

Impact of Syrian Refugee Crisis on Access to Health Services

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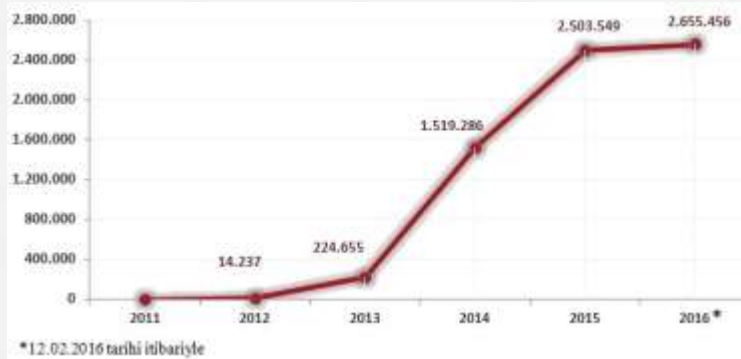
PURPOSE AND PROCESSES OF THE RESEARCH

◦ Fieldwork was done in the provinces of İzmir and Hatay during the summer of 2014 and semi structured questions were used to pursue the investigation and attempt to determine the situation.

Syrian Refugees in Turkey

- o The first contingent of Syrian refugees entered Turkey on 29 April 2011.
- o According to data from the Directorate of the Migration Authority, on 12 February 2016:
- o The number of registered Syrian refugees in Turkey was 2,656,456
- o 273,423 of these are accommodated in 25 temporary refugee camps in 10 cities.
- o A further 2,382,33 refugees have been dispersed throughout Turkey.
- o In Turkey approximately 10% of Syrians are living in the 25 refugee camps in 10 cities. The remaining 90% are distributed throughout Turkey.

Annual Rate of Refugees



Refugees living in camps and outside camps



The Legal Status of the Syrian Refugees

- *Turkey is not a country that accepts refugees.*
- Turkey has signed the 1951 Geneva Convention and Protocol Relating to the Status of Refugees. However, because Turkey accepted the agreement with a “geographical restriction”, persons arriving from outside Europe are not recognised as refugees.
- Among the 148 states that have signed the Universal Declaration of Human Rights, only Congo, Madagascar, Monaco and Turkey have placed a geographical restriction on the right to asylum.

“Geographical Restriction” and “Temporary Protection”

- The Syrians who have been arriving in Turkey since April 2011 were initially given the status, unrecognised by international law, of “guest”. The decree of April 2012 accepted them as being under “temporary protection”.

Problems in Access to Health Service

The Legal Situation Regarding the Utilisation of Health Services

- o According to the directives issued by Prime Ministerial Disasters and Emergency Administration (AFAD):
- o Once people arriving from Syria had been registered and issued with temporary identity papers, they would be able to benefit from publicly provided health services.
- o Refugees from Syria would not be required to make any financial contribution for these services.
- o They would only be able to use privately provided health services unless they were referred to one of these health care providers by an official state health care institution.
- o Syrians would have the same access to emergency health treatment as all citizens of the Turkish Republic.



The Utilisation of Health Services

- a) Person benefiting from temporary protection who is registered and issued with temporary identity papers,
- b) Person benefiting from temporary protection who is not yet registered by Directorate of the Migration
- c) Person benefiting from temporary protection who have crossed the border in an emergency are able to obtain health services.



Access to Health Service by Refugees Living in Camps

- ◊ There is at least one doctor and one nurse in each camp. Patients who cannot be treated on the spot are transferred by ambulance to a hospital as out patients.
- ◊ Translators are available.
- ◊ Medicines are provided free of charge.

Access to Health Care for Those Outside the Camps

- People arriving from Syria had been registered and issued with temporary identity papers, they would be able to benefit from publicly provided health services.

Language Problem

- The migrants' inadequate knowledge of Turkish and the lack of Arabic and Kurdish speaking personnel are making access to health services difficult.
- Our investigation has shown that serious problems are being experienced, from registration, to communication with the doctor, in the carrying out of tests and the provision of information about the taking of medicines.

Language Problem

- Lack of language leads to confidential information being shared with third parties and a consequent loss of personal privacy.
- Mostly help from Arabic or Kurdish speaking neighbours is used to solve the language problem, sometimes hospital personnel are able to help.

Muhammed Salih Ali, President of the Syrian Refugees Solidarity Association:

- *«Patients do not know the language. There are no translators in the hospitals. Recently a Syrian was unable to explain his problem to the doctor. Because the patient could not explain the doctor was becoming irritable. Then the patient rang me and asked me to explain his problem to the doctor on the telephone. I spoke to the doctor, but the doctor refused to accept translation over the phone.»*



Problems with preventative health care

- Preventative health care is only given to refugees who apply themselves to health service providing institutions.
- There is not any home or community health care. For this reason, cases of pregnant women, babies and children not being monitored, or vaccinations being partially or completely missed have been observed among refugees. Virtually no patients are being followed up. Everything is left to the refugee's own initiative.

