

# **Healthcare in a Time of Crisis: A Call for a Systematic, Rational and Humane Response to the Healthcare Needs of Syrian Refugees in Lebanon and Jordan**

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## **Introduction**

Nearly a century after the war to end all wars, violence remains the prerogative of statesmen, zealots and rebels, and renders disaster and displacement for civilian populations. Since 2011, violence has been omnipresent in the lives of Syrians and many have lost hope for a future without the terror of the Islamic State, civil war, and a life under an authoritarian ruler. A civil war involving a tyrannical regime and fanatical opposition has caused the most extensive surge of refugees since World War II. Lebanon and Jordan are countries accommodating the most refugees; there are currently 1.6 million Syrian refugees in Lebanon and 640,000 Syrian refugees in Jordan.<sup>1</sup> Much of the news reported on Syrian refugees covers those en route to Europe. While the situation regarding refugees in Europe is a problem, countries such as Lebanon and Jordan are accommodating more Syrian refugees than countries in Europe, and have been involved in this conflict for a much longer time. The countries that are currently accommodating the most Syrian refugees are Turkey, Lebanon, Jordan, Iraq and Egypt.<sup>2</sup> Countries that border Syria, such as Lebanon and Jordan, not only are accommodating more refugees than any country in Europe, but are also providing more immediate relief than the European countries that have recently garnered the most media attention. The serious refugee crisis in Jordan and Lebanon has not been brought to the world's attention. Identifying and discussing refugee problems in these countries could result in more international aid that is focused on the needs of Syrian refugees in the Middle East.

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What, in fact, has become of the majority of Syrian refugees, who are not traveling the huge distance to Europe, but rather to the nearby countries of Lebanon and Jordan? What kinds of remediation have proven effective for this traumatized population? Syrian refugees are finding more permanent homes in the countries they are journeying to, as the violence in Syria has no end in sight. If countries such as Lebanon and Jordan are no longer merely providing temporary shelter, one wonders about refugees' access to longer term life necessities such as healthcare. If Syria no longer looks to be a viable home to return to, an important matter to investigate is the state of healthcare for Syrian refugees in Lebanon and Jordan.

Many studies have discussed the shortcomings of the healthcare systems for Syrian refugees in Jordan and Lebanon; however, few have presented a cohesive and comprehensive way to address these issues.<sup>3</sup> An academic research study done by Abbara et al., for instance, discusses the lack of mental healthcare for Syrian refugees in Jordan, but only give a vague solution to the problem by stating that it is important to strengthen routine mental health programs that monitor and evaluate the Syrian refugees.<sup>4</sup> There is no set plan of action for improving the mental health sector for refugees in Jordan. Similarly, in a report by Médecins San Frontières, authors discuss how the high costs of medical care in Lebanon make it nearly impossible for Syrian refugees to access healthcare; however, the only call to action is for national and international actors to make sure "money [is not]... an obstacle to health for a population fleeing violence."<sup>5</sup> Details are not included as to how different institutions should act in order to achieve the goal set forth by the report. These studies have failed to explore the success of healthcare programs in other countries that are in a similar situation, such as Turkey. Studies that compare successful health remediation of refugee populations in nearby countries are curiously rare, yet such studies might shed light on effective solutions to healthcare problems. International and national actors should learn from the outcomes of programs that are implemented in other countries with an abundance of refugees so that it is possible to build upon these outcomes in the hopes of improving the healthcare systems for Syrian refugees elsewhere. Through a systematic study of possible solutions,

the various problems in the healthcare systems for Syrian refugees in Lebanon and Jordan can be addressed.

In this paper, I will distinguish a refugee from a displaced person or person on the move. This paper will primarily focus on the plight of Syrian refugees; however, I do acknowledge that there are vast problems regarding the health of displaced people, even though I will not be addressing them in this paper. As the subject is broad, it is necessary to narrow the aspects of healthcare that will be examined in this paper. While a few specialties such as psychiatry and obstetrics will be briefly addressed, my main concern is general medicine and primary care.

The research question for this paper is: What are the systemic deficiencies of healthcare systems for Syrian refugees in Lebanon and Jordan and what countries provide the most promising models for replication? My thesis is that, while some believe that the building of refugees camps for Syrians is paramount in providing healthcare for these refugees, the granting of unrestricted access to medical care for refugees, and the implementing of programs that allow Syrian medical care providers to practice, are the most urgent remedies for improving healthcare for Syrian refugees in Lebanon and Jordan. First I will provide relevant background information on the healthcare systems for Syrian refugees in Jordan and Lebanon. Next, I will examine the rival argument of prioritizing refugees camps. Then I will show the urgency of the need for unrestricted access to healthcare for Syrian refugees. Finally, I will reveal the importance of implementing programs to allow Syrian healthcare providers to treat Syrian refugees in their host country, so that the refugee health crisis remediation can continue and expand with minimal suffering.

### **State of Healthcare for Syrian Refugees in Jordan**

Jordan is a developing country that is currently hosting the third largest number of Syrian refugees.<sup>6</sup> Scholars have differing opinions of the state of Jordan's healthcare system for Syrian refugees; some believe that the system needs considerable improvements, while oth-

ers believe the system is one characterized by success.<sup>7</sup> Amjed S. Al-Fahoum et al., argue that the health services provided to Syrian refugees in Jordan are at a “fairly good level,” although they did not give any details as to what the “fairly good level” compared.<sup>8</sup> Through field surveys of 120 Syrian refugees, the authors found that over 75% of people reported insufficient healthcare, but after using an ordinal probit model to analyze for confounding variables, they found that the probability of someone with poor health to report inadequate healthcare increased by 41.1%.<sup>9</sup> This rise might be due to the fact that Syrian refugees who have poor health blame the healthcare system for not having the capacity to improve their health. The authors also note that according to the World Bank, Jordan is “the number one health care services provider in the Middle East and among the best in the world,” and that Jordan has granted the refugees access to this world-renowned healthcare in the midst of this crisis.<sup>10</sup>

What these authors fail to acknowledge is that the Jordanian government repealed free medical aid for the Syrian refugees in November 2014, and now the refugees in Jordan must pay the same costs for medical care that uninsured Jordanians must pay; this repeal was made before the authors published their study. It is also not clear how the authors came to the conclusion that the healthcare system in Jordan is acceptable for Syrian refugees, as the data collected argues against their claim that Jordan has the best healthcare system in the Middle East. The conclusion the authors reach about positive healthcare provided in Jordanian refugee camps is not supported by their evidence, as they ignore a part of Jordanian legislation that would refute their claim.

