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Chair

Mr. Borys Wrzesnewskyj

Standing Committee on Citizenship and Immigration

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• (0950)

[English]

The Chair (Mr. Borys Wrzesnewskij (Etobicoke Centre, Lib.)): Members, we will resume.

We have with us Mr. Jan Kizilhan, the head of the department of mental health and addiction at the Cooperative State University. He's here by video conference from Villingen-Schwenningen, Germany.

Welcome, Mr. Kizilhan. You have seven minutes for your presentation.

Just prior to beginning, please note that we expect the second panellist to appear at some point during the next five or so minutes.

Mr. Kizilhan.

Dr. Jan Ilhan Kizilhan (Head, Department of Mental Health and Addiction, Cooperative State University and Dean of the Institute for Psychotherapy and Psychotraumatology, University of Dohuk, As an Individual): Thank you very much for the invitation.

I was medical and psychological head of the special quota of the state government in Baden-Württemberg, Germany. Dr. Michael Blume, who will attend later, will maybe explain to you more of the details about the procedures of the special quota. I will talk about the psychological effects of the Yazidis' situation and how we worked with the Yazidi survivors in Iraq and later brought them to Germany.

My job was the psychological examination of the survivors in Iraq. I examined 1,400 Yazidi women and girls in northern Iraq. Later we brought them to Germany for treatment, care, and consultation at Baden-Württemberg.

I talked to hundreds of young women, and even children, and listened to what they had gone through. Their stories were not easy for me to hear, even as an expert working for 20 years with traumatized people from Rwanda, Bosnia, and other countries. Whenever I thought I had just been told the worst story of terror and utmost inhumanity, I had to listen to further tragic and incredible stories that cannot be grasped with common sense.

One of them happened to a 16-year old girl, Hanna, who woke up in the night, worried that jihadists could return to rape her again. She got up, sprinkled her face with fuel, and set fire to herself. The girl survived, but her face was skinned, and her hands are blunt. "If I am ugly, they will not rush to me," she explained to me. When we found her in the Khanke refugee camp near the city of Dohuk, we brought her quickly to Germany on a special flight. She is now receiving treatment in Stuttgart, Germany.

There is also the story of nine-year-old Sari. She was walking to the bakery when all of a sudden IS commandos stopped her. They abducted her, as well as other families from her Iraqi Yazidi village. Sari had to watch the jihadists murder her grandfather. Afterwards, she was sold and held as a slave for months on end, until she was sold to the Kurdish government with some older women.

Nevertheless, the strength and hope of the young women, who spent many hours meeting me, impressed me very much. Despite all those unimaginable and cruel experiences, they kept fighting. They wanted to survive, and they still want to survive for a better future.

To further the integration process that followed and to deal with the trauma that these women and children had experienced, designated social workers, interpreters, and trauma therapists in 21 towns supported the women and children in their new journey. The survivors, as well as the Yazidi community they belong to, will be traumatized for decades. Forms of violence include rape, harassment, mutilation, enslavement, marking the victims by branding, and killing the victims. Rape is an extreme assault of the intimate self, and it causes enormous feeling of humiliation and shame. Most of the victims develop post-traumatic stress disorder and a range of other disorders, such as depression, anxiety, and somatic disorders. Their emotional well-being and psychosocial life situation can be impacted in several dimensions.

On the one hand, they may carry unperceived traumatic experiences, combined with the experience of fleeing. On the other hand, war changes values and norms, and people are confronted with a new institution and way of interacting with others during, as well as after, the war. It is especially difficult for people from communities that have found themselves on the run from wars, or war-like circumstances, for several generations. Some examples are the communities of minority religions in Syria: Yarsan, Shabaks, Mandaeans, Oriental, Orthodox, Christian, and Yazidi.

Here we are talking about transgenerational trauma being in place for several generations, especially by the Yazidis. We can see that in the last 800 years, they have faced 74 genocides, so far as they know. The Yazidis called their holocaust *Ferman*. They know their ancestors have been part of the genocide through the last 800 years. They forced the Yazidis to convert to Islam over the last 800 years. Between 1.2 million to 1.8 million Yazidis have been killed over the last 603 years in the Middle East.

