

REBUILDING: VIEWS ON MENTAL HEALTH & INCLUSION OF REFUGEES IN CANADA

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ABSTRACT

When perspectives on migration are heavily intertwined with that of boundaries and borders, for some it can be increasingly difficult to acknowledge shared humanity between people who do not share the same spaces. In discussing experiences of people seeking asylum in Canada, this paper aims to break down barriers that appear to separate humanity from national protocol. Humanity can be seen in the vulnerability of those who flee their homes in search of safety and peace, and in the kindness shown by strangers (United Nations Refugee Agency, 2010; United Nations, 2013 & 2015). In the international arena Canada is recognized for its humanitarian efforts and its social inclusivity. In this paper, while discussing Canadian ideals, its past and present approaches to refugees, policies, and the discourse surrounding refugees there is an apparent state of dissonance when it comes to the inclusion of refugees in Canada (Olsen, El-Bialy, Mckelvie, Rauman, & Brunger, 2014). Recognizing this dissonance at play, this paper asks what Canada is presently doing for refugee claimants once their claims have been accepted, and how 'Canadian values' put into practice. It also asks how positive mental health and resilience are being fostered in the newcomer communities; and what actions are being taken to build stronger more inclusive Canadian society for the generations to come. Canada's future is largely dependent on immigrants and refugees, so how refugees and other newcomers are being currently treated offers a good predictor of the future – and areas where inclusion and social determinants of health can be better.

Keywords: *refugees, Canada, mental health, human rights, inclusion.*

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The past Secretary General of the United Nations, Ban Ki-moon (United Nations, 2013) said:

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“Migration is the expression of the human aspiration for dignity, safety and a better future. It is part of the social fabric, part of our very make-up as a human family.”
(United Nations, 2013)

Moon’s use of the phrase “human family” is an apt way of describing the global society. It points to the basic connection between people all around the globe – we all share in a human experience. It is precisely this human experience that ought to continually be explored, as it can unlock many of the questions about humanity and how life is experienced. An example of a shared human experience is that of movement and change. During the trajectory of a life there is movement and change such as: growth or reduction in family size; moving to a new home in the city you have been born and raised in; moving to a new city or country for work; or having to leave one’s home to escape political instability. Concepts of family, home, and security are parts of the human experience that are not exempt from change. There are people whose lives are impacted by traumatic changes where families are subjected to terrorism in countries where there are rampant human rights violations; homes are destroyed in conflict; and active searches for safety in unfamiliar places creates uncertainty.

The people experiencing traumas in countries around the world are part of the global family; though we may not share a nationality or residence in the same country, our experiences impact one another. In a world mapped by boundaries and borders there are those who seek refuge and it global and national perspectives and policies on people’s suffering that ultimately decide if those in need will get the support they need. Asylum seekers migrate from one place to the next with the hope of safety and an overall better future, and during their most vulnerable moments they are completely at the mercy of border control, immigration policies, and allocated funds that decide who and how many people can be granted a sanctuary with the borders of a country.

As Canada is often cited for its humanitarian efforts and inclusive actions in welcoming immigrants and refugees, this paper explores Canada’s approach to the influx of asylum seekers that are hoping for refuge in Canada. The first part of the paper will look at Canada’s response to asylum seekers, and the second will be about the Canadian mental health initiatives aimed at serving refugees integrating into the larger Canadian society. Feelings of belonging, and if one can feel at home, settled and secure in a place has much to do with an individual’s mental health and wellbeing; therefore, policies, initiatives, and funding to ease the stress of such traumatic life experiences is of utmost importance not just to the individuals in question, but benefits the society at large.

