Beyond the Headlines and into the Health of Syrian Refugees

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INTRODUCTION

In 2011, a civil war began in Syria. Protesters demanded President Bashar Al-Assad's resignation and subsequent implementation of democratic reforms.[1] The Syrian government responded with military action, which escalated feelings of hostility and propelled anti-government rebel activity. Since then, the battle against the regime has grown into a sectarian conflict between various ethnic and religious groups in the country.[2]

The crisis in Syria is one of the largest refugee migrations in recent history, with over 9 million refugees fleeing for safety. Many refugees present with pressing health concerns such as trauma and mental health issues, which are exacerbated by malnutrition and unsanitary conditions in refugee camps.[3-6] Given the health impacts of the refugee crisis and potential rise in the number of Syrian refugees admitted to Canada, t is important to consider whether our country's health policies adequately meet the needs of refugees.

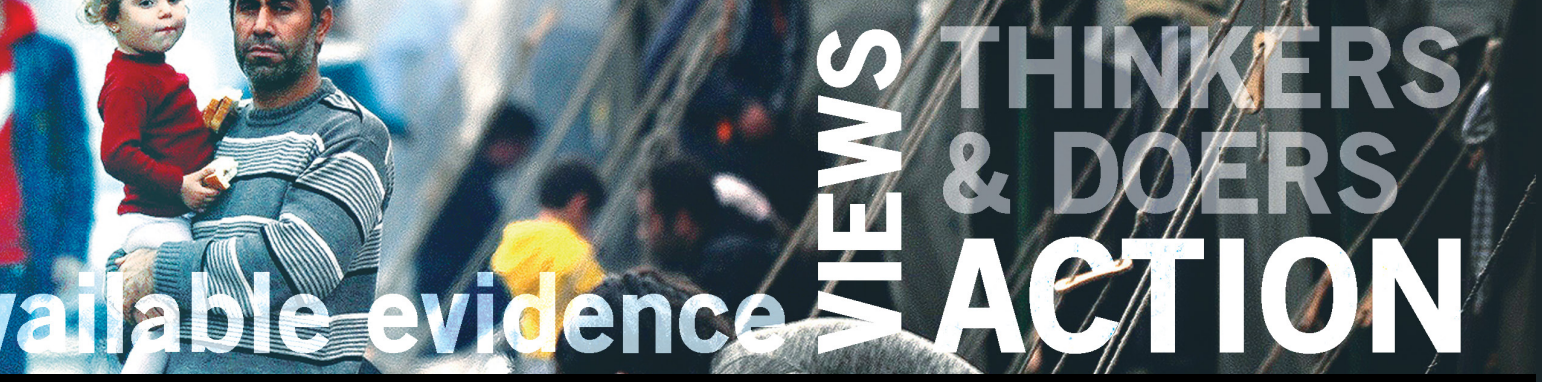
INTERNATIONAL AND CANADIAN RESPONSE TO THE REFUGEE CRISIS

Most of the refugees escaping the conflict have fled to neighbouring countries. Turkey has accepted over 2 million refugees, Lebanon 1.1 million, and Jordan 600,000. Many of these refugees live in refugee camps provided by the national governments. These camps are often overcrowded due to the growing refugee influx, creating issues such as water and food shortages and the spread of infections.[7]

The Canadian response to the current refugee crisis has varied drastically from Canada's response to previous refugee crises. Citizenship and Immigration Canada reported that 2,374 Syrian refugees have been resettled in Canada between Jan 2014 and Aug 2015. Most of the refugees arriving in 2015 were privately sponsored by families (n=1,513) and not UN-referred (n=308).[8] This is in stark contrast to previous Canadian responses to refugee crises where Canada accepted 5,000 refugees from Uganda in 1972 and 60,000 Vietnamese refugees in 1979-1980.[9] Moreover, Syrians applying for refugee status in Canada face difficulties such as requiring certification from another country or a UN agency before applications can be reviewed. However, the newly-elected federal government has pledged to accept 25,000 refugees by the end of 2015 so this process may change significantly in the near future.[8,10]

SOCIAL AND ECONOMIC IMPACTS

In an increasingly interconnected world, the refugee crisis has global economic and social impacts. The migration process alone affects multiple countries, including the refugees' countries of origins, their final destinations, and the countries acting as points of entry and transit. Despite voiced concerns that the population increase will strain infrastructure, education, health care, and transport systems in host countries, there is little evidence to support these claims. For example, a study employing economic modeling to examine the impact of the Syrian refugee influx in Turkey found that food and housing prices were not significantly affected. Moreover, the study reported that employment rates in Turkey across different sectors remained stable.[11] Similarly, while



some Jordanians claim that the influx of Syrian refugees, no evidence supports this speculation.[12]

HEALTH IMPACTS

Refugees forcibly displaced from their home country face significant health risks. As victims of sociopolitical unrest, many are separated from loved ones or have witnessed the death of family members, contributing to the high prevalence of post-traumatic stress and depressive symptoms.[13] These symptoms are often left untreated given the limited resources and health services available in refugee camps. Chronic malnutrition is another health concern in refugee camps as it increases susceptibility to many diseases and illnesses. This is especially problematic for vulnerable groups when compounded with poor hygiene practices, unsafe drinking water, lack of immunizations, and severe weather conditions.[4-6] The constant turnover of staff members in refugee camps and the constant inflow and outflow of people also present unique challenges in providing sustained care. Moreover, the locations of refugee camps present even greater barriers to care as they tend to be remote, poorly accessible by road, and limited in power supply.[6]

After settling into a host country, refugees continue to face barriers to health care access. These include financial insecurity, language difficulties, cultural differences, and lack of access to important programs and services. In addition, healthcare workers may lack adequate training and awareness of issues specific to refugees to be able to provide culturally appropriate care, which is particularly important in the context of mental health.[14]

In Canada, the federal government is responsible for the delivery of healthcare to refugees. In 2012, drastic cuts were made to the healthcare services available to refugees and refugee claimants through the Interim Federal Health Program (IFHP).[15] While these cuts were justified by the government as a cost-saving measure, a statement by the Canadian Healthcare Association postulates that cuts to essential services may lead to increased costs due to unscreened, untreated, or poorly managed health conditions.[16] Furthermore, a study conducted at The Hospital for Sick Children found that in the six months prior to the cuts, 46% of emergency room bills submitted through IFHP were paid, as opposed to 7% in the six months following the cut. This suggests that costs were simply transferred from the federal government onto hospitals.[17] Given the recency of the cuts, there is limited data available on their effects. A multi-site study from 2013-2017 aims to assess the impacts of the changes to the IFHP on health status, costs, and access to healthcare for refugees in Toronto and Montreal.[18]

CONCLUSION

Various speculations have been made regarding the impact of the refugee influx on existing social structures and health systems. While further research is required to elucidate the exact effects of the 2012 cuts to the IFHP, available literature suggests that the restricted access to health care for refugees has no clear indication of cost savings. Claims regarding the economic impact of refugee migration on local communities have not been well-supported by evidence given the recency and multifaceted nature of the crisis. Thus, it is important to remain critical of what is being portrayed in the media. Finally, an important point to consider is that refugees are humans deserving of our compassion, respect, and empathy. Beyond the headlines of the Syrian refugee crisis, we should remember that this is not purely a health or economic issue, but one that is founded on principles of human rights, dignity, and equality. ■

More details on this topic are available at http://www.mcmasterhealthforum.org/

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