Medical Peace Work
Online Course 6

Refugee and migration challenges
Course 6: Refugee and migration challenges

Objectives

• Describe the needs of refugees and migrants related to their health and well-being.

• Understand the psychosocial impacts of the violent conflicts many migrants escape, and the difficulties they are likely to experience.

• Be aware of the need for culturally sensitive health care, and of ethical dilemmas in relation to health and refugee work.
Refugee and migration challenges

- Chapter 1: Asylum and migration
- Chapter 2: The migrant’s journey and life in a camp
- Chapter 3: Adapting to a new landscape
- Chapter 4: Ethics and self-care for health workers
What can health professionals do?

They can ensure migrants and refugees:
• Suffer no discrimination in accessing services
• Receive the best possible care

They can also:
• Act as educators and advocates
• Raise awareness of the needs of migrants and refugees

Health professionals also need to take care of themselves so they can do this work well.

• The terms used can effect a persons legal status and entitlements.

• Some terms have particular meaning under International Humanitarian Law (IHL).

• The words used can influence people’s attitudes.

• Terms can be used incorrectly by politicians and others to further particular agendas.
Terms you need to know

- A **refugee** has crossed an international border and has a ‘well-founded fear of being persecuted’; refugees have rights under IHL.

- An **asylum seeker** has also crossed an international border in search of protection and has an ongoing claim for refugee status.

- An **internally displaced person (IDP)** is displaced within their own country.

- A **migrant** is living ‘temporarily or permanently in a country where he or she was not born’.
A migrant’s journey: different stages I

- Pre-flight
- Flight
- Reception
- Settlement
- Resettlement

Photo: Marion Birch
A migrant’s journey: different stages II

- **Pre-flight**: can involve instability, economic hardship, violence, loss, and social disruption

- **Flight**: often when migrants are at their most vulnerable and their health is most at risk

- **Reception**: can be very varied and is likely to be influenced by how much the migrant has in common with the host population

- **Settlement**: may give a chance to recover from the journey, possibly with some support such as humanitarian aid including health care

- **Resettlement**: there will be different levels of integration into the community and this can have a strong influence on health.
Solutions – the three Rs

The United Nations High Commissioner for Refugees (UNHCR) has a duty of protection which includes finding durable solutions to displacement. (UNHCR n.d.)

- Repatriation - the ideal solution
- Reintegration - the next best option
- Resettlement - in a third county
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Health risks of migration and displacement

- Poor socio-economic conditions, poor housing, inadequate nutrition, and all too often physical violence
- Isolation and difficulty in accessing appropriate health care
- Stress and risks to psychiatric and psychosocial health.

→ Health professionals can address these immediate needs and can help address the root causes of migration by:
  - Contributing to peace building and protection
  - Working towards longer term policies to prevent and mitigate violent conflict and promote development.
Why do people become migrants?

- There are ‘push’ & ‘pull’ factors.
Forced or voluntary migration - why does it matter?

- **'Forced' migrants**: displaced by conflicts, natural or environmental disasters, famine or development projects

  *but*

- Many migrants move in order to seek a better life for their families in a global situation of great inequalities; it can be questioned whether this type of migration is truly **voluntary**.
Health risks of life in a refugee camp

- Overcrowding
- Communicable diseases
- Malnutrition
- Insufficient water and inadequate sanitation
- Lack of privacy and social structure
- Stress and fatigue
- Lack of health care
How can health services be best provided?

Where possible it is important to:
• collaborate with and support existing health services
• follow the guidelines and standards of the host country – for example in malaria control
• consider the health needs of the host population as well as the refugees
• base care on primary health care principles and international best practice.
Particular issues for refugees and migrants in urban settings I

- They may move in with people they know.

Host populations are usually very hospitable, but additional people in cramped and poor conditions can create considerable strains.
Particular issues for refugees and migrants in urban settings II

• They may be able to move to a part of the city where they know people, but they may just have to settle where there is space.

• Increasingly people are getting ‘stuck’ in countries on their way to their destination, in difficult conditions and unable to move on.
Violence in refugee camps
- what are some common causes?

