



HEALTH CARE IN MIXED MIGRATION FLOWS

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OVERVIEW

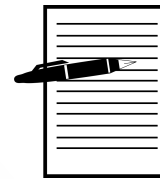
- 1 The Mixed-Migration Context
- 2 Limitations to Effective Healthcare
- 3 Why Should this be Addressed?
- 4 Historical Examples
- 5 New Technologies
- 6 New Technologies Barriers
- 7 Recommendations

PROJECT INFORMATION

PURPOSE

- To assess health care records in mixed-migration flows both historically and in the Eastern Mediterranean Region today
- To suggest actions the United States Department of State may take to improve refugee access to health care.

PROCESS



Background
Research



Field Work



Proposal of
Government-Led
Solutions

MIXED MIGRATION CONTEXT

UN International Norms for Refugees

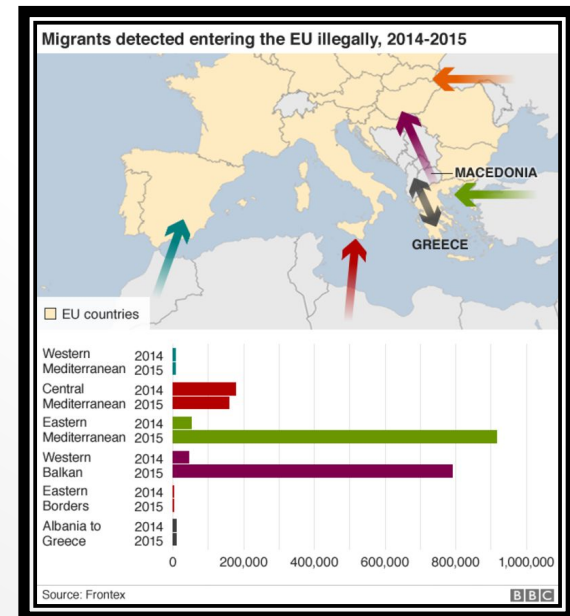
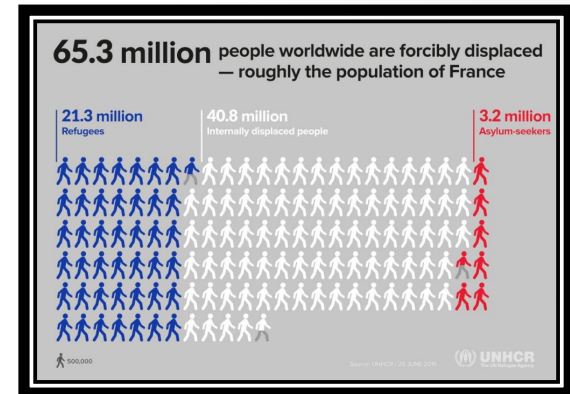
- 1948: *Universal Declaration of Human Rights, Art. 14*
- 1951: *Refugee Convention*
- 1967: *Protocol Relating to the Status of Refugees*

Different Statuses

- Migrant
- Refugee
- Asylum-seeker

Today's Context

- Mixed-migration context
- Different vulnerability profiles



LIMITATIONS

Increased vulnerability to certain diseases for migrants

- Diabetes
- Communicable diseases
- Maternal/child health problems
- Occupational health hazards & injuries
- Mental health problems
- Tuberculosis/HIV

Informal barriers between migrants & healthcare

- Lack of information about vaccination
- Language differences
- Lack of trust in government institutions
- Collision of different cultural and social mores

WHY SHOULD THIS BE ADDRESSED?



Rebuilding Nations

- <1% resettled worldwide
- Return home
- U.S. interest: productive members of workforce



Promote Best Practices

- Health initiatives in camps:
 - better health care practices in host nation
 - better health care in country of origin upon return



Enable Healthy Resettlement in the U.S.