Women and Children's Health

- In the course of this study, women stated that they had received no help with family planning or their own health.



Children's Health

- We came across many refugee children who were obliged to work under age. It was observed that these children worked under more onerous conditions, in more crowded and insanitary workplaces than children who were Turkish citizens.
- It was observed that children who are not working, as a result of language problems in the place where they are living and social exclusion, did not leave the house much, and preferred to remain at home with relatives, not forming relationships with local children.

Infectious Diseases

- o Health workers interviewed stated that the risk of infectious diseases has increased, indeed that for some previously unknown infectious diseases such as Leishmaniasis* they were undergoing new training.
- o The negative impact of poor housing and living conditions meant that these illnesses were more serious.
- o *Leishmaniasis The illness is caused by a parasite that enters the body. It appears on the face, nose and forehead and causes inflammation and sometimes lesions.

The Attitude of Health Workers to the Refugees

- o Among the problems faced by refugees in their access to health services are **discrimination by health workers.**

Psychosocial Support for Refugees

- War conditions have affected refugees' mental health and psychological condition adversely.
- It has been determined that refugees living outside the camps have received no services oriented to their mental health.

Psychosocial Support for Refugees

- One woman refugee was living close to a military area in Izmir, and when she heard shooting during military training in the camp, believed that the war had spread to Turkey, and hid her children inside the house and waited until morning.
- Another woman refugee had thought that the sound of a firework display was an exploding bomb and become very frightened.
- A refugee interviewed in Izmir said that:
- "I came with my wife, son and daughter. There bombs were falling and I use to turn up the television sound so as not hear the sound. Now we are sometimes hungry, but at least we are not frightened here. One month after we arrived here, there was a rainstorm and I hid in a corner, I could not move and I was crying. When they made a flight display over the army house I was frightened that they had come here. Every loud noise paralyses me. We are frightened, we cry. My daughter never goes out and talks to no-one. She wets the bed. We have no money and no work. Life is difficult."

Charges for Medicines

- From our investigations it emerged that charges for medicines were a major obstacle to uptake of health services. Confusion remains on the question of payment for medicines.
- In order for medicines to be free of charge to all refugees, there needs to be a protocol between AFAD and the Turkey Chamber of Pharmacists.



Charges for medicines

- In particular, for patients with chronic illnesses that require continuous drug treatment, those with cancer and diabetes, having to pay for medicines has increased their suffering.
- Some patients requiring regular medication have been observed to have given up taking their medication.

The Effect of Migration on Health Workers

Working Conditions and Intensity of Work

- o The greatest of the problems being encountered was the increase in work load.
- o For a longish time, with the justification that this is an exceptional period, health workers have been made to work under arbitrary conditions, in breach of the rules. Health workers are working long hours and have not been able to get any overtime payments.
- o In time, they have become, by the nature of their job, health workers who continue to work without making any demands.

Psychological problems

- o It has been established that, particularly in the Hatay region, health care staff have experienced severe mental health problems.
- o SES Hatay Branch Womens' Secretary Merve Nur Varhan said that:
- o *“Treating war wounded is not easy. Seeing wounded patients all the time is a really hard situation. Part of their body is missing, this is traumatic for us, too. After Aleppo we lived through this trauma again. There is nervousness that we will see this again. Wounded children were particularly difficult for us. Colleagues with children of their own were badly affected.”*

The health and safety of health care staff

- o For instance, On 18 February 2015 a very dangerous incident occurred when a hand grenade fell from a patient who had been brought to the Mustafa Kemal University Hospital in Reyhanli, Hatay by ambulance and was being given first aid by a member of the SES union.



The health and safety of health care staff

- o It was determined that incidents where armed Syrians had verbally and physically threatened hospital workers had occurred in Hatay.
- o Another problem that has been making health workers nervous is the presence of chemicals on wounded Syrians and that they have been accepted into operating theatres in non-sterile military uniforms.



Problems of General Practitioners

- General Practitioners have not been able to get an appropriate increase in their income to compensate for their increased workloads and increased patient numbers.
- Refugees records cannot be kept as citizens of Turkey and for this reason patients cannot be followed up.
- There has not been an increase in the numbers of health care workers appropriate to the increased work load.



CONCLUSION

- ◊ There has been some improvement since the first years of the flow of refugees.
- ◊ In particular it appears that the health care problems of those living outside the camps persist to a large degree.
- ◊ Confusion remains on the question of payment for medicines. Whether or not medicines are being paid for varies from province to province.

CONCLUSION

- There is the need for the establishment of new health care units where refugees are concentrated, along with an increase in the numbers of population.
- There is the need for an increase in the numbers of health care workers to respond increased workloads.
- Registration should not be made a condition for the provision of health care services. Insisting on registration as a pre-condition for the provision of health care will prevent refugees access to health care who have no identity papers.

