no attention given to them: either to the ongoing tragedy or the achievements made by those who continue to be involved.

A prime example is the atrocity that occurred on the Thai-Cambodian border. Eleven years ago, refugees streamed over the border in tens of thousands after one of the most brutal acts of genocide in history – the Cambodian leader, Pol Pot, had had a fifth of the country's population murdered.

They were afraid of the Vietnamese, who had invaded their country, so they fled to the relative security of refugee camps in

Thailand. Suddenly the media was at the scene and within a short time the world was made aware of what was going on.

International aid was made available and, once initial difficulties had been overcome, the United Nations set up a programme which used various international agencies to provide relief services to all those seeking asylum.

However, as quickly as the media had come, it disappeared, leaving the refugees to deal with a limited and dangerous existence within the confines of the camps. Even though a film based on the atrocities, *Killing Fields*, was immensely popular and its final scene depicted a refugee camp – it ended with the hero Dith Pran fleeing to the United States.

The reality for most of the

refugees is very different. Nearly all those currently held in the camps are not given refugee status and are consequently unable to leave them, let alone leave Thailand.

Meanwhile, the children know nothing other than the confines of their camp. They are resilient enough – most children in most situations around the globe are survivors, but there isn't much to look forward to.

## Under threat

The camps are overcrowded and, up until the current shaky cease-fire, there has been the threat and occasionally the reality of shelling of the camp.

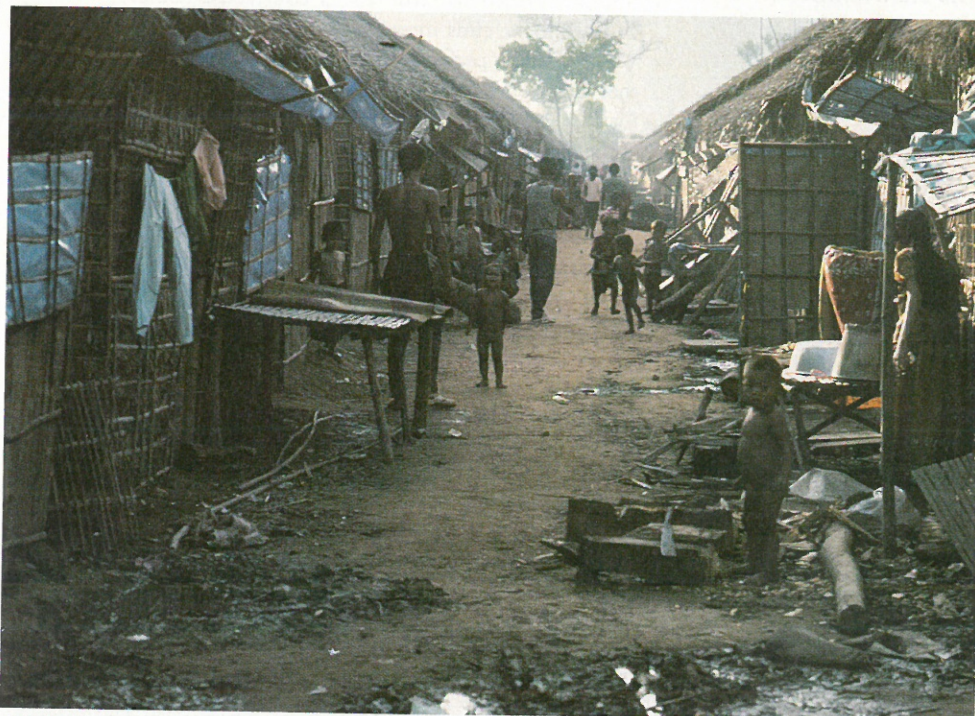
As well as the realities of living in a war zone, the consequences of living in a refugee camp mean that you are totally dependent on the United Nations for

everything: food, water, shelter materials, work – everything.

Inevitably, this leads to the problems of an aid culture, and for the children the psychological trauma of knowing that their parents do not have any control over their fates.

After 11 years on the border, preceded by three-and-a-half years of Pol Pot's regime, preceded by the intensive American bombing of Cambodia in the Vietnam war, you would imagine that refugees would all be extremely traumatised people. But you would be wrong.

Remarkably, in spite of a number of mental health studies indicating problems for some refugees, the majority of people are committed to improving their lot – and some have made remarkable



Life in the refugee camps means that Cambodia's forgotten victims are dependent on the UN.