• Combatants among the refugees
• Enforced repatriation or other movements of people
• Tensions with the host population
• Located in a conflict sensitive area
• Resources attract armed theft
• Inadequate policing and other law and order measures
• Poorly organized / managed camp or too large and overcrowded
• High levels of stress and absence of the usual social framework
What can health professionals do about violence in camps?

- Ensure the camp is not too big, in the ‘right’ place, and managed in a clear and transparent way.
- Address the immediate effects of violence and use the information they obtain to understand why it is happening.
- Address the underlying causes of violence for example by addressing camp design and organising firewood collecting patrols.
Gender-based violence in refugee camps - why is this a particular issue?

Increased vulnerability of women due to:

- Breakdown of family and community structures
  - isolated from normal social support and protection
- Lack of income possibility
  - being forced to exchange sex for basic needs
- Need to travel outside camps to collect water and wood
- Mental health problems, including the stress of the migration process
- Poorly planned camps
How health professionals can help to prevent gender-based violence

- Empowering women
  - *inclusion in all levels of camp and community decision-making*
- Involving community in addressing and resolving issues of violence
- Planning and managing of refugee camps
  - *lights on pathways used by women and children*
  - *safe areas for lone women and unaccompanied children*
  - *safe times when women can go to collect wood or water with escort*
  - *providing other forms of fuel*
- Awareness of signs of domestic violence and rape: making reporting simple
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Arriving or resettling in Europe - reality and best practice

What you need to know:

• How to get information on national legislation
• The health impact of national asylum processes
• How public opinion, media messages and policy decisions affect migrants.
Relevant EU directives & legislation

- Dublin (I) Convention
- Treaty of Amsterdam 1997
- Tampere 1999
- Hague 2004
- EURODAC
International Legal Obligations

• **Article 25 of the Universal Declaration of Human Rights (UDHR):** ‘Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services.’

• **Article 12 of the International Covenant on Economic, Social and Cultural Rights 1976 (CESCR):** States Parties should recognise ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.’
Holistic care & cultural competence

Questions to be answered:

• What is the impact of ‘otherness’ on individual and public health care?

• How can holistic, integrated care be promoted for people from marginalised groups?
Doing the right thing  
- examples of good practice in Europe

- **Clinical Projects**
  - *hand-held records*
  - *multilingual appointment cards*

- **Advocacy Projects**
  - *a clinic for advice and interim care*
  - *face to face mentoring*
  - *training and vocational development*

- **Information and knowledge bases**
  - *knowledge and expertise for health professionals*
  - *a network for sharing information and resources*
  - *monitoring access to health care*
Who is the ‘Other’?

• not ‘Us’
• different
• potentially threatening
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Ethics and self care for health workers

You need to know:

- Key professional and legal obligations of working with migrants
- The personal impact of working with traumatised clients
- Some basic self-help skills.
Duty of care, confidentiality and dual loyalty

• **Duty of care:** obligation to prevent harm being suffered by another
  → Health professionals must serve the best interests of their patients in all circumstances.

• **Confidentiality:** what is discussed with the patient must be confidential except in special circumstances
  → Particular care has to be taken when using interpreters and in campaigns.

• **Dual loyalty:** clash between the rights of individuals and familial or societal considerations
  - can also occur due to pressure from states or the military
  → Health professionals have to respect the rights of individuals under human rights law.
Caring for the carer

Health workers who listen to the often harrowing experiences of others may themselves need care.

You need to be aware of:

• Secondary trauma, PTSD, dissociation, empathy and counter transference
• Ways in which health workers can care for themselves
• Protective mechanisms that individuals and organisations can use.
Health workers as advocates
Target X Trafalgar Square
Types of advocacy

• **Speaking on behalf of patients / clients**
  – individual advocacy and support

• **Public advocacy**
  – speaking out to try and focus world attention (also through reports etc.)

• **Silent advocacy**
  – attempting to influence governments and others through confidential discussions and evidence

• **National campaigns**
  – through professional and campaigning organisations and trade unions
References


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