

The Health Rights of Syrian Refugees in Turkey From a Legal and Ethical Perspective

Yasal ve Etik Açısından Türkiye'deki Suriyeli Sığınmacıların Sağlık Hakları

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This study is a study on the health problems of Syrian refugees in the legal and ethical context in Turkey. Review, 21st Annual World Medical Law Congress (2-6 June 2015, Coimbra, Portugal) as a poster.

ABSTRACT A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. The Syrian civil commotion, which began on 15 March 2011, has gradually turned into a civil war and the Syrians in this environment, who were seeking for a safe war-free area, were forced to undergo an internal and external migration. According to the official numbers, approximately 4.8 million Syrian refugees had to migrate to abroad up to this date. Turkey is one of the most affected countries by this compulsory migration. According to the official numbers, as of February 2017, approximately 2.85 million Syrian refugees have taken shelter in Turkey. However, based on the unofficial records, it is said that the actual number of Syrians living in Turkey has exceeded 3 million. The legal provisions in the national legislation of Government of Turkey, regarding "mass migration movements" and "conditions that require urgent humanitarian assistance" are quite insufficient against the massive migration act of Syria. Due to all of these afore mentioned reasons, the vast majority of Syrian refugees have serious problems especially on health-related issues besides education, sheltering and satisfaction of basic needs. This article will focus on the ethical problems encountered by Syrian refugees during the utilization of health services in the light of legal regulations in Turkey.

Keywords: United nations; health policy; ethics, medical; legislation, medical

ÖZET Savaş, şiddet kullanımı ya da işkence gibi nedenlerle ülkesinden kaçarak bir başka ülkeye sığınan kimselere sığınmacı denir. Suriye'de 15 Mart 2011 tarihinde başlayan halk ayaklanması geçen süre içinde iç savaşa dönüşmüş ve bu ortamda Suriyeliler güvenli bölgeler arayışı içinde zorunlu iç ve dış göçe maruz kalmışlar ve başka ülkelerde sığınmacı olmuşlardır. Resmi rakamlara göre, bugüne kadar yaklaşık olarak 4.8 milyon Suriyeli mülteci başka ülkelere sığınmak zorunda kalmıştır. Türkiye bu zorunlu göçten en fazla etkilenen ülke olmuştur. Suriye'de iç savaşın başlamasından bu yana Türkiye'ye gelen Suriyeli sığınmacı sayısının resmi rakamlarla 2.855.000 civarında olduğu belirtilmektedir. Ancak resmi olmayan rakamlara göre bu sayının üç milyonun üzerinde olduğu dile getirilmektedir. Bu bağlamda bu büyük göç hareketi karşısında Türkiye devletinin ulusal mevzuatında kitlesel göç hareketleri ve acil insani yardıma gereksinim duyulacak koşullarla ilgili yasa maddeleri de oldukça yetersiz kalmaktadır. Tüm bu nedenlerle Suriyeli göçmenlerin büyük çoğunluğu; eğitim, barınma, temel ihtiyaçların karşılanması ve özellikle sağlıkla ilgili olarak ciddi sorunlar yaşamaktadırlar. Bu kişilerin sağlık hizmetine erişmelerini zorlaştıran koşulların arasında sağlık mevzuatının yetersizliği, maddi yetersizlikler, dil farklılığı, nereden ve nasıl hizmet talep edeceklerini bilememek gibi pek çok sorun bulunmaktadır. Bu makalede Türkiye'ye gelen Suriyeli sığınmacıların sağlık hizmetlerinden yararlanmasında kullanılan yasal mevzuat ışığında bu konularla ilgili olarak yaşanan etik sorunlar irdelenecektir.

Anahtar Kelimeler: Birleşmiş milletler; sağlık politikası; etik,tıbbi; yasalar, tıbbi

MANDATORY MIGRATION AND THE SITUATION OF SYRIAN REFUGEES IN TURKEY

Climate change, global conflict and economic necessity have been the highest driving forces of migration in history. According to the International Organization for Migration (IOM) some 192 million peo-

ple are living outside their place of birth, representing about 3% of the world's population.¹

Migration and health are interconnected in many ways. The investigation of both migration and health forces us to recognise that the types of migration (international, internal, seasonal, circular, etc.) interact with each other as well as other population parameters. The existence of a health perspective in migration research can be an improvement over traditional approaches.² Within this context, migrant health and access to healthcare are fundamental elements of integration and human rights.³

The civil commotion, which began on 15th March 2011 in Syria, has gradually turned into a civil war and the Syrians in this environment, who were seeking for a safe war-free area, were forced to undergo an internal and external migration. According to the official numbers, approximately 4.8 million Syrian refugees had to migrate to abroad up to this date.* Turkey is one of the most affected countries by this compulsory migration. As of April 2017, approximately **2.965.000** Syrian refugees have taken shelter in Turkey.** However, based on the unofficial records, it is said that the actual number of Syrians living in Turkey has exceeded 3 million.*** Within this period, the basic needs of the Syrians such as safety, nutrition, sheltering and healthcare have become vitally important.

