

Global refugee crisis: what can you do to help?

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Tash is currently a fourth-year medical student at the University of Otago, based at Dunedin Hospital. Recently Tash attended the Global Health Conference in Newcastle where one of the key focuses was refugee health. Some of the things she enjoys doing in her free time include tramping and running. She is also involved with the Otago University Medical Students Association (OUMSA) in Dunedin and is the incoming chair of the student subcommittee for the New Zealand Rural General Practitioners Network (NZRGPN).

We are facing a global crisis. War and extreme poverty are forcing productive and capable members of society to leave their homes for fear of violence and/or starvation. These are people who have to leave everything behind: their homes, their belongings and often their relatives. Imagine running from the town in which you have built your life, taking only what you can physically carry and heading toward the unknown. It is not a decision anyone would make lightly. Stay and die, or leave and perhaps live. It is not even a choice. It is survival. The journey ahead may be long and treacherous. It may cross war zones. It may end in refugee camps, detention centers or death.

This report covers current issues faced by people seeking asylum in Australia and New Zealand (NZ) and what we can do to help. Every healthcare worker, and indeed, every resident of the country should make it a priority to understand these issues as the current global climate has ensured that every person will be affected in some way.

Hmm, I've heard about the crisis. But isn't it one of the big issues that people are trying to cross into other countries illegally? Why don't they wait to be processed in due course?

The biggest refugee camps tend to be in countries neighbouring those in conflict.¹ These countries are often dealing with their own issues and struggle to provide for those seeking asylum. This means food shortages, a lack of healthcare and education and high levels of crime.¹⁻⁵ In addition, the refugee status of people seeking asylum is recognised by the host country but often they are not extended the same rights as citizens.⁶ They cannot get jobs. They cannot educate their children outside the camps. Travel is restricted, and being caught breaking any of these rules means being thrown in prison. Thrown in prison for daring to seek freedom from violence. Sounds unbelievable? Unfortunately, this is the reality faced by many refugees.

Worldwide there are 65.3 million displaced people.⁷ Let me repeat that. Around the globe, 65.3 million people have been forced from their homes. New displacements are occurring at a rate of 33,972 per day.⁷ That is equivalent to the entire population of Ashburton fleeing their homes. Every day. Over 50% of these people are children under

the age of 18, and nearly 100,000 are unaccompanied.⁷ Displacement rates are also increasing exponentially, with the number of people needing urgent resettlement increasing by 67% since 2013.⁸

In response to this dire need there has been pressure on host countries to increase their refugee quota. NZ included. In 2016, the NZ government announced an increase in their refugee quota from 750 to 1,000.⁹ The first increase in 30 years and a step in the right direction. Yet even with this increase, NZ is placed 87th for refugee intake per capita.⁷ We are placed far behind Australia who take five times more refugees per capita, despite their increasingly closed border tactics.⁷ We can do better NZ!

Globally there are 133,641 places offered annually to people seeking asylum.⁷ That sounds like a lot right? But let us put it in perspective. If we take into account the current number of refugees (19.5 million) and the current rates of new displacements, a person in a refugee camp who applies for asylum can expect to wait their entire life for placement in a host country.

So we offer places in refugee camps, where physical and sexual violence are commonplace. Where we leave men, women and children unsafe. Where they cannot work or expect to be able to educate their children legally. We tell these people to be patient, that many countries are taking refugees and you will be offered a place in time. Yet the statistics tell us they are much more likely to die before being offered a placement.

Despite all I have described so far, there is a glimmer of hope for some of those displaced. There is the option to pay a trafficker; to get on an old and rundown boat, overcrowded to a point where it is only just afloat. It is a boat that will head to the shores of the most desirable countries. It might not make it. But to stay is hopeless. If it was you, and it was your family living in these conditions what would you do? Would you take the chance, however risky, to find asylum? These are the 'Boat People' that end up on the shores of Europe or Australia. The European Union (EU) does not turn boats back. This policy is a relic of World War II where to turn back a boat of Jewish

people meant almost certain death.¹⁰ Unfortunately, Australia takes a different stance (more on that later) despite being a signatory to the 1951 Refugee Convention which offers protection for refugees.¹¹

Wait! Why don't we just take more refugees?

One of the major arguments against increasing the quota is that we do not have the resources to support more people. In NZ we already have a housing crisis in many of the main centers.¹² We have long waiting lists for surgery and increasing inequality widening the disparities in healthcare access.^{13,14} If we are failing our own citizens how can we bring more to this country? But if we are falling back on the 'we cannot afford it' argument then how is it possible that 86% of the world's refugees are hosted by developing countries?⁸ Where is our sense of moral responsibility? Many New Zealanders do not realize that life in this country brings safety displaced people can only dream of; a new reality that children of refugee camps cannot even imagine.