CANADA AND THE REFUGEE CONVENTION

Canada's history with migrants entering the country was focused largely on the economic benefit to country. In the 19th and early 20th centuries in Canada, many people were permitted into Canada to fill the need for labourer's. During this time the concept of migrant was loosely defined, and Canada had chosen to keep it that way by delaying its participation with the multilateral UN Refugee Convention that came to be in 1951. Canada chose this to remain in control of who entered and stayed in Canada, and not signing the convention allowed Canada to keep migrants in the country on a temporary basis. In 1969, with Canada's eventual signing of the UN Refugee Convention the country broadened its perspective from its economic focus to one that included humanitarian efforts; from this point, Canada became a country that is responsible for protecting migrants who are seeking refuge and asylum (Bissett, 1986). The Convention simplified the definition of a refugee and clarified who Canada and the other participating countries were to protect and how, and who they were not to aid.

In a 2010 note from the Office of the United Nations High Commissioner of Refugees defines a refugee as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (The United Nations Refugee Agency, 2010, p.3). The definition as noted in the 1951 Refugee Convention states that one with a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." (The United Nations Refugee Agency, 2010, p. 14). The rights and welfare of refugees are to be protected and advocated for by providing them with appropriate refugee travel documentation, family unification and protection, access to welfare services, continued international co-operation, and with the aim to develop a greater sense of protection even outside of the scope of the Convention. (The United Nations Refugee Agency, 2010, p. 10–12).

Defining who a refugee is an important part of the deciding which refugee claimants are accepted into Canada and those who are considered to have "unfounded claims" (Government of Canada, 2013). In deconstructing perceptions of refugees in Canada, Olsen, El-Bialy, Mckelvie, Rauman, & Brunger, (2016) argue that Canada sees an 'authentic' refugee claimant as one who is in dire need; someone who is extremely vulnerable and without agency. In other words, refugee claimants who are from Designated Countries of Origins [DCOs] (Government of Canada, 2017) and therefore not seen to be in great need for protection have their claims expedited and are often sent back as soon as possible. The division between

DCOs and Non-Designated Countries of Origins [Non-DCOs] is based on a country's level of instability and human rights violations. Often the DCOs are not known for high frequency of political unrest or human rights abuses which then causes claimants from these designated countries to be treated with more suspicion to whether their need for protection is legitimate. The fear is that there are claimants who seek out refugee status in Canada without valid need, and as such are considered a waste of public funds.

The Canadian national identity is based upon multiculturalism, human rights, social justice, humanitarian efforts, and universal health care, and has set up initiatives to aid in the welcoming and integration of many newcomers. However, there are still troubling elements in the discourse around asylum seekers as it polarizes claimants to either need to be saved by Canada or trying to abuse the Canadian system. As Olsen et al. has pointed out the dichotomy present in a love/hate relationship towards the idea of asylum seekers coming to Canada can be likened to Edward Said's discussion of Orientalism (1978). The lens through which asylum seekers are being viewed is distorted; and it is being done so with an agenda. As members of a larger human family, these individuals who are seeking asylum have their motivators to flee their homes and search for better lives. In the increasing numbers of claimants coming to Canada it seems easy to overlook people's humanity as the economy of the receiving country manages a steady stream of newcomers, accommodations arrangements being managed, in addition to other important preparations. However, managing logistics cannot continue to be used as an excuse for ignoring the humanity and minimizing the challenges of those that are reaching out for some level of support. Policies such as the Designated Countries of Origin [DCOs] policy (Government of Canada, 2017) claim to protect Canada, and in turn construct notions of fear when dealing with people who are seeking support. The public is being taught to be suspicious and to fear "Others", even in a country that is currently known for its liberal values. There are fears of newcomers abusing the Canadian economic system and that Canadian funds could be spent on those who do not desperately need it. As Olsen et al. (2016) has argued, the fear that if Canada helps people who are only partially in need of protection then the Canadian identity of a humanitarian country 'saving'/helping those who are helpless cannot be upheld. Looking back to the work of Said who said that perceptions of the "Other" are constructed with political agenda in minds, which is what Olsen et al. builds upon as they argue that the polarized view of asylum seekers that Canada has used, and to an extent still does, is because it serves the image of Canadian national identity. When Canada helps people recognized internationally for being in extreme need for protection it serves the country's image of humanitarianism; then if those seeking protection show a sense of agency and advocate for equal treatment, their individuals claims are not likely to be accepted as readily (Olsen et al., 2016). One way to make sense of this

would be that those who struggle but are not internationally recognized to be in need, despite individual claims to the contrary, may be more feared than supported.