The medical and psychological care of people who experience the trauma process like the Yazidis provide significant challenges for therapists, physicians, and other experts. Apart from the language difficulties resulting from forced migration, they include patients, cultural-specific perspectives and description of illness, resulting in story-telling modes, political situation, gender-specific aspects, and transgenerational traumata. We are faced with groups who have been persecuted, excluded, and forcefully converted for centuries and over generations in Iraq and Syria.

Transgenerational trauma is passed from one generation to the next generation through culture and religious narratives and behaviours. These groups are now confronted with a collective traumatic hurt from being raped, tortured, and killed. At the same time, of course, each person experiences their own trauma when confronted with this kind of violence and destruction. In research, as well as in the traumata of people who have experienced trauma, these three types of traumata—transgenerational traumata, collective traumata, and individual traumata—have to be taken into account if you want to treat them effectively.

We know that collective trauma, like in Rwanda, Bosnia, and now in Iraq and Syria, impacts not only individuals separately, but also the community at war. Psychology and trauma studies are still unfamiliar fields in Iraq and Syria. The treatment of emotional hurt and dealing with the past are parts of reconciliation and the peace process. In the exceptional situation where people have no ability to have any medical and psychiatric treatment, the state government in Baden-Württemberg decided to bring 1,100 women and girls for treatment to Germany. In these cases, it would be desirable that Canada establish treatment access concepts where Yazidis can travel to the country and receive treatment.

Ladies and gentlemen, it is also a political sign that the survivors of the IS terrors are not alone and will get help through the democratic states and communities. For the Yazidis in Sinjar and in the diaspora, it is clear that, in addition to humanitarian aid, the first step must be taken to create a protective zone, a safe haven for Yazidis and other groups in Sinjar. A further step could involve more concrete rights for Yazidis, as a religion and social group in Kurdistan. It is our moral duty as human beings to find the more than 3,500 Yazidi girls and women who have been taken hostage, are sold by Islamic State and bring them home again, even if it takes several years. They cannot be allowed to remain nameless, as was the case with the Yazidis ancestors.

Thank you very much.

• (0955)

The Chair: Thank you, Mr. Kizilhan.

Now we move to Mr. Blume, who is the head of the special quota project and he joins us by video conference from Stuttgart, Germany.

Go ahead, you have seven minutes, please.

Dr. Michael Blume (Head, Special Quota Project, State Ministry of Baden-Württemberg): Honourable members of Parliament, ladies and gentlemen, thank you for the opportunity to speak to you today.

Having led the Baden-Württemberg special quota project for vulnerable women and children from northern Iraq, I feel honoured to share our experiences with you.

As you might know, it was the first time that a state of Germany established a special quota for refugees, with the German federal government giving its consent and support. As in your Parliament, all the democratic factions in our *Landtag* supported this program. I think it may be more important than ever to emphasize, in these days of populism, that democrats from all parties are still able to unite to fight terrorism and to support human rights.

Between March 2015 and January 2016, we were able to evacuate 1,000 women and children from Kurdistan Iraq to our state of Baden-Württemberg, and 100 more were brought by our teams to two other German states, Niedersachsen and Schleswig-Holstein, which, thankfully, joined the efforts.

Contrary to some press coverage, our program was not a Yazidi program, but aimed at evacuating those women and children who had been in the hands of Daesh, had suffered traumatizing violence, and had lost their male relatives to the genocide. Therefore, more than 90% of our beneficiaries are Yazidis, but there are also some Christians and a small number of Muslim beneficiaries, too.

To start with, the federal state of Baden-Württemberg signed a contract with the regional government of northern Iraq Kurdistan, which formed the political frame of our involvement. After the political decision to establish this project, and after its lawful implementation, we quickly developed a structure of a core team in Stuttgart and mission teams of culturally sensitive and highly stress-resistant experts. The first colleague I had the honour to ask was Professor Kizilhan. You just heard him. He was the speaker before me. Another one was Simone Helmschrott, who was also part of our team.

I have to add that our team consisted of Christians, Muslims, Yazidis, and non-religious individuals, which prevented the accusation of being partial. From this good experience, I would also advise the Canadian government to take advantage of your diversity, which you have when you are working in the region. It's like being ambassadors, when the people see that we are working together from different ethnic and religious backgrounds.