A study in the *International Journal of Health Planning and Access* from 2016 confirms that conditions in Jordan have indeed deteriorated in the recent past. These authors claim that while Jordan has provided adequate care for Syrian refugee children in the past, the quality of care has since declined due to recently lowered subsidies. After conducting 1,550 surveys of Syrian refugee “households,” they found that 90% of families reported that they were able to receive medical care for their children at the most recent time they needed it; the main reason for not seeking healthcare services for a child in need was due to cost.<sup>11</sup> Around 54.6% of the families looking for medical care for their child

went to public facilities, while 36.5% sought care at private facilities and the remaining families looked for care at charity and non-governmental organization facilities; the authors found statistically significant differences between costs of the medical care at these different facilities, with the average costs highest at private facilities, and lowest at NGO/charity facilities.<sup>12</sup> By extrapolating from their findings, they were able to estimate an average of 3.85 visits per child per year, which is within the range of 2 to 4 visits provided by Sphere standards (an initiative to improve the quality of humanitarian assistance).<sup>13</sup> This suggests relatively good access to healthcare services for children who are Syrian refugees. While the authors did find adequate healthcare services for Syrian refugee children living in Jordan, they make the claim that the quality of care has declined since the study was conducted. To a certain degree, this can be explained by the fact that Syrian refugees no longer receive the full food voucher support, and this means more money has to be spent on food, rather than medical care. Because Jordan is struggling to manage the economic burden brought upon by the increasing number of Syrian refugees, the country has had to reduce the accommodation given to the refugees. This forces Syrian refugees to find or raise money to pay for their medical expenses, and limits their access to quality healthcare.

A recent United Nations' study both confirms and extends Doocy et al.'s conclusions regarding the deteriorating healthcare conditions for Syrian refugees in Jordan, distinguishing between access given to those within refugee camps and those outside. In the Regional Refugee and Resilience Plan 2016-2017 in Response to the Syria Crisis (3RP 2016-17), written by the United Nations High Commissioner for Refugees, the authors observe that Syrian refugees living in camps in Jordan can receive medical care free of charge, but if they are outside the camps, they must pay the same cost for medical care as Jordanians who do not have insurance.<sup>14</sup> Mental health problems are some of the most prevalent among refugees due to their agonizing experiences.<sup>15</sup> The 3RP 2016-17 also recognizes that Jordan has incorporated mental healthcare into their primary healthcare system, which is an important part of healthcare for Syrian refugees, as the violence and trauma they have experienced is likely to cause post-traumatic stress disorder and depression.<sup>16</sup> While there are promising aspects of the Jordanian health-

care system for Syrian refugees, the system is not strong enough, nor comprehensive enough to successfully accommodate for the needs of these refugees, and a multi-faceted plan must be constructed in order to ensure the health of the Syrian refugees.

### State of Healthcare for Syrian Refugees in Lebanon

Lebanon is also a developing country, much like Jordan, that is accommodating the second largest number of Syrian refugees. In contrast to the evaluation of the Jordanian healthcare system, reports from relief agencies agree on the status of the Lebanese healthcare system, asserting a common theme: it is in need of reform.<sup>17</sup> Amnesty International, for instance, criticizes the high prices the system charges refugees to gain access to healthcare, and recognizes that one of the main priorities for Syrian refugees is to find access to healthcare while in Lebanon.<sup>18</sup> The healthcare system in Lebanon is mostly privatized, which makes it harder for Syrian refugees to gain access, due to the high costs of medical care. The United Nations High Commissioner for Refugees (UNHCR) does provide healthcare for the Syrian refugees, but they must pay the fees of these private providers in order to provide the refugees access to healthcare, and the UNHCR is grossly underfunded. The combination of the high cost of healthcare in Lebanon and the lack of funds for the UNHCR makes it nearly impossible to provide adequate healthcare for Syrian refugees. Public sectors that provide healthcare in Lebanon declined in their capacity to serve the health needs of the refugees by 45% between 2005 and 2011 because of the overwhelming numbers of refugees entering Lebanon. They are no longer able to provide proper healthcare for Syrian refugees at low costs.<sup>19</sup>

The increasing demand for healthcare has made it impossible for Lebanon to successfully provide healthcare for its refugee population. Because of the skyrocketing costs of healthcare in Lebanon, many people with chronic illnesses and cancer are not able to get treatment. In some instances, refugees have turned to traveling back to Syria in order to get their treatment because it is less expensive and sometimes even free. A questionnaire sent out by the UNHCR reveals that 11% of refugees travel back to Syria for the purpose of receiving medical

care.<sup>20</sup> Amnesty International criticizes the Lebanese government for not having a national strategy to cope with the healthcare needs of its Syrian refugee population. They also state their disappointment in the global community regarding the low level of funding of relief for these refugees, as there is an 83% shortfall in funding.<sup>21</sup> For the international community, they recommend that countries provide meaningful contributions to the UN Regional Response Plan, provide support to Lebanon and other countries that are bearing the brunt of the Syrian refugees, increase their quotas for the number of Syrian refugees they bring in to their countries, and offer other avenues for allowing refugees into their countries such as work and student visas.<sup>22</sup> While Amnesty International does give the international community a general plan of action, there are no specifics given regarding the plan of action for improving healthcare for Syrian refugees, even though the organization highlights the urgency of addressing this problem.