CANADIAN HISTORY & THE INFLUX OF REFUGEES

The number of people around the world in search of protection is drastically increasing, and while discourse around displaced people in need of protection is of utmost importance as it can construct power imbalances that become embodied in national ideologies; acts of support and protection are crucial in the first moments after fleeing a country. In the case of the Syrian conflict going on since 2011, hundreds of thousands of people have been killed, and many more fleeing the country. Jordan, Lebanon, and Turkey have taken in a large percentage of refugees from their neighboring country Syria (“Canadian Response”, 2017). These three countries are often sites where the displaced people go on in large numbers seeking refuge in Western countries in Europe for example, and people are going back to Syria to seek out their families and belongings. As the Syrian conflict continues many people are left with little to no option to live as they once did in Syria; in many cases countries that have welcomed Syrians with promise of a better life that provides some solace (Pottie, Greenaway, Hassan, Hui, & Kirmayer, 2016).

Canada has been increasing its number of refugees with the new Trudeau government by welcoming the Syrian refugees, and currently the large influx of Haitians leaving the United States of America. As the Haitian refugees worry that Trump’s American government will have them deported, the numbers of Haitians trying to cross the border into Canada with refugee claims has increased (Blanchard, 2017). Countries welcoming high volumes of displaced people often cite: difficulties managing the influx, refugee services suffering because they are public services are spread too thin; and that some displaced people are being left stranded (Reuters, 2017). On the other hand, while some countries are actively finding and funding ways to support asylum seekers, such as Canada, there are some countries discussing plans to withdraw support and protection for those needing it the most. Where support is being withdrawn, there are perceptions of national security concerns and economic instability, instead of directly naming the racism and fear with which refugees are being viewed and Othered. A majority of the current influx of displaced people in the world stems from human rights violations that are on the rise and natural disasters. Perspectives that dehumanize fellow human beings, such as villainizing those who are most vulnerable perpetuates the very ideologies that fuel human rights violations. A recent example of a human rights violation and a mass outpouring of displaced people is of the Rohingya people. Fleeing ethnic cleansing in Myanmar, the Rohingya people live in camps in Bangladesh and a struggling to meet basic needs such as food, shelter, water, and basic hygiene (Reuters, 2017). The state of emergency puts these refugees

in a vulnerable position, without the ability to meet basic needs and until there is an end to the persecution of Rohingya people, the situation will continue to worsen.

Given that there are countries with strong economies and funding for settlement and integration programs for newcomers; and given the existence of documents like the United Nations High Commissioner for Refugees [UNHCR] Refugee Convention (The United Nations, 2010) and human rights responsibilities built into the fabric of many nations, the global approach to refugee protection should in theory be functioning well. Canada's approach to the recent Syrian and Haitian influx of refugees shows the Canadian value of welcoming newcomers. Supplementing the government's public initiatives, members of the Canadian public are privately sponsoring refugees as well (Harris, 2017). The initiative to welcome 25,000 Syrian refugees to Canada with the Justin Trudeau's government, albeit with delays and added security measures, met its goal. In fact, the Prime Minister received criticism for being 'too welcoming' when Trudeau's comment that "Canada is open for all" (Kassam, 2017) had been cause for concern as the number of Haitian refugees fleeing the United States, and illegally crossing the border into Canada were exponentially growing. Concerns of giving false hope to refugees abandoning their life in America to cross over into Canada has been cited as a cause of this problem (Minsky, 2017), where Haitian refugees arriving into Canada are saying they have come to get away from the Trump administration and possibility of deportation (Blanchard, 2017). The idealism Trudeau is projecting cannot be met by the Canadian system in place when the numbers of new arrivals is so high; Canadian border security is overwhelmed, and processing refugee claims is backlogged which complicate the procedures and ability to provide protection in accordance to Canadian policies and laws (Blanchard, 2017; Kassam, 2017; Minsky, 2017).

