

Health needs of refugees - are we prepared?

As the EU struggles to agree on the management of the refugee crisis, it is timely to reflect on how health professionals can respond to those who will need support on arrival in Ireland, writes PJ Boyle

WITH the geopolitical region of the current European refugee crisis being physically 'next-door' to the European Union, it seems incredulous that in 2015 the situation was allowed to reach crisis point. Why did an EU strategy or emergency plan not exist? Even more disturbing is that the United Nations secretary general was obliged to remind governments and citizens of the world of our human moral and ethical obligations towards each other. These are questions for another time – the priority now is to respond.

As the EU struggles to reach agreement on the management and most appropriate response to the refugee crisis, it is timely to reflect on how health professionals in Ireland can respond to those who require healthcare support on arrival.

This article outlines the experience of the HSE interdisciplinary team currently providing health assessments and support to newly arrived asylum seekers and refugees. This is the only full-time HSE team working exclusively with refugees nationally.

The service was established in the mid 1990s and has evolved significantly over the years. Nursing plays a central leadership role in the delivery of the service, and in other aspects of migrant health policy development.

Healthcare provision to migrant populations does not occur in a vacuum. It requires more than specialist clinical and technical knowledge. Challenging and reflecting on our ethnocentric attitudes and revisiting our humanitarian values in the context of our work is essential.

Migration or refugee crisis?

There has been much debate in the media about whether the current situation in Europe is a 'refugee' or 'migrant' crisis. If we are to reach a clearer understanding of the issues, strategically plan and implement effective responses, then the use of correct terminology is essential.

Refugees and asylum seekers are two distinct groups. The international legal definitions for refugees and asylum seekers, under the 1951 UN Convention Relating to the Status of Refugees, are:

- *An asylum seeker* is a person seeking to be recognised as a refugee under the 1951 UN Convention. If someone is granted this recognition they are granted refugee status and are no longer considered to be an asylum seeker. Asylum seekers are sometimes described as 'illegal', which is a misnomer. Asylum seekers cannot be illegal as everyone has a recognised human right to seek asylum
- *A refugee* is a person who has left their own country and cannot return due to a well-founded fear of persecution on the

basis of their race, religion, nationality, member of a particular social group or political opinion. In Ireland this includes membership of a trade union or having a particular sexual orientation.

Historically, Irish people have responded humanely to international refugee crises, including to Hungarian refugees in the 1950s, Vietnamese in the 1970s, Bosnians in the 1990s and Burmese in the mid 2000s. Indeed more recently the Irish Navy's mission in the Mediterranean, including the government's announcement to aid and assist Syrian refugees, is testament to our efforts in meeting our ethical and legal obligations under the UN Geneva Convention.

Although small in numbers and limited in capacity, Ireland's record in assisting 'programme refugees' (those granted refugee status prior to arrival) is politically significant, demonstrating to larger nations our leadership role in humanitarianism.

Ireland continues to participate in many refugee resettlement programmes, such as the permanent resettlement of medical cases from UN refugee camps in conflict areas such as Iraq, Somalia and Syria, where healthcare services have been destroyed. Many of these families have been temporarily accommodated at Baleskin Refugee Reception Centre.

Further information on the resettlement programmes for refugees is available on www.integration.ie

The facts

While some people believe that Ireland has been 'overrun by migrants' over the years, this is simply not the case. Compared to other EU member states, Ireland has much lower levels of inward migration and asylum applications. Indeed until recently (2010) Ireland had the lowest rate of refugee recognition in the EU (1.3% in 2010). This low figure came under scrutiny from the UN Special Rapporteur and other independent observers who called for greater transparency of the process. A complex legal system of seeking protection did not help the situation and resulted in delayed decision making. Following interventions, in more recent times Ireland's refugee recognition rates (including other categories of protection) have increased to almost 20%.

It is anticipated that there will be a more efficient single legal procedure for seeking protection under the new Immigration Residence and Protection Bill.