Syrian refugees have been taken under a “temporary protected status” in accordance with the Republic of Turkey, Ministry of Internal Affairs Regulation Number 1994 /Article 10 since October 2011, based on the ‘Convention Relating to the Status of Refugees’ which has been accepted by the representatives of 26 countries on July 28th, 1951.**** The first legal regulation relating to the status of Syrian refugees after this date have been put in order on March 30th, 2012, with the Directive Number 62 named ‘Acceptance and sheltering of the Syria Arab Republic citizens and the stateless people residing in the Syria Arab Republic coming to Turkey for asylum’.⁴ The temporary protection regime constituted by the means of this directive includes the basic principles such as open-door pol-

icy, not enforced to turn back, exempt from individual status determination, be able to shelter in the camps and provision of basic services. ‘Temporary Protection Regulation’ was published in the Official Newsletter number 29153 on October 22, 2014.*****

THE HEALTH CONDITIONS OF SYRIAN REFUGEES IN TURKEY

Being exposed to an intense and obligatory migration can cause health problems both for refugees and migrated places. Some of the biggest health problems among those can be listed as increase of diseases that are preventable by vaccination, transmitted by vector, air, food; increase of malnutrition caused by insufficient and/or unbalanced nutrition, and insufficiencies on family planning methods. Moreover, there is a higher psychological trauma risk with physical and sexual violence. In this context, child abuse is among the alarming problems.^{5,6}

The compulsory mass migration caused by the Syrian Civil War brings significant health problems among many others. The factors such as insufficient number of health institutions, immigrants with lower income and no health insurance greatly affect individuals’ health conditions. The other factors that affect those immigrants’ access to healthcare are foreign language barriers, financial issues and lack of social security. Inaccessibility to health institutions due to economical problems, failure of medical expense coverage and medicine supplies are important issues. Moreover, registration of immigrants, absence of detecting people with special needs during registration (such as unattended kids, women, disabled and/or elderly people, victims of torture/sexual assault/violence etc.), need to han-

*Regional Strategic Overview; 3 RP Regional Refugee and Resilience Plan 2017-2018 in Response to the Syria Crisis. p.6 <http://data.unhcr.org/syrian-refugees/country.php?id=224> (Accessed: April 03, 2017)

**<http://data.unhcr.org/syrianrefugees/country.php?id=224> (accessed April 01, 2017).

***Turkey: Refugee crisis; Echo Factsheet. European Commission, European Civil Protection and Humanitarian Aid Operations. January 2017 http://ec.europa.eu/echo/files/aid/countries/factsheets/turkey_syrian_crisis_en.pdf (Accessed: April 03, 2017)

****<http://www.unhcr.org/4ec262df9.html> (accessed February 29, 2017).

*****<http://www.resmigazete.gov.tr/eskiler/2014/10/20141022-15-1.pdf> (accessed May 18, 2015).

dle psycho-social support, need for translators and necessity to meet the basic needs of immigrants, who need special care in emergency situations, become more important.^{7,8}

Studies on social and cultural changes, urbanization, modernization, assimilation, adaptation and life-related stress reveal the existence of a significant relationship between psychological disorders and immigrant life. According to the researches, immigrants intensively feel foreignness, loneliness, missing, emptiness, rootlessness, scepticism, disappointment and guilt.⁹ Therefore, psycho-social support is another important aspect of this matter. In this respect, it is crucial to increase the number of psycho-social support services and initiate the access to such services.