Inclusion and non-discrimination are included the Canadian Charter of Rights and Freedoms. Just as the global approach to refugees in theory would be functioning with inclusion and non-discrimination, there is disharmony between the value for humanitarian aid and what is often called measures of "national security" globally and in Canada with its treatment of migrants. In theory, according to the Canadian Charter, views on multiculturalism and emphasis on diversity, Canada is open to migrants coming to the country though this was not always the case. History shows a marked difference between the de jure and de facto approaches to migrants attempting to resettle in Canada. In 1914 of the Komagata Maru was a Japanese boat that brought almost four hundred South Asians from India, onward from Hong Kong to the Burrard Inlet in British Columbia. The Canadian government did not permit these migrants to disembark the ship and were denied necessary provisions. Eventually, the ship and those who survived the 2 months waiting on Canadian shores were forced to sail away to face persecution and death upon arrival in India (Johnston, 2014). In 1939 the SS St. Louis ship left Hamburg, Germany with Jewish refugees fleeing from Nazi

Germany. They passengers were refused entry to Cuba, America, and then Canada before being sent back to Europe where 254 of the passengers died in the holocaust (Carlson, 2011; Krasner, 2014; Bombicino, 2015). In 1999 four boats with Chinese refugees from the Fujian province of China arrived on the shores of British Columbia, and 444 out of 577 refugee claims were rejected. In 2010 MV Sun Sea was met off the shores of British Columbia. On board were 492 Sri Lankan refugees fleeing the conflict between Sri Lankan government and the Tamil Tigers. The Canadian public was largely against the refugees being accepted, and soon after their arrival a Bill C-31 was passed which delayed the detention period of refugees to 12 months and the application for permanent residence once refugee status was achieved to 5 years. In 2015 344 of the 492 Sri Lankan refugee cases had be heard, not all of which were accepted (Bombicino, 2015).

The values in Canadian society towards refugees differs between the Canadian idealism of ‘everyone is always welcome’, and some discriminatory perspectives that continues to exist. Debates in Canada’s parliament have touched upon the discrimination of newcomers in terms of their health and ability, and feelings of mistrust towards refugees continues as some view refugees as economic immigrants who are burdening or misusing the Canadian economy (Hanes, 2017; Kwan, 2017). Such parliamentary discussions suggest that newcomers, who have come to Canada to escape dangers and discrimination, may be integrating into a society that is divided on whether the presence of refugees has positive or negative impact on Canada as a whole. Considering social determinants of health, a hostile – even if systemic and on occasion indirect will create obstacles in the process of the integration of refugees into Canadian society. The first action is to practice inclusion in coordinating the influx of refugees entering Canada; the second is to integrate refugees into the larger society; and the third is to maximize the positive impact of the presence of newcomers. Referring to the UN Refugee Convention “welfare services” is briefly mentioned in two lines that assign the responsibility to non-governmental organizations (NGOs) to provide require welfare support to refugees, and to governmental and intergovernmental bodies to find the required NGOs (The United Nations, 2010, p.11).

IMPACTS ON MENTAL HEALTH

The welfare of Refugees impacts the welfare of Canada. As the birth rate in Canada is declining the country is increasingly dependent on immigrants and refugees to keep the population up and help grow the Canadian economy. Making mental health a priority issue with this population and providing relevant training to clinicians will only better Canada’s overall functioning. Importance needs to continue to be placed on the inclusion and integration of refugees - those who have had their claims accepted, and particularly those whose claims have not yet been

settled. As Alexandra Charlton from Settlement Orientation Services [SOS] has noted, it is the high level of unpredictability of whether Refugee claimants in Canada will have their claims accepted or rejected that puts them in a more vulnerable position for high anxiety and other mental health related issues (“Promoting mental health”, 2009).