- Domestic interest
- Ability to gain self-sufficiency as quickly as possible

HISTORICAL EXAMPLES

Complex Emergency Situations

- Kurdish exodus from Iraq (1991)
- Ethnic wars in the former Yugoslavia (1992 -1995)
- Rwandan Genocide (1994)

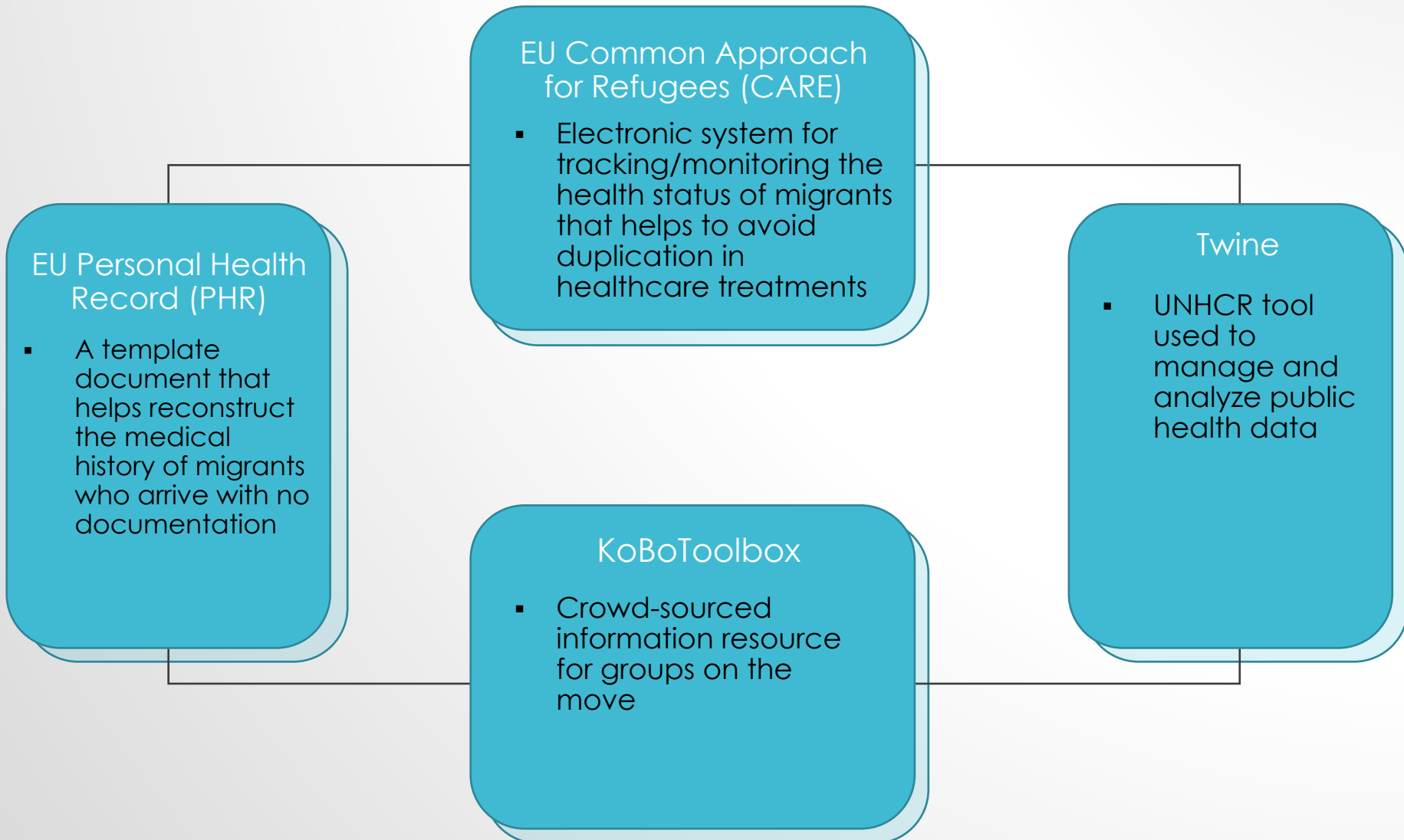
Preventable Communicable Diseases

- Diarrheal diseases
 - 90% of deaths in Goma camp
 - 70% of deaths of Kurdish refugees at Turkish border

Past Solutions

- Mass Immunization Campaigns
- Community-Based Health Education Programs

NEW TECHNOLOGIES



NEW TECHNOLOGY BARRIERS

- Migrants' distrust of government institutions
- Limited access to health records
- Sensitive nature of health information
- Lack of adequate funding

RECOMMENDATIONS

1

Increase Funding for Pilot Programs

2

Leverage Community Knowledge

3

Improve Living Conditions and Preventative Practices