In 13 missions in 2015 and 2016 we were able to bring 1,100 women and children out of Iraq. In Baden-Württemberg, 21 cities volunteered to house these beneficiaries, provide housing, social work, and psychological treatment. The state of Baden-Württemberg has spent about 60,000 euros per person up until now. That is about 4,000 euros per person for identification, admission, first medical care, visa issue, and transport. The district received 42,000 euros per person. We expect about 15,000 euros per person for psychological treatment. In total, Baden-Württemberg planned up to 95 million euros for three years, but has spent much less than expected up until now. We think it won't be as expensive as we feared at the start.

Women were suggested to us by local NGOs, by churches, networks, and Luftbrücke Irak, Air Bridge Iraq, our local German Iraqi partners. They were able to make references to us, and then we evaluated the cases, especially our trauma psychologists.

The existing list of captives of Daesh within the Kurdish government was also important to find eligible beneficiaries. We developed a system of three persons who had to certify the beneficiaries for every case the mission had. That was me, Professor Kizilhan, and one of our visa experts. Thus, we made sure that no third party might intervene and it prevented corruption. It's difficult if you work with local people. They can be threatened or they can be bribed, so it was very clear that we had to make the decisions ourselves.

Northern Iraq still remains an important partner for us. Our special quota was a humanitarian admission program, but we are still active in the region. This year we are working on more sustainable solutions, working in the camps, funding shelters, and especially building a psychological trauma centre based in Duhok university, where Professor Kizilhan is, again, playing an important role.

● (1000)

I've been to Iraq very often in the last year and I listened to the statements of many survivors of the genocide. About 1,600 women and children were freed after the end of our program and should have a chance for a good future. Germany already has a huge Yazidi community able to help those beneficiaries who want to reintegrate. If I were to advise the Canadian government, I might suggest the mixed admission of emergency cases from Iraq and refugee families from other countries like Jordan or Greece. You have to see how you can bring the people, if they're able to reintegrate into our culture.

Finally, I would just like to say that some of the victims don't define themselves as victims anymore. Survivors like Nadia Murad, Lamiya Aji Bashar, Farida Khalaf, and others, speak out publicly. Nadia Murad has been in your Parliament. We see that more and more women are ready to speak out and to change the narrative and to accuse Daesh of its atrocities and to engage the global community in human rights. They are also reforming their own communities by being role models.

Lastly, our prime minister Winfried Kretschmann offered all the support we are able to give to Canada, if you would like to use our structures and our expertise, to work with us. We are ready to support you in any way possible. We are very grateful that your Parliament took the decision it did.

Thank you very much.

All the best to Canada.

The Chair: Thank you, Mr. Blume.

Ms. Dzerowicz, you have seven minutes, please.

● (1005)

Ms. Julie Dzerowicz (Davenport, Lib.): Thank you so much to both of you for your excellent presentations. This issue is of great importance to us, so we want to do this very well. We're very grateful to you for your presentations.

If I understand correctly, Mr. Blume, you seem to indicate a three-person team selected the 1,100 Yazidi refugees. I have a three-part question.

How did you access the pool of Yazidis and vulnerable women? It seems as if you selected all of them from one area, which was northern Iraq and Kurdistan.

Could you verify that you had a three-person team that did all the interviews and selected them yourselves?

Was there any opposition to your process? I know that you mentioned at some point that you formed some agreement with the regional government. Is that the only thing you had to do to be able to access the pool of vulnerable women and Yazidis and to be able to interview them and select them?

I'll start off with you, Mr. Blume, and then could our other speaker contribute to the answer as well?

Dr. Michael Blume: It's true, we concentrated on the region of Dohuk—

The Chair: I will interrupt for one second to inform committee members that the bells have begun. We'll continue finishing the first and the second round, and then unfortunately we will have to adjourn.

Mr. Blume.

Dr. Michael Blume: Yes, we concentrated on the region of Dohuk in northern Iraq to start with. A lot of people said, "Well, you can't help everyone. Why do you help these people?" We thought that the right thing to do was not to look at those people we can't help but to look at the people we can help. Those women, girls, and boys we are able to help. From the start it was clear that we only had a certain amount, 1,000, and later 1,100. We decided to go on a clear basis such that every case had to be evaluated.

The people were referred to us by the Kurdish government, by NGOs, and by churches. We had a form they had to fill out in order to refer them to us. When we saw that people might be eligible, then they were invited to a psychological evaluation by our trauma psychologist, Professor Kizilhan. It's true, yes, we made the decision as a three-person team because it was very important that we saw the people, that we were actually there, so it was clear who was making the decision. In the region there are a lot of rumours. Even now, for example, people are trying to get money when they say, "You can buy a visa to Germany or Canada", so it's very important to have a clear proceeding. People knew that only these three Germans would make the decision, and they would do it based only on the evaluation and the personal contact. If we had any doubts about any cases, we had the chance to access the Kurdish government, for example, to check if people really belonged to the village of Kocho or whatever.