Uncertainty about one’s future in Canada can be compounded by factors that a refugee claimant has experienced prior to arriving in Canada. As Dr. Soma Ganesan explains, a refugee’s mental health is dependent on one’s experiences during pre-migration, migration, and post migration (Beiser, 2005; “Promoting mental health”, 2009). A system of integration for refugee in Canada would therefore benefit from an integrated approach of settlement services. Considering many asylum seekers have fled their homes due to human rights abuses, violence, and natural disasters; and keeping in mind many of these individuals have moved to more than one country before coming to Canada, it is highly probable that the refugees will be impacted by psychological and physical trauma coupled with the insecurity of where they will be permitted to live. Once asylum seeker reaches a country where they hope to find safety, Canada in this case, there are immediate concerns of filing refugee claims, possible cultural and linguistic adjustments, and learning to navigate the bureaucratic system. The stressors of the migration, as Ganesan refers to, are to have the refugee claim accepted by the Canadian government. The claimants must wait and continually navigate the policies in place for refugee in Canada, with the help of government and community support. Settlement services are in place across the country to work with newcomers and help to integrate them into society. Language translators help newcomers by working with them to understand the Canadian protocols concerning refugees, understanding the law concerning their claim and rights in Canada, arrange short-term housing, and educate them on health care services available to them.

The Interim Federal Health Program [IFHP] (Government of Canada, 2017) provided by the Canadian government offers limited short-term access to medical services to protected persons, refugee claimants and refugees while they are in the process of getting integrated in Canadian society. IFHP provides basic medical coverage, like that in the Canadian provinces and territories, supplemental care including access to mental health practitioners, and coverage for prescription drugs. One Immigrant Health Examination [IHE] that is required by the Canadian government before accepting foreign nationals into Canadian society is also covered by the IFHP. During the IHE there is a physical examination, mental examination, a review of past medical history, lab tests, diagnostic tests, and a medical review of the applicants’ records; and those who are expected to take the exam are refugees, temporary residents, and permanent resident applicants (Government of Canada, 2013 & 2017). While such exams may permit healthier individuals into Canada, there is continual support required for as refugees integrate into a new society and reflect on their pasts’.

Despite refugees' compounded stressors of seeking protection and navigating new linguistic and cultural spaces, Beiser (2005) cites that in general the overall health of refugees coming to Canada is initially better off than those in the larger Canadian public. One reason for this is explained by the "sick immigrant" (Beiser, 2005, p. s31) paradigm and subsequent screening processes for refugees such as the IME. Ensuring the health of the individual seeking refuge and that of the larger public, health precautions are implemented when accepting a claim of foreign nationals. The overall health of refugees coming into Canada is cited to be better than the general Canadian public, which can be understood in part by the impact of the immigrant health examinations. Over time and as a refugee's immediate concerns of a claim being accepted, accommodation, health, work, and school for young ones start to be resolved, "resettlement stress" can set in (Beiser, 2005, p. s35). While feelings of nostalgia for the home or family that was lost or separated from may not be entirely expressed or experienced at the outset of arrival into Canada and trying to create an immediate sense of security; when external pressures ease and some needs are being met, more psychological stressors may be more freely expressed.

SUPPORTING REFUGEES IN CANADIAN SOCIETY

Immigrant, refugee, ethno-cultural, and racialized populations in Canada, commonly referred to in mental health initiatives and research as IRER are being supported with the abilities and resources in place in Canadian society. Much more, however, needs to be done to ensure IRER populations are an equality important part of society. Refugees and refugee claimants in Canada are in a particularly vulnerable position as their pre-migration traumas are often quite severe and require more time and attention to resettle and trust that Canada is a safe space to build their futures. Few examples of initiatives focused on supporting refugees in Canada are: The Refugee Mental Health Project funded by the Immigration, Refugee, and Citizenship Canada [IRC] a department of the Canadian government; and the Diversity Task Force ("The diversity task", 2009), and the Case for Diversity report (McKenzie, Agic, Tuck, & Antwi, 2016) from the Mental Health Commission of Canada [MHCC]. Bringing together expertise in the community conferences, community action and administrative strategies produce information that is disseminating to settlement organizations, health practitioners, and more general to the public online. IRC's project provides webinars on cultural competence and how to apply this to clinical practices and other support roles to improve the services provided to refugees in Canada. The MHCC's focus on IRER population and diversity reports offers research findings upon which initiatives can be formulated. The Case for Diversity was a research project developed in 2012 between MHCC's Knowledge Centre and the department of Health Equity at

