

# Caring

by Gina Khalaf MD CCFP

It's been over one month since I finished my refugee health rotation at Vancouver's Welcome Center medical clinic, and I have just started working at the BC CDC tuberculosis clinic.

Since leaving the refugee clinic, I've been reading articles on refugees' living situations in different countries for a research project on homelessness. I've read and re-read about the impressive challenges refugees face when leaving their country and resettling. Many remain unemployed and live in precarious housing situations. Most experience discrimination. All have difficulties going through acculturation. When resettled, few manage to feel a sense of "belonging". This brought me to constantly think about my patients at the refugee clinic, hoping their situation was different than in the literature. I've been wishing we're better hosts than the ones in the articles, and that, unlike the cases read, our refugees found stability in their new home without having to face the hardships described.

Then, yesterday at the TB clinic, I saw a child I had been following at the refugee clinic in the waiting room.

The boy was visibly happy to see a familiar face after consulting with different new doctors over the last month, and I was overly delighted to see him again as well. The feeling faded quickly though, as his father smiled sadly, and I remembered at which clinic I was now working. The father looked exhausted. I continued seeing patients, anxiously waiting to finally reach the boy's chart, hoping his family could catch a break, for once. I knew the family's story well. They had to flee their country. They had to stay in a refugee camp. After living through impossibly difficult situations in their home country, they've come to Canada only to worry over their boy's health for 2 months now. The poem "Home" by Warsan Shire resonated in my head (<https://www.theglobeandmail.com/opinion/home/article27608299/>):

" you have to understand,  
no one puts their children in a boat  
unless the water is safer than the land".

Thankfully, when I finally reviewed his chart, I saw that the news was good. I promptly called an Arabic interpreter and when the father and his son walked in, I cut to the chase and announced the good news. "Alhamdulillah", the father sighed with relief. I spent another 20 minutes with them, going through all other concerns the father had, even those unrelated to the current appointment. I was trying my best to offer them as much comfort as I could, hoping they'd sleep a bit easier for at least one night despite all they had gone through. After all, in one of the articles read, it stated: "(...) *participants talked about being cared for as a form of the help they received. Caring did not involve trying to solve their problems. Rather, caring involved individualised attention, unconditional acceptance, non-judgmental listening and emotional support* " (1) (<https://refuge.journals.yorku.ca/index.php/refuge/article/view/21372>)

Not knowing how else to help, I was thriving to at least be like the "caring" people I had read about.

## Reference:

(1) S. D'Addario, D. Hiebert and K. Sherrell, *Restricted Access: The Role of Social Capital in Mitigating Absolute Homelessness among Immigrants and Refugees in the GVRD*, Canada's Journal on Refugees, Vol 24, No1 (2007)

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