



European Medical Students' Association

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Refugee and Migrant Access to Health

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

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Problem statement

Throughout history, natural or human-caused events shaped travel routes and the living areas of humans. In today's world, there are a number of 82.4 million people that were or currently are being displaced from their homeland (The United Nations Refugee Agency, 2020). Obtaining basic healthcare and caring about their needs imposed on them by the hardships of a refuge is mostly very difficult for them. To be considered the most critical groups are Syrian and Ukrainian refugees. Turkey alone currently hosts around 3,6 million Syrian refugees (UNHCR, 2022) and the Eastern European countries especially face a wave of an estimated 12 million refugees which fled their home due to the Russian invasion (BBC, 2022). As the latter situation is so current it shall be noted that it is about to sustainably impact the structures helping refugees in Europe. The challenges described in the following paragraphs therefore are assumed to be vastly inflated by the next few years.

It should be noted that situations that have humans forcefully leave their homes happen in different regions of the world. However, in most cases refugees and migrants display worsening health the more they are kept in place, more specifically, segregated from the general population and stable societies (Lebano, 2020). Combined with the COVID-19-crisis affecting their ability to travel past transnational borders and connect to the local population it becomes easy to identify the need to develop and apply tools designed to heal and treat diseases at their specific sites of temporary settlement (European Commission, December 2021).

Refugees face unpredictable meteorological conditions for long periods of time and stay in crowded camps. They become particularly ill when they have to live in overcrowded facilities, as there are often not enough sanitary facilities. Therefore, a lack of hygiene arises: not enough clean drinking and washing water, a poor and unbalanced diet and a lack of cleanliness in accommodation and dormitories are crucial for the development of diseases (Shetty, 2019). "UNHCR estimates that more than half of the world's refugee camps do not have enough water to fulfil the recommended 20 litres per person per day." (Taylor, 2020).

Living contiguously also increases the risk of infection between people. Furthermore, inadequate food, improper storage, and insufficient acidification due to a lack of water can cause food and waterborne diseases to develop more quickly, such as salmonellosis, shigellosis, campylobacteriosis, and Norovirus and Hepatitis-A infections (Shetty, 2019). However, there are more affections that pertain to basic healthcare that affect refugees and migrants lives such as, but not limited to:

- **Physical stress:** hypothermia, burns, hypertension, exhaustion, accidental injuries
- **Mental stress:** traumatic stress, resettlement stress, acculturation stress, isolation stress (The National Child Traumatic Stress Network, 2021)
- **Non-communicable diseases and immunisation** (World Health Organisation, 2022)
- **Pregnancy-related affections** (World Health Organisation, 2022)

The common denominator in all of these affections stands behind accessibility to infrastructure and equipment and the development and applicability of preventive healthcare measures. Refugees have low access to primary care and thus mostly do not receive appropriate health screening or preventive service recommendations (Griswold, 2018). The current protocol involves utilising available

national healthcare (The United Nations Refugee Agency, 2012). The issue with this is that national healthcare often requires identification for the health service or for the health insurance scheme that allows said person to enjoy the health service, which a considerable part of refugees lack. This is due to the fact that a large number of refugees still find themselves at national borders or are awaiting a result on their asylum application. The ones that have identification may not have translations in an international language which, again, makes it difficult to access healthcare.

On top of that, the medical crisis the EU currently has at hand, especially due to the pandemic, has forced travel restrictions on refugees and migrants that represent not only an impasse in their legal means of attaining access to a systematic healthcare through acceptance in a host country but also the increasing number of people that will be hosted in camps or altogether denied said acceptance in their target country (Schengenvisa.info, 2020). It is a known fact that the EU took 33% less refugees because of the pandemic (European Commission, January 2021). All that makes it easier to identify that these are issues that must be addressed. Basic healthcare is a fundamental right and should also be applied to new arrivals and be made available as soon as possible in local refugee accommodations as well as in camps. This includes safe, warm accommodation, food and healthcare for physical and mental issues.

Educational and cultural boundaries may also be considered as some form of challenges to accessing healthcare (European Union Agency for Fundamental Rights, 2019). Racist objections healthcare workers might be having against refugees from a different cultural background further inhibits healthcare access due to a lack of structural support and thorough treatment.