CAMH and the Wellesley Institute (“The case for diversity”, 2017), the report on this project delivered in 2016 points to areas in which mental health services for the IRER population can be strengthened. In 2017, the MHCC’s Action Table Report to improve mental health strategies for IRER populations highlighted the following areas that need attention:

- “Improve data collection and ensure that race-based data is collected.
- Provide training in population health, health equity and cultural competence.
- Explore alternative and more equitable funding models.
- Develop a research agenda for IRER populations with a dedicated funding stream.
- Invest in evaluation and implementation of promising practices.
- Embed equity and cultural competence into quality improvement models.
- Respectfully engage and involve IRER populations in planning, monitoring and evaluation.
- Increase knowledge and application of health equity approaches.
- Improve information and knowledge sharing between federal departments and service delivery partners.
- Increase funding, training and use of interpretation services in health and social services.
- Increase capacity to deliver integrated and shared care models for IRER populations – especially youth”(Idem, pp. 11–12).

Many non-governmental settlement agencies are also actively involved in supporting refugees as they resettle into Canada. Settlement services largely relate to health, accommodation, cross-cultural communication, Canadian immigrant and refugee laws, and child and youth care to aid in the integration of refugees and other newcomers to Canada. Settlement workers are essential to front line support whose time and attention has long lasting impacts in the lives of refugees. Initiatives from national and provincial Canadian organizations this impact is being strengthened by education and training in cultural competency to facilitate a deeper knowledge of how best empower of newcomers and ease challenges of navigating the national languages, finding work, and building a community network. When it comes to funding these essential services, the amount of funds does not match the rapidly increasing number of people can and do benefit from such valuable community resources. On the website for Victims and Survivors of Trauma (VAST) in Vancouver, Canada, there are news articles discussing the positive impact settlement and community initiatives have on newcomers; as well are articles discussing the budget is being overstretched to provide support (Britten, 2017; Howell, 2017). The Inland Refugee Society of BC’s executive director Mario Ayala explains as the rapid growth in refugee claimants in Canada since 2014 has not been matched with an equally proportionate amount funding (Howell,

2017); he explains that the annual budget of \$180,000 does not cover what is being spent in services totaling closer to 600,000.

In 2010 the Community Action Initiative [CAI] funded a two-year project for mental health promotion in immigrant and refugee communities call “Creating a Sense of Belonging: Mental Health Promotion Within Immigrant & Refugee Communities” (Blanco, Dabiri, & Ramierz, 2014). Hiring experienced individuals who acted and group facilitators and cultural liaisons to cultural-linguistic groups in the area and were provided with Mental Health First Aid training were an integral part of this project. Referred to as Cross-Cultural Health Brokers [CCHBs] or Cross-Cultural Health Promoters [CCHPs] these trained members of the community were able to successfully facilitate group activities for various language or culture groups. By being familiar with the cultural group, or belonging to that cultural group them self, the CCHPs/CCHBs group participants reported increased feelings of social support and comradery. As another example of initiatives that have great success in integrating refugees into Canadian society, with more funding the mental health issues among this rapidly growing population can be managed with success with promising long-term rewards for the Canadian economy.