An organization responsible for medical aid in Lebanon, Médecins San Frontières (MSF), shares the same disappointment in Lebanon's healthcare system for Syrian refugees. MSF evaluated the status of healthcare for Syrian refugees in Lebanon; while Lebanese authorities were making the effort to provide secondary and tertiary levels of healthcare for refugees, the increasing numbers of refugees and the lack of funding have made this near impossible. Ninety percent of the people MSF interviewed said that the price of their medications was the biggest barrier from getting medical treatment, and because the unemployment rates for Syrian refugees in Lebanon is 50% for males and 60% for females, these refugees are not able to cover their medical costs long-term.<sup>23</sup> The essential treatment needed is at a much steeper cost in Lebanon than in Syria. In order to combat these issues, MSF recommends that healthcare for these Syrian refugees be free of charge in Lebanon.

With the increase of Syrian refugees in Lebanon, there has also been an increase in birth rates among refugees. In a *Conflict and Health* article, Benage et al. reported a study that analyzes the antenatal care for Syrian refugees in Lebanon. In this study, only 15.7% of the women surveyed reported having four or more visits for their pregnancy, 42.1%

of women surveyed were not told about the various complications that can arise in pregnancy, and 90.5% of women reported not receiving their tetanus prophylaxis, which is a crucial vaccination for pregnant women.<sup>24</sup> The authors did find a relationship between the adequacy of care, and the location of the camps, relative to the Syrian border; they found that less adequate conditions for antenatal care were found in camps closer to the Syrian border and in camps that had less secure arrangements. Based on their surveys, Benage et al. found that only  $\frac{1}{3}$  of women has the access to adequate antenatal care, as characterized by the World Health Organization (WHO), because it was not available. The WHO describes this as services that, at the very least, provide blood pressure measurements and urine sample and blood sample analyses for these women.<sup>25</sup> The authors believe that access to education, family planning, and contraception empowers the pregnant refugees to make better decisions about their reproductive health. As described by several authors, the healthcare system in place for Syrian refugees in Lebanon requires reform and resources in order to provide better care for these refugees. With the inadequate conditions of the healthcare system for Syrian refugees in Lebanon and the deteriorating conditions of the healthcare system for Syrian refugees previously described in Jordan, the question becomes, what is to be done?

### **Building Refugee Camps for Syrians**

When Syrian refugees leave Syria in hopes of a better future, they leave a life behind; many find their community and support systems disintegrate. Refugee camps can provide a sense of community for Syrian refugees who have left everything behind. In an article written by graduate students at Yale University, the authors suggested that building communal refugee camps for Syrian refugees could improve their health outcomes. In their report, they analyzed 34 studies and found that a community-centric refugee camp has the potential to improve healthcare, and also enhance support for mothers by creating a sense of community and identity.<sup>26</sup> The authors then proceed to discuss a proposed design for refugee camps by looking to the Azraq Refugee Camp, located in Jordan and built in 2014. This camp was built due to the influx of Syrian refugees, but it is different than other camps because the planning for the camp took over a year, and the camp is con-

sciously community-centric.<sup>27</sup> The individual households, which are built to be more permanent, are centered around a community center, health center and food distribution center, and the camp includes an outdoor street market, a Mosque, and playgrounds. In this camp, the authors found a relationship between community resilience and the health of mothers and their children; the community-centric environment also improved psychosocial outcomes.

Because the likelihood of Syrian refugees returning to Syria in the near future is dwindling, more permanent refugee camps, such as the one described above in Jordan, might be a good option for the refugees. The community-centric model for refugee camps not only improves the mental health of those living in the camp, but also makes it easier for medical aid to be distributed to refugees in need. While this model does look as though it could improve refugee camps for Syrian refugees, refugee camps should not be their only future. Syrian refugees deserve to be integrated into society, rather than be isolated by refugee camps if these living situations are no longer temporary. A focus on providing healthcare for Syrian refugees in refugee camps is undoubtedly important; however, the real need lies in healthcare for Syrian refugees who have since left camps, and are living in more urban environments. In Lebanon, 63% of Syrian refugees are unregistered with the government as they are living outside of refugee camps; these refugees don't have access to the aid provided by the UNHCR.<sup>28</sup> In Jordan, 84% of Syrian refugees are living outside of refugee camps, where they do not have access to healthcare aid by the UNHCR.<sup>29</sup> Many Syrian refugees are moving outside of camps in search of work; in Jordan, 31% of households in Balqa, a governorate known for its agriculture, previously lived in a refugee camp, but moved to work on farms.<sup>30</sup> Refugees are now migrating outside of camps in order to build their own lives, so refugee camps are now playing a less important role; this is why there should be focus on the healthcare system for Syrian refugees outside of camps. The healthcare system for Syrian refugees outside of refugee camps should also be focused upon because, as a Doctors Without Borders report showed, only 48% of unregistered refugees living outside of camps have access to free primary healthcare compared to 72% of registered refugees living in camps.<sup>31</sup>

In a study conducted on refugees in Sub-Saharan Africa, authors found that urban environments were more conducive to better mental and physical health, and environmental wellbeing than refugee camps. Authors found significant differences in the scoring of various categories of satisfaction with health between refugees living in an urban environment and refugees living in refugee camps.<sup>32</sup> Although this study was not done with Syrian refugees, refugees in Sub-Saharan Africa are fleeing their countries for reasons similar to Syrian refugees, war between government military and Islamist military groups. Refugees in Sub-Saharan Africa have fled from neighboring countries, just as Syrian refugees have fled from Syria to Lebanon and Jordan. The situation for both refugee populations is similar, and therefore this study could be extrapolated to the Syrian refugee crisis in Lebanon and Jordan.