It is useful to discuss the health rights of Syrians in Turkey under two sub-category; refugees living in the camps and refugees living outside of the camps. Simply because there are differences on benefiting from health services for these two groups. About 267 thousand people take shelter in 24 camp areas located in 10 provinces close to the border in Turkey, whereas the rest of the Syrians struggle to live with their own funds in big cities.* It is possible for all Syrian refugees, who are kept under record and live in the camps, to access free medical treatments. According to the 'Temporary Protection Directive', the primary and secondary healthcare services are provided to the Syrians, who were given a temporary identity card, and are financed by Republic of Turkey Prime Ministry Disaster & Emergency Management Authority (AFAD in Turkish), in accordance with the Health Practice Declaration (SUT in Turkish) price chart. For the off-the-record Syrians, who were not given an identity card, only the immediate health care expenses are covered. Moreover, the differences emerged from SUT are not covered by AFAD for these off-the-record people.^{7*} This situation causes a great trouble for Syrians in terms of paying for high-cost drugs.

All Syrian refugees, who stay in the camps, have access to free medical treatment. Moreover, the citizens of Syria living outside of the camps can

visit health clinics or hospitals, and get a free healthcare service according to the memorandum numbered 2013/8 and published by AFAD on Sept 9th, 2013. However, it is necessary for the refugees to register themselves to AFAD in order to benefit from these services. The addendum notice given by AFAD on September 9th, 2013, states that the AFAD registration required for medical treatment access can be accomplished by health clinics and alien registration offices found in 81 cities of Turkey. UNHCR (United Nations High Commissioner for Refugees) is also in touch with the authorities regarding the application of this notice.^{***,****} However, there are registration-related issues due to various reasons.

In order to offer basic health services (such as detection and monitoring of infants, children, pregnancy, immunization, family planning, etc.), it is important to define the social group of the service to be given. Within this context, it is vital to know and monitor the location of such patients, their age, gender, fertility rate, pregnancy and infancy as well as determining the number of kids to be vaccinated. The main problems can be listed as; miscommunication, fast relocation, family doctors' reluctance to register Syrian families under their name due to miscommunication issues and over-booked patient registration lists of existing family doctors.^{*****}

Based on the various survey studies with Syrian refugees; more than 75 percent of the Syrian refugees are women and children, and the vast majority of them live under difficult conditions outside the camps. About 13 per cent of women living in the camps and approximately 14% of women living outside the camps are pregnant. The vast ma-

*<https://www.afad.gov.tr/tr/2374/Barinma-Merkezlerinde-Son-Durum> (accessed April 01, 2017).

**<https://www.afad.gov.tr/tr/2374/Barinma-Merkezlerinde-Son-Durum> (accessed April 01, 2017).

***<http://www.tkhk.gov.tr/Dosyalar/fca898e4114b40efa25741bb8d2978bf.pdf> (accessed June 22, 2015).

****http://www.unhcr.org/turkey/uploads/root/frequently_asked_questions.pdf (accessed Jan 27, 2016).

*****<http://data.unhcr.org/syrianrefugees/country.php?id=224> (accessed February 01, 2017).

majority of the Syrian refugee children living outside of the camps have not been vaccinated for polio and measles. Based on a survey answered by the Syrian refugees; 9.8% of the refugees seek medical help from the people around without going to a hospital and 15.9% of the refugees cannot get any health care. During the interviews with refugees, the necessity of medicine supply has been emerged as one of the most important problems with the ratio of 58%. Necessity of hospital treatment and doctor availability come as second with the ratio of 27%*.¹⁰⁻¹²

The Syrian refugee children living outside of the camps, who have not been vaccinated for measles and polio, present a serious threat to children living both in Syria and Turkey.¹¹

Language is the other troublemaker in terms of right medical treatment and health recovery. The International Patient Support Unit established by Republic of Turkey Ministry of Health, 112 Emergency Line and 184 Ministry of Health Support Unit (SABİM in Turkish) provide 24/7 translation service in six languages through a tele-conference system to all foreign calls and foreign patients visiting government and private hospitals.** However, there are practical difficulties due to intensity for those people trying to benefit from this service.

While facing all of these Syrian refugee problems in Turkey, there is a simultaneous human migration act taking place among the refugees over the Aegean Sea, Greece with an aim to reach European countries. In order to prevent this illegal migration act, European Union (EU) signed a "Return Deal" with Turkey on December 16th, 2013, which has been approved and enforced on October 1st, 2014. According to the re-assessed Return Deal agreement taken place in Brussels on March 18th, 2016; as of March 20th, 2016, under the condition of visa exemption with Turkish citizens traveling to Europe, Turkey agreed to take back all of the illegal refugees going to Greek Islands. With this deal, the refugees, who have arrived to Greece and been rejected as of April 4th, 2016, started to return back to Turkey.*** This can project further social, legal and health problems for the already troubled Syrian refugees living in Turkey.