CONCLUSION

Improving the quality and support of mental health initiatives across the country and creating provincial and national budgets to account for the growing Canadian demographic are key to building a more culturally competent interaction with refugee claimants and refugees in Canada. Mental health initiatives are strong and continue to grow with organizations such as MHCC, CAMH, and settlement agencies; however, to create a more inclusive Canadian environment for newcomers, recognition and respect for the humanity must also be felt on the individual level to ensure policy and practice are not incongruent. One must ask them self if they value being inclusive in their own life, and why or why not being inclusive is important. At the outset of this paper Ban Ki-moon’s quote “migration is the expression of the human aspiration for dignity, safety and a better future. It is part of the social fabric, part of our very make-up as a human family” (United Nations, 2013 & 2015) highlights that regardless of where one comes from, we as a global community have a shared humanity. We all need for food, shelter, water, safety, and a chance to thrive.

While there are many encouraging efforts on the part of Canada to welcome and support people in need of protection, there are still many individuals and public debates that suggest more work towards building a truly inclusive Canadian environment is still to be done. Referencing the work of Edward Said’s seminal text *Orientalism* (1978) that was published forty years ago, when discussing current refugee policies in Canada is evidence of the prevalence of discrimination and the

importance in understanding the intentions behind actions. Citing Canada's history of refusing asylum seekers, is also evidence that individuals' minds' need to understand why inclusive approaches to one another is essential in moving toward a stronger and healthier future – in national and international contexts.

As a scholar of literature, cinema, and diaspora studies I have engaged with many narratives that speak to the traumas of migrants and the impacts of such experiences on mental health. Over the span of sixteen years I have studied IRER mental health issues through fictional and non-fictional narratives, front line work, cultural representations, and critical analysis. Recognizing the value of various modes of information and learning, I will conclude this paper with a cinematic narrative that speaks to the point of recognizing each other's humanity. *Ocean of Pearls* is a film by Dr. Sarabjit Singh Neelam (2008), and is a story about Amrit, a young medical professional born in Canada to twice-displaced Sikh refugees who migrated to Canada in the 1960's. Throughout the film the relationship between Amrit and his father is fraught with tension; Amrit feels incredibly disconnected from his father, whose interactions with his son are shown as strict, unsupportive, and critical. Unable to understand each other's perspectives, their competing cultural and religious ideologies hit a standstill near the end of the film.

A standstill defined by a confrontational interaction where Amrit demands to know why his father has no apparent sense of compassion for his son. While yelling Amrit explains the discrimination he faces a young turbaned Sikh doctor after he moved from Canada to America. Already feel excluded and discriminated against in the American health care system, he feels similarly judged and misunderstood when at home in Canada with his family. Amrit sees his father as one obstacle to his feeling of peace, and Amrit is demanding answers from him. With an immediate outburst from Amrit's father, Amrit's tension immediately turned into empathy. Embodying a moment where emotion erupts from memories of trauma that have been suppressed for many years, Amrit's father told him that as a young boy during India's partition in 1947 he watched his family being murdered. That they were murdered because of the way they looked; they were seen to be different. Amrit's father witnessed violence and experienced trauma from human rights violations, much like many asylum seekers who seek protection in Canada.

Amrit shocked by his father's revelation, was speechless. Though the father and son had different values on religion and identity, in an instant Amrit was able to understand his father's vulnerability. The truth of his father's experiences transcended Amrit's perceptions of him. It was through sharing their formative moments in their human experience that they came together; and while still different in their views, they had more respect, kindness, and appreciation for one another. Religious and linguistic differences led to extreme violence as the British partitioned India. Exaggerated forms of Othering left long lasting impacts of trauma and uprooted many people from their ancestral homes. Amrit's father was

forced to resettle, rebuilt his life twice; one from present day Pakistan to present day India, and again from present day India to Canada. The religious discrimination he experienced during the 1947 partition of India, in the Western regions, was the same discrimination he continued to experience in Canada as a Sikh man with a turban and long beard. This film cites many positive aspects of living in Canada, and it cites many personal stories of racism that are unfortunately still active in both Canadian and global societies. Without any uncertainty, the key for people in Canada to create and maintain an inclusive society is to individually respect one's another human rights not as defined by the borders of Canada, but by recognizing the shared humanity in each other.

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