While this study may appear to support the claim that the conditions in refugee camps should get priority focus from the international community, it actually supports the idea that healthcare for Syrian refugees outside of camps should be the priority. A less isolated environment than the camps is conducive to better health. Refugee camps should not become permanent housing for Syrian refugees, as this maintains the feeling of seclusion and isolation for refugees; there was a significant increase, with a p-value of less than 0.001, in the satisfaction with living conditions between the refugees living in urban areas and the refugees living in camps.<sup>33</sup> The study also shows that, ultimately, refugees cannot be secluded from the rest of society in host countries; Syrian refugees must be integrated with Lebanese and Jordanian populations in order to ensure the refugees' health and general wellbeing. If the healthcare system in these areas is not strengthened to accommodate more Syrian refugees, they will have no choice but to stay isolated in refugee camps or do without access to necessary healthcare. Although building refugee camps is important in the short term, the strengthening of healthcare systems for Syrian refugees outside of camps is more urgent and more beneficial, in the long term, for both the refugees and their host countries.

## Unrestricting Healthcare Access for Syrian Refugees

Medical expenses have proven to be one of the greatest barriers to receiving adequate healthcare services for Syrian refugees in Lebanon and Jordan.<sup>34</sup> For many Syrian refugees, healthcare services in Syria came at little cost. Once they travel to Lebanon and Jordan, refugees are no longer able to pay for their healthcare expenses, especially if they have non-communicable diseases.<sup>35</sup> In a report by Amnesty International, there are several stories of Syrian refugees who have struggled getting proper care for their illnesses; in some cases, refugees actually travel back to Syria in order to get more affordable treatment.<sup>36</sup> Amal is a Syrian refugee living in Lebanon; five years ago, she was diagnosed with kidney failure, and her condition requires her to have dialysis twice a week. In Syria, she was able to get treatment at no cost, but the expenses she must pay in Lebanon are unaffordable. She told Amnesty International, “I feel afraid to go to Syria, but I have no choice. I go every Monday and Thursday. It takes two and a half hours to go to Sham [Damascus]... the treatment takes four hours. I can’t return the same day so I sleep in a hotel... I do not know anyone there. When I leave the hospital I feel dizzy and there is no one to assist me. I go alone to reduce the cost.”<sup>37</sup>

While this story may indicate that people, such as Amal, are wealthier than the rest of the Syrian refugee population because they have the financial means to travel between Syria and Lebanon, it actually shows the desperation of patients to access proper care. If these patients were wealthy, they would be able to pay for the expensive medical care in Lebanon, rather than having to travel back to Syria for treatment. The cost for dialysis twice a week in Lebanon is US\$200; Amal is unable to pay this price, and “despite having to pay for a return trip from Lebanon to Syria, a hotel in Damascus, and an exit permit from Syria, she saves [\$33] per session.”<sup>38</sup> Amal needs more tests on her liver, but she is unable to pay for the examinations in Lebanon because the tests are not covered by the UNHCR.

A study published by *PLOS ONE* and completed by professors of public health at German universities, found that the cost of excluding refugees from healthcare is actually greater than the cost of granting them regular access to healthcare.<sup>39</sup> The legal restrictions on access to healthcare for refugees lead to delayed care, which can then increase costs of care and administrative work; it also shifts the care from less expensive primary care to more expensive secondary and tertiary care.<sup>40</sup> Primary care is usually the first point of consultation, the general physician. Secondary care is more specialized, and patients are usually referred to secondary care physicians by primary care physicians. Tertiary care is the most specialized and the most expensive, only employed when advanced medical care is required. Because refugee patients are forced to wait for medical care due to restrictions and a lack of financial means to pay, their conditions often worsen while they wait and require more specialized attention than if they were treated promptly. The authors of the German study attribute their findings to the idea that if refugees have limited access to healthcare, they will only seek out care when their malady becomes precarious; this makes their care much more costly than if they were to solicit care earlier, when their ailment was more easily treatable. Removing the restrictions on healthcare access for Syrian refugees could make them more inclined to visit the doctor before their ailment became dire. By waiting to receive medical attention, Syrian refugees also pose as a risk to the health of citizens in their host country. For example, in Turkey, the rate of polio and measles vaccinations is 98%, and there have been no confirmed cases of either disease since 2011.<sup>41</sup> However, the population of Syrian refugees arriving in Turkey has a lower vaccination rate, and this has led to a subsequent increase in cases of these preventable diseases among Turkish residents; similar cases are seen in Jordan and Lebanon. By providing healthcare for Syrian refugees in Jordan and Lebanon, the public health risk of the refugees would decrease, and the cost of medical care for these refugees would also decrease. In a *Lancet* article written by a member of the WHO, a professor at the London School of Hygiene and Tropical Medicine, and a professor at the Karolinska Institutet in Sweden, the authors reference the German study in order to refute the claim that granting universal healthcare to refugees increases healthcare expenditures, and to argue that “poor access to healthcare services

interacts with discrimination and limited social rights thereby reinforcing exclusion as a root cause of ill health among refugees.”<sup>42</sup>

The *PLOS ONE* study’s counterintuitive conclusion that universal healthcare coverage actually costs less than alternatives is based on their comparisons of different groups of refugees in Germany. The relative difference in per capita expenditures by the host country for medical expenses between the group of refugees with restricted access to healthcare and the group of refugees with regular access to healthcare was calculated by first determining the incident expenditure for each group. This was done by dividing the total expenditures by the government of the host country on the group by the population of the group. After the incident rates for both groups was calculated, the relative difference in rate of expenditures between them was calculated by dividing the incident rate of the refugee population with restricted access to healthcare by the incident rate of the refugee population with regular access to healthcare. If the number were less than one, it would mean that the rate of expenditures for refugees with restricted access to healthcare was lower than the rate of expenditures for refugees with regular access to healthcare. If the number was greater than one, it would mean that the rate of expenditures for refugees with restricted access to healthcare was greater than the rate of expenditures for refugees with regular access to healthcare. The authors of the study found that the relative difference in rate of expenditures between the two populations was 1.39.<sup>43</sup>

This data suggests that restricting access to healthcare for refugees benefits neither the refugees nor the institution paying for their healthcare, whether it is a government, hospitals or NGOs. On the contrary, open access to healthcare benefits refugee populations, as well as the host societies, including the governments, hospitals and NGOs. The conclusions of the *PLOS ONE* study are confirmed by the experience of Turkey, where primary healthcare services are provided free of charge for Syrian refugees who are registered with the government.<sup>44</sup> This has removed the burden of medical expenses for Syrian refugees who have arrived in Turkey in search of a more stable future. Lebanon and Jordan should, as Turkey has, provide unrestricted access to healthcare

for Syrian refugees. As shown in the German study, this would decrease the countries' expenditures on healthcare for Syrian refugees; however, I do acknowledge that it would also have the effect of attracting more immigrants.