Finally, besides the regional government, of course, we had to speak with the federal government in Iraq, with Baghdad, for the air space. They allowed our planes to land there. Of course, we approached the high council of the Yazidis in Lalish. They gave their consent, too, and that was very important. These were our three main partners: the Kurdish regional government, the Iraqi federal government in Baghdad, and the high council of the Yazidis. Every one of them gave their consent, and so we were able to proceed.

Ms. Julie Dzerowicz: Did you encounter any opposition to the idea of resettling Yazidis out of their homeland?

Dr. Michael Blume: Yes, there was. For example, there were people, especially NGOs, who said, “Just give us the money. We will take care of the people on the ground.” When we were there, we saw that there were no psychological facilities and a lack of trauma experts. That’s the reason we are training them now at the university institute in Dohuk. Of course, there were people who said, “Just give us the money. We’ll do it here.” Actually, we saw that these emergency cases wouldn’t have survived for a long time. We had high rates of suicides and desperation. Some of the women were threatened with prostitution, so they didn’t have access to earnings. They had many children and no male relatives.

We decided to go ahead. In the end, even some of the NGOs that were not in favour at the start of the project later referred cases to us, so we worked together with them.

• (1010)

Ms. Julie Dzerowicz: Okay, and then my next question—

Go ahead, please.

Dr. Michael Blume: The Kurdish government, of course, didn’t want to support ethnic cleansing by Daesh, so it was in their interest that we clearly restricted the number, that we restricted it to emergency cases, and that we remain as partners to help them now in dealing with the huge influx of refugees, of IDPs. That was part of the agreement. We said we were concentrating on 1,000 emergency cases, and they agreed to that. They wouldn’t have agreed if we had taken 100,000, I think.

Ms. Julie Dzerowicz: My next question is in terms of the 1,000 you ended up selecting. I know that 1,400 women and girls were interviewed. How did you select the 1,000?

In my understanding, and this is from an article that I read, on average the selected women were below the age of 20. I believe also that included any children, girls and boys, they might have.

Would you clarify in terms of who you actually selected and why it was that you tended to select, it seems, a family unit or group as much as possible?

The Chair: In 20 seconds, please.

Dr. Michael Blume: Thank you. Maybe Professor Kizilhan wants to say something to that too, but you’re perfectly right. We concentrated on emergency cases, which meant that the males were not available. Some were missing, some were dead, some had left their wives and children.

We thus looked at the situation of the women and children, and as you said, we never separated mothers and children. For example, when we had a case of an eight-year old girl who had suffered sexual

violence and was traumatized, then of course the mother and the siblings would be allowed to join the admission program. It was small family units, and—

The Chair: Thank you, Mr. Blume.

Dr. Michael Blume: —of course, most of the mothers had several children.

Maybe Professor Kizilhan can—

The Chair: Thank you. We have to move on to the next round, because at that point we will have to adjourn.

Ms. Rempel, take seven minutes, please.

The Honourable Michelle Rempel (Calgary Nose Hill, CPC): Thank you.

My time is very brief, so I’ll ask for concise answers.

Did the German government rely on UNHCR at all to refer these women to your program, and if not, why?

Dr. Michael Blume: Our problem was that the UNHCR said it’s a difficulty. They’re responsible for refugees, which would be Yazidis or Kurds going to Turkey or Jordan. Most of our people were IDPs—internally displaced people—so the UNHCR didn’t refer the cases. We spoke about it, but it was difficult legally.

Hon. Michelle Rempel: If you were to give us advice, would you advise Canada to use the UNHCR to identify these people in an expeditious manner?

Dr. Michael Blume: I would advise Canada to use UNHCR to select people who are not in Iraq anymore, but if you want to admit emergency cases from Iraq, then it should be on the ground.

Maybe UNHCR has changed its policies in the meantime, but at that time they told us that they wouldn’t refer IDPs to outside governments.

Hon. Michelle Rempel: That’s our understanding as well, that the UNHCR has not been able really to be effective in this.

Just to clarify, your advice, then, would be to work with NGOs and come up with our own criteria to extract these people out of Iraq.