In terms of direct provision accommodation for asylum seekers, there are approximately 5,000 people living within the direct provision system throughout Ireland, including single adults, children and families accommodated in different types of centres and hostels (see www.inis.gov.ie and www.ria.gov.ie)

The findings of the Working Group on the Protection Process (the McMahon Report), which examined the direct provision system, were published on June 30. The group made 173 recommendations on various sectors and services for refugees and asylum seekers, including healthcare. The report is on the Department of Justice website www.justice.ie and critical reviews appear on many NGO websites including www.humanrights.ie

It is difficult to comprehend the devastation and suffering experienced by refugees. The risks taken to seek and maintain basic protection are desperate and dangerous at times. Their journeys both physical and psychological are cloaked in loss and pain, yet veiled in hope, resilience and courage.

If we found ourselves in such a dire situation, what would we expect from those who could help us? A welcome, a helping-hand, human compassion, empathy and kindness? Or a cautious cold approach, filled with suspicion, rejection

or criminalisation?

Migration – history repeating itself

The phrase 'What happens globally, impacts locally' is often used in development studies to gain an insight into challenging situations that require solutions. This approach is useful in understanding the complex factors that contribute to migration and its effects on people. Migration is a phenomenon that has always been part of the human experience. Researchers speak of 'push and pull' factors associated with migration: pull factors may be economic improvement, education and career prospects; push factors may include poverty, unemployment, political instability, war/terrorism etc.

Modern Irish history demonstrates all too well our own experience of immigration and emigration, and the challenges it brings. This is particularly relevant in the context of nursing. As a migrant cohort, nurses make up a significant professional grouping in international migration demographics. As a profession nursing is closely allied to the migration process, so we should have some understanding of the consequences of migration for people.

History has also taught us that each generation is responsible for the creation of a refugee crisis. For whatever reasons there will always be vulnerable men, women and children forced to leave their homelands to seek safety and protection elsewhere in order to survive. Increasingly refugees and asylum seekers find themselves in sometimes unwelcoming places as they struggle to avail of basic needs and regain their lives with dignity.

In an age of globalisation, the mass movement of vulnerable people has acquired a new complexity. Alongside this exists a tension that is deeper in terms of building relationship. These tensions are not exclusive to the general public and national governments – they also exist in healthcare professions and organisations.

Perhaps understandable but never excusable, there are some among us who remain cynical and critical about helping refugees and asylum seekers. Citing opinions such as 'charity begins at home' 'Ireland cannot afford it' and so on. Influencing factors such as sensational and irresponsible media reporting, the use of xenophobic (fear of foreigners) and ethnocentric (ethnic superiority) language, can direct our concerns and attention away from the person and result in a de-humanising of what are very human

experiences. In the current climate there is a danger that healthcare staff may assign a generalised negative view of 'who' a 'migrant' is or who are asylum seekers and refugees.

Ethnocentric attitudes and discriminatory behaviours have no place in the provision of healthcare. When they do emerge at an individual or service level, they are often due to lack of education, and experience. Where complacency and ethnocentrism do exist in healthcare, we need to challenge it and meet it with opportunities for professional development. There is a paucity of empirical research about ethnocentrism and racism in nursing and healthcare in Ireland. Where limited studies have been conducted, they demonstrate an inertia among professionals in being conscious of these issues and the impact on their practice. There is also evidence of a lack of willingness to change and minimal opportunities for mentoring or supervision.¹

If Irish healthcare services are to respond to the current crisis by accommodating refugees and asylum seekers, then healthcare staff must be provided with the skills and services resourced to care effectively for this vulnerable group.

Provision of health services to refugees/asylum seekers

The provision of dedicated health and social care services to asylum seekers and refugees is not new to Ireland. The health screening assessment service for refugees/asylum seekers was established in the mid-1990s by the then Eastern Health Board Community Care Services. With the introduction by the government in 2000 of the direct provision system for accommodating increasing numbers of asylum applications, primary health services began to provide healthcare support to centres around the country. This very often involved nursing contributions.

Part two of this article, which will be published in the next issue of *WIN*, will focus on the care and support offered to refugees within Irish health services and the importance of healthcare professionals taking the time to engage with such clients and other bodies that work with them.

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Reference

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