While Lebanon and Jordan ought to provide essential healthcare services for Syrian refugees, free of charge or at a minimal cost, there is no denying that allowing Syrian refugees unrestricted access to healthcare is a financial burden. Although Turkey has been able to provide its Syrian refugees with unrestricted access to healthcare, the country has felt a sizable effect on their economy because of this.<sup>45</sup> The average cost per admitted patient in Turkey is 3,723 Turkish liras, which is equivalent to approximately 1,270 US dollars.<sup>46</sup> Because Turkey has a stronger economy than Lebanon and Jordan, it becomes even more imperative that the international community supports the efforts of the Lebanese and the Jordanians to provide unrestricted access to healthcare for Syrian refugees. Without international aid from countries like the United States and the United Kingdom, Lebanon and Jordan will founder when trying to provide healthcare for Syrian refugees, and thus, there will be no hope that these countries will provide the unrestricted healthcare needed so that Syrian refugees are ensured a healthy future.

### **Implementing Adaptation Training Programs for Syrian Healthcare Providers**

The language and cultural barrier between doctors working with refugees, and Syrian refugees themselves has proven to be yet another obstacle in the realm of healthcare for the refugee population.<sup>47</sup> The lack of trained personnel renders another obstruction when providing healthcare services to Syrian refugees. While the official language in Syria, Lebanon and Jordan is Arabic, many Syrian refugees speak Kurdish or different dialects of Arabic; this can lead to a lack of communication between doctors and Syrian refugee patients.

In a study done to evaluate the impact of the language barrier between Hispanic, Spanish-speaking patients, and doctors who speak English, it was found that the understanding of side effects of medication and

the satisfaction with medical care were significantly decreased when compared to a control group of Hispanic, English-speaking patients.<sup>48</sup> While this study was not conducted among Syrian refugees, many of the Hispanic patients in this study are immigrants, much like the Syrian refugees. The situations are not equivalent, however the findings from this study can be applied to the plight of the Syrian refugees when it comes to communicating with doctors from other countries. Patient satisfaction decreases when there is a language barrier, as found in the study, and this could be applied to the circumstances of the Syrian refugees. Language barriers for Syrian refugees could lead to a lack of communication between the doctors and refugees, and a decrease of visits to the doctor by refugees because they do not believe the health-care system is adequate.

Another obstacle is the cultural barrier between Syrian refugees and doctors who are treating the refugees in other countries. Karen Haboush, a Professor at the Graduate School of Applied and Professional Psychology at Rutgers University, claims that one of the biggest cultural differences between Lebanese and Syrian people is that the Lebanese tend to identify more with the Western and Christian world, whereas Syrians tend to identify more with the Arabic and Islamic world.<sup>49</sup> Eighty-seven percent of Syrians are Muslim, while only 27% of the Lebanese people are Muslim; Christianity also prevails in Lebanon, as 40% of the population identifies as Christian.<sup>50</sup> Haboush adds that many Lebanese people have moved away from their Arabic ancestry, while most Syrians have not.<sup>51</sup> Religious and cultural differences between Syrian refugee patients and Lebanese doctors could result in tension between the two parties. In another report analyzing tensions that have arisen between Jordanians and Syrians, authors found that the competition for resources and cultural differences were points of friction. In the relationship between a Jordanian doctor and Syrian refugee patient, if either party felt tensions with the other, the care could be substandard; patient-doctor relations play a paramount role in the success of the appointment and treatment.<sup>52</sup> While it may be the case that with most healthcare providers, the relationship with patients remains civil, having programs to integrate Syrian refugee healthcare providers would eliminate many of the cultural differences that would

otherwise be found, increase the number of healthcare providers and would provide Syrian healthcare workers meaningful work.

After an evaluation of the Turkish healthcare programs for Syrian refugee, Sahloul et al. acknowledged that the hospitals providing medical aid to refugees lacked the ability to compensate for the language and culture barriers and suggested that that Syrian physicians should work as healthcare providers within the Turkish healthcare system.<sup>53</sup> The WHO, along with Gaziantep University and the Turkish Ministry of Health, started the first Refugee Doctor Adaptation Training in Turkey. This has helped with the shortage of staff, as well as the language and cultural barriers that was previously encountered by the Syrian refugee patients. This program trained 25 Syrian doctors in 2014 to help treat Syrian refugees and planned to expand in order to train 175 doctors in 2015, and 50 nurses through the Refugee Nurse Adaptation Training.<sup>54</sup> Many of the Syrian refugees are well-educated healthcare providers, but they are not able to work in surrounding hospitals because they are not licensed to work in the country's healthcare system. If these Syrian doctors and other healthcare providers were to be a part of an expedited program to license them in the new country, it would help to eliminate the language and cultural barriers that are otherwise found between patients and doctors. The lack of healthcare personnel would also be ameliorated if Refugee Healthcare Provider Adaptation Training Programs were implemented in Lebanon and Jordan. If the refugees visited the doctors before their health problems became desperate, the expenditures of the hospital on the refugees would be reduced. The longer a refugee waits to be treated, the more expensive the treatment becomes; it is better for the refugee to come in when their condition is under control, rather than when it becomes unmanageable. As previously discussed, the program would also help to reduce the public health risk of the Syrian refugees. Because the trainees are already certified healthcare providers, this program would be at a negligible cost for the Lebanese and Jordanian governments, along with NGOs partnering with them, which is important because of the severe underfunding of both institutions.