Dr. Michael Blume: Yes, I would say that’s an option. If you want to help the emergency cases in Iraq, I would advise doing that.

Hon. Michelle Rempel: Has the Canadian government, have any officials from Immigration and Citizenship Canada, been in contact with you yet in terms of the best practice that you’ve established?

Dr. Michael Blume: Yes, we have had repeated phone calls and the like and an exchange of documents, so yes, there is an exchange going on.

Hon. Michelle Rempel: The Canadian government, then, is now in possession, is it, of the best practice that you use to select and identify girls in Iraq?

• (1015)

Dr. Michael Blume: Yes.

Hon. Michelle Rempel: Excellent.

Did they give you any indication that they would be interested in using those criteria to extract people out of Iraq?

Dr. Michael Blume: They were just interested in getting our experiences to help inform a good decision. They haven't told us up to now what their program will be, but they asked for our experience and asked, for example, about the difference between taking from other states, such as Turkey or Jordan, or taking emergency cases from Iraq. I think these are two ways to go, and the Canadian government has to decide between or, I would say, maybe mix these approaches.

Hon. Michelle Rempel: Excellent.

You mentioned that you utilized NGOs on the ground to identify these refugees. Which NGOs were those?

Dr. Michael Blume: We had two NGO partners. Those were Air Bridge Iraq and the International Organization for Migration. These were our two partners, and therefore on the ground we got a lot of references from churches and from NGOs working on the ground. Sometimes it was something like a foundation; sometimes it was just one case; and sometimes they referred many cases to us.

Just as an example, the Central Council of Oriental Christians in Germany referred some cases to us.

Hon. Michelle Rempel: You mentioned that you also extracted some Christian and Muslim minorities that had been in captivity. Does Germany consider that genocide is being conducted against those groups as well, at the hands of ISIS?

Dr. Michael Blume: I don't know whether the German government has spoken out about that, but I've been in Sinjar. We've seen the signs, we've seen the mass graves, and from having worked there, I clearly say that it's a genocide that is going on there.

Hon. Michelle Rempel: In terms of the treatment of these women, have you now established some best practice of how to support these women when they come to Germany, and would you be willing to share that with our committee, with some documentation?

Dr. Michael Blume: Of course. For example, we did congresses with social workers. Professor Kizilhan wrote a book with best practice examples. I would be honoured to invite you, members of Parliament, to come and see how the women and children are doing here, to see what works and what's not working. You are invited to come to Baden-Württemberg to visit them.

Hon. Michelle Rempel: Thank you. That's a very interesting offer.

You mentioned that you established your own criteria that you used with NGOs to select... You mentioned a questionnaire or a checklist. Could you provide a copy of that to our committee?

Dr. Michael Blume: Of course.

Hon. Michelle Rempel: Excellent. What were some of the key criteria that you used?

Dr. Michael Blume: The key criteria were that they had been in the hands of Daesh; that they had suffered traumatizing violence, especially sexual violence but also, for example, forced conversions; and that they had broken family structures. If the family was intact, if the husband was available, normally we wouldn't choose people to come then. These were the three main criteria.

Maybe Professor Kizilhan can say something about it, because he did the evaluation on that.

Hon. Michelle Rempel: I'm sorry to cut you short, but I have only one minute left.

In terms of the time period that it took for you to establish this program and bring the women to Germany, based on the best practices that you used and the relationships with NGOs that you established, as well as the checklist, do you think it is reasonable for Canada to bring at least 1,000 of these women in a three-month period?

Dr. Michael Blume: No, I would say that you could start to do that, but we needed a year. Maybe it would be possible to do it in nine months or something, but in three months you could start it.

Hon. Michelle Rempel: How many women were you able to identify once you had your processes in place on the ground?

The Chair: You have 10 seconds, please.

Dr. Michael Blume: We had 1,400 evaluations, and they were chosen from a bigger number of references, so it wouldn't be a problem to find 1,600 more.

Hon. Michelle Rempel: Thank you.

The Chair: Thank you, gentlemen, for appearing before our committee today. Unfortunately, there are unexpected votes in the House of Commons, and we'll have to adjourn. However, the committee will be in touch with you so that we can reschedule the half hour or so that was cut short today in the hearing. Hopefully you'll be amenable and available to reschedule the rest of our hearing with you.

The meeting is adjourned.

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