You mentioned Australia? What's happening in Australia?

Australia has recently hit the media for their horrific treatment of refugees in detention centers.^{15,16} Their response? Peter Dutton, Australian Minister for Immigration, told media the leaked Nauru files (which details routine physical, sexual and psychological abuse of people detained at the Nauru center) were untrue.¹⁵ There are also gagging orders, in the form of the Border Force Act 2015 on those working in the camps, preventing them from speaking out about what those in their care suffers at the hands of the Australian government.¹⁷

Some brave individuals such as Professor David Isaacs and Alanna Maycock have made public their experiences.^{16,18} They do this to ensure the public is aware of the atrocities that are being committed by workers on the Australian payroll. They risk prosecution because they know the public will be outraged. And they should be. Yet we stand by as children commit suicide because they can see no future. When men are setting themselves on fire because they have literally become forgotten people. The response? The country's top politicians write it all off as collateral damage and tell people not to get 'misty-eyed' about it.¹⁹ How is this in any way ok and what can we do about it? We need to keep speaking out. And we need to continue to support the heroes that do.

Top human rights lawyers David Manne and Julian Burnside have offered Pro Bono defense of individuals brought to court in breach of the Border Force Act.¹⁸ They know the Australian Government will hesitate to prosecute because to do so would result in public testimony. Respected individuals who have sworn an oath to the service of humanity could stand in the witness box and report on all the abuses in these detention centers. They know the world will be ashamed that a developed country, in the 21st century, can treat human beings so poorly.

This sounds terrible. What can I do to help?

If you are still reading hopefully that means you are feeling indignant about our treatment of people coming to us for protection. The next stage is to harness this anger and do something about it. Doctors have a strong voice with lawmakers and with the community, change can happen when we unite.

- Find out what activities or protests are happening in your area and get involved (contacting MSGA can be an excellent way to do this).
- Write to your local Members of Parliament (MP) in support of an increased refugee quota.
- Speak about the refugee crisis with your friends, family and community. Many people do not understand the issues and this is an area where you can have a significant impact.
- Volunteer with the Red Cross or other organisations involved in the resettlement of refugees. Understanding the healthcare system in NZ (accessing care and funding for care) can be difficult for refugees.

What about in the clinical setting?

Health professionals and their students will inevitably find themselves working with refugees in some capacity throughout their careers. There are a number of ways we can prepare ourselves for working with resettled people.

I would highly encourage reading the Refugee Healthcare Handbook for Health Professionals, published by the Ministry of Health.²⁰ This book is incredibly useful and its content extends from the issues which lead to people seeking asylum to all the healthcare issues specific to one's country of origin. However, the current edition of the handbook does not cover the Syrian conflict so it is worth reading up on this separately, especially as a number of our new refugees will be arriving from Syria. The funding pathways and exactly what is funding for each class of refugees is explained in detail, as well as the healthcare process (including vaccination catch ups) that they go through on their way to their new homes.

Most countries will reject refugee applications if there is evidence that the new citizens will increase burden on the healthcare system. New Zealand is unique in that they prioritise refugees that have current health issues.²⁰ This means family doctors will need to be clear in their communication to ensure patients are compliant with medications and treatments which may not have been available to them previously.

The Red Cross New Zealand is highly involved in resettlement of refugees and can assist in many ways. This includes organising transport to and from healthcare visits, providing translation services and assisting patients in picking up prescriptions.²¹

When speaking with refugees or any new immigrant from an area of conflict, it is important to ensure that they are comfortable disclosing health information. Often the previous healthcare assessments they had were related to their application for asylum. Therefore, at the start of the appointment it should be made clear that this consultation is completely separate to their application, and reassure them that the information will be held in confidence and anything discussed will in no way impact their refugee status.

Funding for the appointment should also be addressed early on. Is this or any subsequent treatment likely to be covered by the healthcare system or will the patient have to fund them? More information on what is covered is available in the Refugee Healthcare Handbook and online.

Can I ask about their past?