## Conclusion

The healthcare systems for Syrian refugees in Lebanon and Jordan have room for improvement. While many papers have discussed the various shortcomings of these two systems, few have written about detailed solutions to improve the healthcare systems for Syrian refugees in both countries. The lack of healthcare personnel to treat Syrian refugees in Lebanon and Jordan and the unaffordable cost of medical services for Syrian refugees in these two countries have contributed to the shortcomings of healthcare provided to refugees. Although building refugee camps remains important in the realm of accommodating Syrian refugees, the real need lies outside of the camps. Because refugee camps cannot become permanent housing for Syrian refugees, it is most important to focus on healthcare outside of refugee camps. Specifically, unrestricting access to healthcare for Syrian refugees and implementing adaptation-training programs for Syrian healthcare providers in Lebanon and Jordan are two of the most urgent measures that must be taken in order to ensure the health of Syrian refugees. Both of these solutions are also cost saving for the host countries.

The Ministry of Health in Turkey, in coordination with the UNHCR, has provided free primary care for Syrian refugees, and has started a program to adapt Syrian doctors and nurses into the Turkish healthcare system, so that they can treat Syrian refugees themselves. This has improved the burden of high medical expenses for Syrian refugees, as well as combated the language and cultural barriers found between Syrian refugee patients and their doctors. Both the unrestricted healthcare access and the adaptation-training program in Turkey should be looked to as models for the improvement of Lebanese and Syrian healthcare systems for Syrian refugees. However, in coordination with these two improvements, the international community must financially support Lebanon and Jordan in their commitment to providing quality healthcare for Syrian refugees, as this is an economic burden for both these countries. Because this refugee crisis is a global predicament, not just a problem for the countries surrounding the crisis to solve, the international community has an obligation to help countries that are accommodating the most refugees.

There is a moral obligation that drives the arguments in this paper; it is wrong to let people suffer. However, there are other reasons that the issues discussed in this paper should be acted upon beyond the moral argument. Syrian refugees may pose as a public health risk to citizens of host nations, as previously described. If they do not have proper access to healthcare, they could spread illnesses to people in their host country. A public health crisis in Lebanon and Jordan would also add to the instability of the region. The United States and Europe both have an interest in the stability of this region because this region is significant economically and politically. There is self-interest for both the United States and Europe to help maintain the stability in Jordan and Lebanon through supporting healthcare for Syrian refugees, as they rely on this region for oil. In addition, if Lebanon and Jordan do not secure a healthcare system for Syrian refugees, the refugees will have to start traveling elsewhere. This could put more pressure on the United States to take in more Syrian refugees, which is an idea that many people reject. A final concern is even broader. If the lack of infrastructure of the healthcare systems for Syrian refugees in Lebanon and Jordan is not addressed, the economies of both these countries could collapse because of health crises; this would then affect the world's economy. The international community needs to assist with these remediation efforts because of the consequences of the humanitarian and economic impacts. The urgency of addressing the problem of healthcare for Syrian refugees in Jordan and Lebanon is increasing, and should be placed at the forefront of national and international efforts to alleviate this crisis. ●

## Notes

1. United Nations High Commissioner for Refugees, "Syria Regional Refugee Response," United Nations, last modified February 7, 2016, accessed February 10, 2016, <http://data.unhcr.org/syrianrefugees/regional.php>.
2. Médecins San Frontières, *Misery beyond the War Zone: Life for Syrian Refugees and Displaced Populations in Lebanon*, February 2012, accessed February 7, 2016, <http://www.lekari-bez-hranic.cz/sites/czech/files/lebanon-report-light.pdf>.

3. Aula Abbara et al., "Mental Health among Displaced Syrians: Findings from the Syria Public Health Network," *Journal of the Royal Society of Medicine*, (January 27, 2016): accessed February 6, 2016, <http://jrs.sagepub.com/content/early/2016/01/23/0141076816629765.full.pdf+html>; Amnesty International, *Agonizing Choices: Syrian Refugees in Need of Health Care in Lebanon*, 2014, accessed February 6, 2016, <https://www.amnesty.org/en/documents/MDE18/001/2014/en/>; Matthew Benage et al., "An Assessment of Antenatal Care among Syrian Refugees in Lebanon," *Conflict and Health* 9, no. 8 (2015): accessed February 6, 2016, <http://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-015-0035-8>.
4. Abbara et al., "Mental Health among Displaced Syrians."
5. Médecins San Frontières, *Misery beyond the War Zone: Life for Syrian Refugees and Displaced Populations in Lebanon*, February 2012, accessed February 7, 2016, <http://www.lekari-bez-hranic.cz/sites/czech/files/lebanon-report-light.pdf>.
6. Ibid.
7. Amej S. Al-Fahoum et al., "The Provision of Health Services in Jordan to Syrian Refugees," *Health Science Journal*, no. 2.2 (2015): accessed February 7, 2016, <http://www.hsj.gr/medicine/the-provision-of-health-services-in-jordan-to-syrian-refugees.pdf>; Shannon Doocy et al., "Health Service Utilization and Access to Medicines among Syrian Refugee Children in Jordan," *The International Journal of Health Planning and Management*, 2016, accessed February 6, 2016, <http://onlinelibrary.wiley.com/doi/10.1002/hpm.2336/epdf>.
8. Al-Fahoum et al., "The Provision of Health," 1.
9. Ibid., 3; An orbital probit model is a statistical test used to analyze more than two outcomes of an ordinal dependent variable.
10. Ibid., 4.