LAW AND ETHICAL DISCUSSION

The legal provisions in the national legislation of Government of Turkey, regarding "mass migration movements" and "conditions that require urgent humanitarian assistance" are quite insufficient against the massive migration act of Syria. Due to all of these afore mentioned reasons, the vast majority of Syrian refugees have serious problems especially on health-related issues besides education, sheltering and satisfaction of basic needs. Insufficiencies on health legislation and economic conditions, language barrier, and lack of awareness for provided health services are some of the reasons that complicate those people's access to healthcare. The majority of the refugees, who live outside of the camps, are only given access to healthcare and medicine supply once they are registered while the ones living inside the camps have access to sheltering, nutrition, water, education and healthcare only to some extent. This causes difficulties or breakdown of accessing/benefiting from the health services for the majority of Syrian refugees. Since this also brings up a socio-cohesion issue, it requires a comprehensive agenda to be applied to the individual subjects such as work life, education, sheltering, healthcare, municipality services, and adjustment of the society. It is also a crucial necessity to adopt a comprehensive policy in order to prevent local society's reaction towards the Syrian refugees and re-arrangement of the existing legislation in accordance with the new situation. From now on, it is vitally important to amend Syrian refugees' living conditions based on universal human rights in order to protect human dignity, provide equal living standards, and to guarantee the right to have health service for all.

Regarding the access to the health services; overcoming the language barrier for a better doc-

*<http://data.unhcr.org/syrianrefugees/country.php?id=224> (accessed February 01, 2017).

**<http://saglikturizmi.gov.tr/Resim/133,enpng.png?0> (accessed March 31, 2017).

***<http://www.consilium.europa.eu/en/press/press-releases/2016/03/18-eu-turkey-statement/> (accessed March 25, 2016).

tor-patient communication and providing necessary medicines are the problems awaiting to be solved immediately besides the physical examination service issues.

From the ethical point of view, it can be argued that there are problems regarding Syrian refugees' limited sovereignty due to language barriers, insufficient enlightenment about health issues, difficulty of protecting their privacy, economic incapability, geographic difficulties affecting the right to receive health service from the justice rudiment perspective.

According to the Health Care/Patient Rights Legislation, one of the human rights indispensable, it is stated that; '*individuals, who are in need of health care, have rights to receive health service just because they are human beings. Constitution of Republic of Turkey, international treaties, laws and other legislations preserve those rights*'.¹³ Within this context, when those refugees are not provided with necessary health service, their right to receive health care is intercepted. On the other hand, when health service is provided to those refugees in need, increase on health industry workload, additional expenses, capacity, service quality, and patient per doctor ratio problems lead to aggravation among local residents, who think their privilege to receive primary service is taken away. In order to overcome this dilemma, the subject needs to be evaluated from justice and patient rights perspective with an emphasis on health industry additional funding/fair distribution.

Another topic that creates an ethical dilemma on refugee health is infectious diseases and/or unvaccinated children. There is an increase on sexual diseases like gonorrhoea and syphilis, infections like malaria, measles, polio, hepatitis B, tuberculosis and HIV due to refugees, which disturbs public health and creates discrimination, abandonment

and social isolation. Funding for treatment of the diseases and preservation of patient privacy require utmost importance for such infectious diseases that effect public health.

During this period, another ethical problem is to inform refugees on illnesses/treatments and to take their consent. In order to keep patients informed and protect their privacy, informed consent holds a great importance. An acceptable informed consent's very first rule is to make the medical explanation clear to the patient.¹⁴ If the patient does not understand the given information, no such informed consent can be claimed. It is necessary to overcome language barrier problem in order to tackle this obstacle.

There is a big lack of support and information for Syrian women on topics like reproduction health issues, family planning, child pregnancy, pregnancy protection, birth, pre/post birth care, vitamin and mineral deficiency, sexual diseases, miscarriage, unwanted pregnancy, and birth complications. There are great obstacles and insufficiencies for women lacking sexual health information due to language problems, lack of informed consent, not being able to receive health service/preventative care.¹⁵ More steps need to be taken in this direction.

Considering all this, WHO suggest making health care accessible to everyone, Instead of focusing on the needs of specific migrants.¹⁶

It is crucially important to improve the legislations in order to finalize this humanity crisis, to become more aware of the ethical problems and to make efforts for these refugees to return back to their country with the collaboration of all World countries in a common aim to resettle the peace in the region.

Conflict of Interest

Authors declared no conflict of interest or financial support.

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