PETER TURNER: BLACK STAR



## VIEWPOINT CAMBODIA

achievements. I am responsible, for example, for co-ordinating a Maternal Child Health (MCH) programme in the largest camp on the border: Site 2 North, which contains 90,000 people.

Youth With a Mission is the agency allocated responsibility by the UN for the MCH programmes. These include a community midwifery programme, and a community health programme involving family home visiting and immunisation, growth monitoring and community nutrition care for children under five years of age.

When these centres were established they were

appropriate for a relief situation: with large centres and maximum input from expatriate staff, refugees were trained to carry out a small number of tasks.

Now the situation is very different. We are currently moving into small centres, catering for a population of 5,000 people in each.

### Staff cuts

These will be staffed by trained workers, who are able to carry out a wide range of tasks. With a cut in expatriate staff from 12 to nine in the past six months, and further imminent cuts, it is appropriate and essential that refugees take on more responsibility for themselves.

I work alongside five directors. They find it difficult to work in a programme that their own people, at times, do not value. But they believe that change is possible, and as long as they believe it is things will continue to improve. Health indicators now demonstrate that, in spite of the overcrowding in the camps, the standard of health is often better than in Thailand, and far better than in Cambodia.

But they are still refugees and they are still here.

Oxfam has done an amazing job of keeping us informed on the situation in Cambodia, but what about the refugee camps?

I would encourage readers to lobby the Government to support the maintaining of the current cease-fire, and to work towards a much longed-for peaceful resolution.

If you think that the Kurdish situation should have been resolved by now, you are quite right. But let us not forget the other refugees around the world who also need our help.

*Glenn Miles RGN, RSCN, Cert Care of Children in War and Disasters, has for the past 18 months been working as Maternal and Child Health Co-ordinator in Site 2 North Refugee camp on the Thai-Cambodian border.*

## Memo to workers

Viewpoint's exclusive 'reading-between-the-lines' service brings you the memorandum that never quite reached your pigeonhole.

Dear Colleague

We imagine that you must be becoming wary of letters addressed to you as 'dear colleague', that are from people who you do not see as sharing your caring profession or as having any connection with wards and patients at all and who, as far as you can see, have as their chief goal in life your disempowerment and devaluation.

A recent bland and pointless letter on expensive notepaper from the National Health Service's equivalent of Dr Beeching will perhaps not have given you any cause to reconsider your wariness,

and this letter comes from the same stable.

We know that because your mortgage payments are so high, even since the interest-rate cuts, many of you have got to do extra work to make ends meet. We also know perfectly well that this is an employers' market and that we have got you over a barrel. We would therefore like to make you the following offer.

Those of you who work full time have not been able to do overtime in the past. You may have thought that this was to protect you from the high levels of stress which accrue when you are under the constant strain of believing yourselves to be caring professionals dealing with the most difficult and sensitive areas of life and death, while we in management treat you as production-line components, completely interchangeable and without any right to a say in your own affairs.

What has in fact been the case, of course, is that we have not wanted to pay you the higher rates that are paid in other fields of work when people work more than their contracted hours.

### Saving money

In the past we have got round this by hiring agency staff, who are unfamiliar with the patients and the wards, for whom we have had to pay a bit more but not as much as we would have had to pay you. But now we have had an idea on how to save even more money. We have started off nurse banks, which are in effect internal agencies. Here, once we have paid one person to organise it, we can pay standard rates and save on agency commission.

Now, as a special concession, we are going to allow full time nurses to join the nurse bank and do overtime, and we are going to pay you *less* to do it.

For example, the G-grade ward sister will be allowed to come in at night to run the ward as an E-grade staff nurse. She will of course wear her distinctive uniform and be called 'sister' as patients might otherwise become confused, *but she will be paid at a rate that is two grades lower.*

By this means, we not only save overtime payments but can get the same experience and expertise for more hours a week for less money.

And what is most amazing is that because nursing, especially here in the South East, remains worse paid than comparable jobs, you are all so desperate for the extra money that you are going to accept this arrangement and be grateful to us for allowing you to do extra work.

I think you have to agree that by every principle of the gospel of value-for-money we have really scooped the pool with this one.

*Yours sincerely  
The personnel person*