11. Doocy et al., "Health Service Utilization and Access," 4.
12. Ibid., 7.
13. Ibid., 8.
14. *Regional Refugee and Resilience Plan 2016-2017 in Response to the Syria Crisis*, 2016, accessed February 6, 2016, <http://www.3rpsyriacrisis.org/wp-content/uploads/2015/12/3RP-Regional-Overview-2016-2017.pdf>.
15. Etienne V. Langlois et al., "Refugees: Towards Better Access to Health-care Services," *The Lancet* 387, no. 10016 (January 23, 2016): accessed February 29, 2016, [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00101-X/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(16)00101-X/fulltext).
16. *Regional Refugee and Resilience*.
17. Amnesty International, *Agonizing Choices: Syrian Refugees in Need of Health Care in Lebanon*, 2014, accessed February 6, 2016, <https://www.amnesty.org/en/documents/MDE18/001/2014/en/>; Matthew Benage et al., "An Assessment of Antenatal Care among Syrian Refugees in Lebanon," *Conflict and Health* 9, no. 8 (2015): accessed February 6, 2016, <http://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-015-0035-8>; Médecins San Frontières, *Misery beyond the War Zone*.
18. Amnesty International, *Agonizing Choices: Syrian Refugees in Need of Health Care in Lebanon*.
19. Ibid.
20. Ibid.
21. Ibid.
22. Ibid.

23. Médecins San Frontières. *Misery beyond the War Zone*.
24. Benage et al., “An Assessment of Antenatal Care among Syrian Refugees in Lebanon.”
25. Ibid.
26. Rebecca Byler, Fkadu Gelaw, and Kaveh Khoshnood, “Beyond the Tent: Considerations for Altering the Standard Refugee Camp Design for Improved Health Outcomes,” *IEEE 2015 Global Humanitarian Technology Conference*, January 2015, accessed February 5, 2016, <http://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnumber=7343964>.
27. Ibid., 3.
28. Médecins San Frontières, *Misery beyond the War Zone*; Al-Fahoum et al., “The Provision of Health.”
29. United Nations High Commissioner for Refugees, “Living in the Shadows: Jordan Home Visits Report 2014,” UNHCR, accessed April 18, 2016, <http://www.unhcr.org/54b685079.pdf>.
30. Ibid.
31. Médecins San Frontières, *Misery beyond the War Zone*, 6.
32. Thomas M. Crea, Rocio Calvo, and Maryanne Loughry, “Refugee Health and Wellbeing: Differences between Urban and Camp-Based Environments in Sub-Saharan Africa,” *Journal of Refugee Studies* 28, no. 3 (April 15, 2015): 325, accessed March 13, 2016, <http://jrs.oxford-journals.org/content/28/3/319.short>.
33. Ibid., 7.
34. Doocy et al., “Health Service Utilization and Access.”; Médecins San Frontières, *Misery beyond the War Zone*.
35. Médecins San Frontières. *Misery beyond the War Zone*.

36. Amnesty International, *Agonizing Choices: Syrian Refugees in Need of Health Care in Lebanon*.
37. *Ibid.*, 17.
38. *Ibid.*, 17.
39. Kayvan Bozorgmehr and Oliver Razum, "Effect of Restricting Access to Health Care on Health Expenditures among Asylum-Seekers and Refugees: A Quasi-Experimental Study in Germany, 1994–2013," *PLOS ONE* 10, no. 7 (July 22, 2015):1, accessed March 11, 2016, <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0131483>.
40. *Ibid.*, 4.
41. Al-Fahoum et al., "The Provision of Health," 1.
42. Etienne V. Langlois et al., "Refugees: Towards Better Access to Health-care Services," *The Lancet* 387, no. 10016 (January 23, 2016): 320, accessed February 29, 2016, [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00101-X/fulltext](http://thelancet.com/journals/lancet/article/PIIS0140-6736(16)00101-X/fulltext).
43. Bozorgmehr and Razum, "Effect of Restricting Access," 6.
44. *Regional Refugee and Resilience*.
45. Mehmet Büyüktryaki et al., "Neonatal Outcomes of Syrian Refugees Delivered in a Tertiary Hospital in Ankara, Turkey," *Conflict and Health* 9, no. 38 (December 21, 2015): accessed February 29, 2016, <http://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-015-0066-1>; Hatice K. Ozdogan et al., "Syrian Refugees in Turkey: Effects on Intensive Care," *The Lancet* 384, no. 9952 (October 18, 2014): accessed March 1, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61862-6/fulltext?rss%3Dyes](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61862-6/fulltext?rss%3Dyes).

46. Hatice K. Ozdogan et al., "Syrian Refugees in Turkey: Effects on Intensive Care," *The Lancet* 384, no. 9952 (October 18, 2014), accessed March 1, 2016, [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61862-6/fulltext?rss%3Dyes](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61862-6/fulltext?rss%3Dyes).
47. Ozdogan et al., "Syrian Refugees in Turkey"; Sahloul, Zaher, Abdul Ghani Sankri-Tarbichi, and Mazen Kherallah. "Evaluation Report of Health Care Services at the Syrian Refugee Camps in Turkey." *Avicenna Journal of Medicine* 2, no. 2 (May 2012): 25-28. Accessed February 5, 2016. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3507073/>.
48. Rand A. David and Michelle Rhee, "The Impact of Language as a Barrier to Effective Health Care in an Underserved Urban Hispanic Community," *Mt Sinai J Med* 65, no. 5 (October/November 1998): 393, accessed March 14, 2016, [http://www.vdh.state.va.us/ohpp/clasact/documents/CLASact/research3/13\\_David.pdf](http://www.vdh.state.va.us/ohpp/clasact/documents/CLASact/research3/13_David.pdf).
49. Karen L. Haboush, "Lebanese and Syrian Families," in *Ethnicity and Family Therapy*, ed. Monica McGoldrick, Joe Giordano, and Nydia Garcia-Preto, third ed. (New York City, NY: Guildford Press, 2005), 470, accessed March 11, 2016, <https://books.google.com/books>.
50. "Syrian Religions," Index Mundi, accessed March 11, 2016, <http://www.indexmundi.com/syria/religions.html>; "Lebanon Demographics Profile 2014," Index Mundi, accessed March 11, 2016, [http://www.indexmundi.com/lebanon/demographics\\_profile.html](http://www.indexmundi.com/lebanon/demographics_profile.html).
51. Karen L. Haboush, "Lebanese and Syrian Families," 471.
52. Mercy Corps, *Seeking Stability: Evidence on Strategies for Reducing the Risk of Conflict in Northern Jordanian Communities Hosting Syrian Refugees*, 3, 2015, accessed March 11, 2016, <https://www.mercycorps.org/sites/default/files>.
53. Sahloul et al., "Evaluation Report of Health Care Services at the Syrian Refugee Camps in Turkey" 27.
54. World Health Organization. *Syria Crisis - Turkey 3RP Operation*.