Our view. Aim

EMSA states that refugees and migrants lack of access to basic medical treatment contradicts its demand for universal access to healthcare. Thus, EMSA believes it is its duty to assist refugees that travel to the EU. EMSA envisions a united and solidary Europe in which medical students actively promote health for all. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

EMSA, as an organisation that is consistent of a wide and diverse member base, focuses on subjects such as intercultural understanding, destigmatizing social groups, encouraging adaptation, promoting healthcare inclusion regardless of any sex and gender, race, religion, age, social status, mother tongue or identity that can potentially make one vulnerable.

Inequalities concerning universal healthcare are a common and broad problem that we encounter. When we also involve refugees and migrants into the picture, the whole obstacle gets even more compelling: people who are innocent suffer from events that they cannot control. Combining all these priorities together under the umbrella of European Integration and Culture as well as Medical Ethics and Human Rights paradigms, we aim to provide solutions from the perspective of a medical student.

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We acknowledge that future physicians should have the necessary sensitivity and knowledge to approach, respect and emphasise with people from diverse cultures and oppose restrictions towards accessing healthcare. As future doctors, we want to advocate here and now for a more equitable healthcare system where undocumented refugees and those without health insurance have access to the medical care they desperately need for.

After having stated the myriad of problems refugees and migrants face in accessing basic healthcare, this paper aims to identify the most efficient, ethical and feasible ways of facilitating access to healthcare to people that have been displaced and find themselves in transit to another territory, be it national, relating to their origins, or international.

Recommendations

EMSA calls upon the United Nations High Commissioner for Refugees:

- To maintain their current policy of encouraging access to national healthcare;
- To create and maintain health checkpoints at international borders and refugee camps;
- To create and maintain health checkpoints within national borders on known refugee routes;
- To create a secure and privacy-oriented health history database for refugees;
- To encourage signatory and non-signatory countries to offer the right to work and resettlement to refugees as mandated by the 1951 Convention and 1967 Protocol;
- To take actions to enhance the living situation of refugees as such.

EMSA calls upon the European Pillar of Social Rights of the European Commission:

- To ensure the inclusion of refugees in EU territory in any policy that regards Principles 4 & 16.

EMSA calls upon the Member States of the European Union and its Parliament:

- To support the New Pact on Migration and Asylum;
- To support a standardised approach in support of the UNHCR policy of refugee access to healthcare;
- To assist the UNHCR with the creation of a secure and privacy-oriented health history database for refugees;
- To remove legal restrictions that hinder refugee access to healthcare.
- To take actions to enhance the living situation of refugees as such.

EMSA calls upon the International Committee of the Red Cross:

- To assist in the creation of health checkpoints at international borders and refugee camps.

EMSA calls upon the NGOs:

- To raise awareness about the challenges refugees face;
- To raise awareness about refugees' lack of access to healthcare;
- To raise awareness about refugee rights;
- To create fundraising events, gather donations and help provide basic care items to refugee camps and health checkpoints.

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EMSA calls upon the EMSA and its FMOs:

- To raise awareness in their universities for the challenges refugees face;
- To raise awareness about refugees' lack of access to healthcare;
- To raise awareness about refugee rights;
- To lobby for the removal of restrictions to the classification of refugees as asylees in their home country;
- To lobby for the removal of the restrictions on refugee access to national healthcare, no matter the country they are living in;
- To support the creation of border health checkpoints in their home country;
- To create voluntary annual donation funds with a set fare per FMO, established at the GA, to be gathered and donated in the form of medical supplies to refugee camps and health points.

EMSA calls upon the Youth NGOs:

- Organise and participate in advocacy initiatives to increase inclusion in healthcare and raise awareness on the social determinants implicating one's well-being, as well as the discrepancies faced by vulnerable populations;
- Join initiatives about the society they live in, in particular, groups affected by a vulnerability characteristic/trait that hardens their access to healthcare, and advocate for change;
- Provide voluntary service to support the affected populations that enter their communities.

EMSA calls upon the Medical Students and Faculty Member Organisations (FMOs) across Europe to:

- Actively work on the topic through research projects on the topic;
- Raise awareness regarding the injustices and inequalities when it comes to access to healthcare in order to educate people about the situation in each European country;
- Join advocacy and educational initiatives organised by EMSA;
- Participate in processes that can reduce the gaps regarding social injustices in healthcare on the local and national level.

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