Often refugees have a history of psychological trauma of interest to the healthcare professional. This raises a couple of points. One, is the information actually relevant to the presenting complaint or not? And two, is this the ideal context for discussion of this history? The patient file from the refugee processing center will usually have information stating previous exposure to trauma including torture, sexual assault or psychological injury. Knowing this background may be important but knowing the exact details often will not necessarily add extra value. Keep in mind that asking the patient to relive their trauma may cause undue stress. Although screening for Post-Traumatic Stress Disorder (especially in children) should be undertaken, a psychologist may be the best candidate for this as they also have the tools for intervention.²² Waiting for the psychology consultation also reduces the number of retellings the patient has to go through. This is particularly important if one's cultural background may deem talking about past trauma not acceptable.²³

Although this report has only skimmed the surface of the issues, there is a wealth of information available online. Hopefully you agree by now that it is worthwhile improving your understanding of the refugee journey. The websites for Amnesty International and the United Nations High Commission for Refugees are excellent places to start. Share your thoughts with those around you. Become an advocate for refugees and displaced people because no one deserves the treatment that they are routinely suffering.

1. Amnesty International.
Syria's refugee crisis in numbers. [Internt] 2016.
<https://www.amnesty.org/en/latest/news/2016/02/syrias-refugee-crisis-in-numbers/> (accessed 1 Sept 2016).
2. Pinehas LN, van Wyk NC, and Leech R.
Healthcare needs of displaced women: Osire refugee camp, Namibia.
International nursing review 2016; 63(1): 139-147.
3. Kane JC *et al.*
Mental, neurological, and substance use problems among refugees in primary health care: analysis of the Health Information System in 90 refugee camps.
BMC Medicine 2014; 12(1): 1.
4. El-Khatib Z *et al.*
Syrian refugees, between rocky crisis in Syria and hard inaccessibility to healthcare services in Lebanon and Jordan.
Conflict and Health 2013; 7(1): 1.
5. Frey TL.
The Current State of Access to Basic Education for Syrian Refugee Children Living in the Za'atari Camp.
Capstone Collection 2016, paper 2895.
6. Akbarzadeh S and Conduit D.
The Syrian refugee crisis.
Ethos 2016; 24(2): 8.
7. The United Nations Refugee Agency, United Nations High Commissioner for Refugees.
Global Trends: Forced Displacement in 2015.
Geneva; 2015.
8. Amnesty International.
Global Refugee Crisis - by the numbers. 2015.
<https://www.amnesty.org/en/latest/news/2015/11/0/global-refugee-crisis-by-the-numbers/> (accessed 1 Sept 2016).
9. Woodhouse M.
Government announces increase to Refugee Quota.
Wellington: New Zealand Government; 2016.
10. Loescher G.
Beyond Charity: International Cooperation and the Global Refugee Crisis: A Twentieth Century Fund Book.
New York: Oxford University Press; 1996.
11. Koser K.
Australia and the 1951 Refugee Convention. Lowy Institute for International Policy 2015.
<http://apo.org.au/resource/australia-and-1951-refugee-convention> (accessed 1 Sept 2016).
12. Greenaway-McGrevy R and Phillips PC.
Hot property in New Zealand: Empirical evidence of housing bubbles in the metropolitan centres.
New Zealand Economic Papers 2016. 50(1): 88-113.
13. Siciliani L, Moran V, and Borowitz M.
Measuring and comparing health care waiting times in OECD countries.
Health Policy 2014; 118(3): 292-303.
14. Devaux M.
Income-related inequalities and inequities in health care services utilisation in 18 selected OECD countries.
The European Journal of Health Economics 2015; 16(1): 21-33.
15. Parkes Z.
Nauru files expose government cruelty.
Green Left Weekly. 2016 August 16; 1106: 24.
16. Isaacs D.
Nauru and detention of children.
Journal of Paediatrics and Child Health 2015; 51(4): 353-354.
17. Faunce T *et al.*
Regulation of Australian medical professionals and national security: Lessons from three case studies.
Journal of Law and Medicine 2016; 23(3): 544.
18. Isaacs D and Maycock A.
Refugee and Asylum Seeker Session Policy.
Proceedings of the Global Health Conference; 2016 August 26-30. Newcastle, Australia.
19. Galloway K.
Legislating for human dignity without being misty-eyed.
Eureka Street 2016; 26(8): 36.
20. Ministry of Health.
Refugee Health Care: A Handbook for Health Professionals. 2012.
<http://www.health.govt.nz/publication/refugee-health-care-handbook-health-professionals> (accessed on 1 Sept 2016).
21. New Zealand Red Cross.
Refugee Programmes. 2016.
<https://www.redcross.org.nz/what-we-do/in-new-zealand/refugee-programmes/> (accessed on 1 Sept 2016).
22. Hodes M.
Psychologically distressed refugee children in the United Kingdom.
Child Psychology and Psychiatry Review 2000; 5(2): 57-68.
23. Burnett A and Peel M.
Health needs of asylum seekers and refugees.
British Medical Journal 2001; 322(7285): 544.

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