## Bibliography

Abbara, Aula, Adam Coutts, Fouad M. Fouad, et al. "Mental Health among Displaced Syrians: Findings from the Syria Public Health Network." *Journal of the Royal Society of Medicine*. (January 27, 2016): 1-3.

Al-Fahoum, Amjed S., Marianna Diomidous, et al. "The Provision of Health Services in Jordan to Syrian Refugees." *Health Science Journal*, no. 2.2 (2015): 1-7.

Amnesty International. *Agonizing Choices: Syrian Refugees in Need of Healthcare in Lebanon*. 2014. Accessed February 6, 2016. <https://www.amnesty.org/en/documents/MDE18/001/2014/en/>.

Benage, Matthew, P. Gregg Greenough, Patrick Vinck, et al. "An Assessment of Antenatal Care among Syrian Refugees in Lebanon." *Conflict and Health* 9, no. 8 (2015): 1-11.

Bozorgmehr, Kayvan, and Oliver Razum. "Effect of Restricting Access to Health Care on Health Expenditures among Asylum-Seekers and Refugees: A Quasi-Experimental Study in Germany, 1994-2013." *PLOS ONE* 10, no. 7 (July 22, 2015). Accessed March 11, 2016. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0131483>.

Büyüktryaki, Mehmet, Fuat Emre Canpolat, Evrim Alyamac Dizdar, et al. "Neonatal Outcomes of Syrian Refugees Delivered in a Tertiary Hospital in Ankara, Turkey." *Conflict and Health* 9, no. 38 (December 21, 2015): 1-2.

Byler, Rebecca, Fkadu Gelaw, and Kaveh Khoshnood. "Beyond the Tent: Considerations for Altering the Standard Refugee Camp Design for Improved Health Outcomes." *IEEE 2015 Global Humanitarian Technology Conference*, January 2015, 1-6.

Crea, Thomas M., Rocio Calvo, and Maryanne Loughry. "Refugee Health and Wellbeing: Differences between Urban and Camp-Based Environments in Sub-Saharan Africa." *Journal of Refugee Studies* 28, no. 3 (April 15, 2015): 319-30.

Cousins, Sophie. "Syrian Crisis: Health Experts Say More Can Be Done." *The Lancet* 385 (March 14, 2015): 933-34.

David, Rand A., and Michelle Rhee. "The Impact of Language as a Barrier to Effective Healthcare in an Underserved Urban Hispanic Community." *Mt Sinai J Med* 65, no. 5 (October/November 1998): 393-97.

Demirtas, Unal, and Aslan Ozden. "Syrian Refugees: Health Services Support and Hospitality in Turkey." *The Royal Society for Public Health* 129, no. 11 (2015): 1549-50.

Doocy, Shannon, Emily Lyles, Laila Akhu-Zaheya, et al. "Health Service Utilization and Access to Medicines among Syrian Refugee Children in Jordan." *The International Journal of Health Planning and Management*, 2016.

"Jordan." Syrian Refugees. Accessed April 15, 2016.  
[http://syrianrefugees.eu/?page\\_id=87](http://syrianrefugees.eu/?page_id=87).

Langlois, Etienne V., Andy Haines, Göran Tomson, and Abdul Ghaffar. "Refugees: Towards Better Access to Health-care Services." *The Lancet* 387, no. 10016 (January 23, 2016): 319-21.

Haboush, Karen L. "Lebanese and Syrian Families." In *Ethnicity and Family Therapy*, edited by Monica McGoldrick, Joe Giordano, and Nydia Garcia-Preto, 468-86. Third ed. New York City, NY: Guildford Press, 2005.

Médecins San Frontières. *Misery beyond the War Zone: Life for Syrian Refugees and Displaced Populations in Lebanon*. February 2012.

Mercy Corps. *Seeking Stability: Evidence on Strategies for Reducing the Risk of Conflict in Northern Jordanian Communities Hosting Syrian Refugees*. 2015. Accessed March 11, 2016. <https://www.mercycorps.org/sites/default/files>.

Ozdogan, Hatice K., Faruk Karateke, Mehmet Ozdogan, and Salim Satar. "Syrian Refugees in Turkey: Effects on Intensive Care." *The Lancet* 384, no. 9952 (October 18, 2014): 1427-28.

*Regional Refugee and Resilience Plan 2016-2017 in Response to the Syria Crisis*. 2016. Accessed February 6, 2016. <http://www.3rpsyriacrisis.org/wp-content/uploads/2015/12/3RP-Regional-Overview-2016-2017.pdf>.

Sahloul, Zaher, Abdul Ghani Sankri-Tarbichi, and Mazen Kherallah. "Evaluation Report of Healthcare Services at the Syrian Refugee Camps in Turkey." *Avicenna Journal of Medicine* 2, no. 2 (May 2012): 25-28.

United Nations High Commissioner for Refugees. "Living in the Shadows: Jordan Home Visits Report 2014." UNHCR. Accessed April 18, 2016. <http://www.unhcr.org/54b685079.pdf>.

World Health Organization. "Syria Crisis - 3RP Operations Turkey." World Health Organization. Last modified 2015. Accessed February 7, 2016. [http://www.who.int/hac/crises/syr/syria\\_crisis\\_snapshot\\_turkey\\_june2015.pdf](http://www.who.int/hac/crises/syr/syria_crisis_snapshot_turkey_june2015.pdf).

