

Lillian Russo

11.19.15

PBHL 3100

Photovoice Project

The Public Health Issue Cursing the Refugee Crisis

The current refugee crisis in the Middle East and North Africa is one that is very close to my heart. This past summer, I had the incredible opportunity to intern at a non-profit organization in Athens, Greece where I helped refugees from Afghanistan, Iran, Sudan, Nigeria, and Syria. I have been fortunate enough to learn first hand the terror that these refugees experience and see the lack of resources they have available to them.

According to the United Nations High Commissioner for Refugees, there are currently 60 million refugees and internally displaced people around the world (externally displaced means outside of their home countries, internally displaced means they are homeless and trying to flee but are stuck within their countries borders) Syria alone has 7.6 million displaced people inside their own borders and 4 million have fled to other countries (Number, 2015). More than half of the 11 million Syrian refugees are children (While working with them, I primarily worked with children and women) (Quick facts, 2015). These people are forcibly displaced from their homes due to war, terrorism, extreme hunger, unstable government, persecution, or overall fear of safety. They do not choose to position they are in, but they are forced to act in a way that will help protect themselves as well as their family. With every international crisis and large displacement of people come large public health issues. In the case of the current refugee crisis,

the public health issues represented include lack of access to proper sanitation, spread of disease between countries, and inaccessibility to medical resources/care for refugees.

One of the greatest rights that these displaced people do not have is the access to primary health care and medical resources. Refugees are not legally capable of accessing health care in some countries that they do not have legal papers for. Therefore, many go without medical help or treatment due to fear of being turned into the police and being sent back to the country they were persecuted in. This means that there millions of refugees do not have access to health care or are discouraged to seek medical assistance (Bradby, H., 2015). The reason that this is such an important public health issue is because many refugees flee their countries with nothing but the clothes on their backs and are stripped of everything else they own. Without food, adequate clothing or ways to stay warm, refugees run a much higher risk of obtaining sickness or disease and then spreading it to the countries they run to (What you need, 2015). Many immigrants come over illegally by crowding on boats and sailing across the ocean, sometimes squeezing 110 people on a small boat built for only 20. (this is how many people I worked with came across – woman with 7 children spent 3 days on the ocean, then the boat capsized and they spent 7 hours trying not to drown in the ocean because many of them cannot swim). These extreme conditions allow for infection and disease to be easily passed from person to person. 3,200 refugees have already died this year, both due to the capsizing of boats as they cross the Mediterranean see and lack of access to primary medical care (What you need, 2015).

Due to improper sanitation, one of the biggest issues that these refugees see once they arrive on land is lack of access to clean water. In a park called Alexandros' Park near the NGO I worked for, there was one source of water for 400 refugees that were staying there. This water source became contaminated and many of the children in our ministry came in with diarrhea and

were vomiting due to drinking the dirty water. Another example of unsanitary conditions causing disease was at an abandoned shoe factory in Patras, Greece (video showing later). There were 200 refugee men staying in this factory but they only had a single hose to supply them with water. They all used this one hose to clean their clothes, take showers in, and drink from. This caused sickness to run rampant through the abandoned warehouse.

The barriers for refugees seeking medical help include the fear of being sent back from where they came and the linguistic barriers between the health care providers and the patients. Possible solutions for these barriers include the removal of any legal restrictions for refugees to access health care, allowing them to feel safe and trust in those who are trying to help them. Another possible solution is to extend each country's health care coverage to anyone seeking asylum, regardless of their immigration status. In regards to language barriers, there could be an increase in amount of health information available in the refugees' native language (Bradby, H., 2015). A cheap way to supply this to many refugees is through the distribution of Sim cards for the cell phone. For every 100 Syrian refugees, 87 of them have cell phones (Williams, A., 2015). This is actually what the organization that I interned with is doing currently, so I agree with this method of distribution of information. With these methods, the distribution of health facts through technology could be one of the most beneficial ways of promoting health and medical education, both through the easy spread of information and being cost effective. I also believe it would be extremely beneficial to help teach these refugees who are risking their lives coming across the Mediterranean Sea on unstable boats, to teach them how to swim. This is another activity that the organization that I worked for did as well. We help teach the women how to swim because many of them had never even been in the ocean before leaving their home country.

The 1951 Refugee Convention was adopted as a result of the redistribution crisis of persons after WWII. In the convention, the United Nations added to Article 14 of the Universal Declaration of human rights of 1948, stating that the nations had a global responsibility to protect those who are running from persecution and established an international set of rights for refugees. This Convention also set the global standard for what deems a person a “refugee”. It states, “A refugee, according to the Convention, is 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” (Relating, 2010). The United States of America was one of the twenty-six governed States represented at the Conference in Geneva, Switzerland in which this Convention came into place and who agreed to the conditions of the Convention (Relating, 2010). Because of that, America has accepted and consented to this set codification of rights for refugees and has chosen to treat them with the respect they deserve. Part of this agreement includes ensuring protection and safety to those in need and treating them “in accordance with internationally recognized legal and humanitarian standards” (The 1915 Convention, 2011). Under these laws, refugees have the international right to access health treatments and medical care equivalent to that of the country they are residing in. Under the laws of the 1951 Convention, they deserve the highest standards of physical and mental health (The 1915 Convention, 2010). Every person, no matter their religion, ethnicity, gender, or age, deserves to have access to the basic human right of receiving medical help.

These people deserve our help. Imagine how you would feel if you were trapped inside a country that was slaughtering anyone and everyone who didn't believe everything you said?

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