Edited by
Emer McGowan,
Djenana Jalovcic
and Sarah Quinn

Interprofessional Approach to Refugee Health

A Practical Guide for Interdisciplinary Health and Social Care Teams

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2. Refugee Rights Are Human Rights

Sandra Schiller, Mohammad Ali Farhat, and Djenana Jalovcic

Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly. (Martin Luther King Jr., 16 April 1963). Image: © Sandra Schiller / Groundswell Mural Projects, CC BY.

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Introduction

By focusing on the interconnectedness between the rights of persons with refugee experience and human rights, this chapter emphasizes the relevance of a human-rights-based perspective in the developing field of refugee health. The refugee context is constantly changing; therefore, the frameworks used in refugee health should be frequently reviewed and reflected upon to protect the welfare of persons with refugee experience. In light of this, a fundamental cornerstone in refugee health is the role of health professionals who recognize that patients with refugee experience possess the inherent right for their unique health needs to be addressed in the most effective way.

Clinical settings such as hospitals or rehabilitation centres have often been remote from patients' everyday life experiences. However, health research informed by the humanities and social sciences has increasingly broadened the biomedical focus on the 'universal patient', and highlighted the need for a more nuanced understanding of health and well-being that considers the impact of health inequalities shaped by macro-economic, environmental, social, and political factors. In the context of forced migration, such a shift requires health professionals to understand the key legal frameworks that define and influence the lives of people with refugee experience, and to adopt the principles of universal human rights as their moral guideline. In other words, healthcare professionals need a moral stance that is based on the universality of human experience and the equality of all human beings, and that is characterized by solidarity and empathy. This can be a challenge given geographical distance, media portrayals that tend to show anonymous masses of people, and the frequent stereotyping and dehumanisation of persons with refugee experience.

What does knowing about refugee rights mean for health professionals? We argue that they should not only be aware of the specific rights to which refugees are entitled but they should also understand the underlying justifications for these rights. This is particularly important in relation to the right to reside in a host country and to be treated with

fairness and humanity, regardless of their lack of citizenship status. This requires an understanding of the global human rights perspective as advocated by the United Nations (UN), the World Health Organization (WHO) and other relevant international bodies. In addition, health professionals should be able to identify disparities between human rights ideals and the reality in their own country, and be prepared to address these issues.

We begin by examining the concept of international protection for refugees as it emerged from the 1951 Refugee Convention. This is followed by a description of the characteristics of forced migration today, illustrated through the personal example of a healthcare professional who fled from Afghanistan in 2021. The next section outlines the increasing influence of human rights legislation and global human rights scholarship. This influence is particularly relevant to the human right to health, which is then described as a fundamental guideline for quality refugee healthcare. The chapter concludes with links to recent health research that warns of the dangers of violating the human rights of persons with refugee experience.

The International Protection of Persons with Refugee Experience

The protection of citizens' rights is the responsibility of each individual state. However, when a state fails to ensure these rights—whether due to inability or unwillingness to provide protection—and individuals are forced to flee, it becomes the responsibility of another country to step in to ensure these rights are respected. International protection refers to safeguarding individuals who cannot return to their home country due to a risk of persecution or serious harm, and whose own country cannot or will not protect them.

In 1951, the United Nations signed the Convention Relating to the Status of Refugees, commonly known as the Refugee Convention or Geneva Convention (UNHCR 2010). This initiative aimed to protect European refugees in the aftermath of the Second World War, which had displaced millions of people across Europe, including numerous

survivors of the Holocaust and other wartime atrocities who were in need of protection and resettlement.

> A refugee used to be a person driven to seek refuge because of some act committed or some political opinion held. Well, it is true we have had to seek refuge; but we committed no acts and most of us never dreamt of having any radical opinion. With us the meaning of the term "refugee" has changed. Now "refugees" are those of us who have been so unfortunate as to arrive in a new country without means and have to be helped by Refugee Committees. (Arendt 1994: 110)

Furthermore, the Cold War, i.e., the ideological battle between the Western bloc (led by the United States) and the Eastern bloc (led by the Soviet Union), was also already underway at the time so that another aim of the Convention was to provide legal protections for individuals fleeing persecution due to political reasons (Gatrell 2016). Two central components primarily determine how protection is ensured: the definition of 'refugee' and the principle of non-refoulement, which prohibits signatory states from returning refugees to territories where their life or freedom would be threatened. This effort to protect the rights and dignity of individuals who have lost the protection of their home countries is part of a broader movement towards establishing international norms and standards for the protection of human rights, as exemplified by the Universal Declaration of Human Rights in 1948. The 1967 Protocol later extended the Refugee Convention's scope in terms of time and geography and to this date, it is still the fundamental basis for the international protection of persons with refugee experience. The Convention clearly defines who a refugee is, their rights, and what kind of legal protection—including the right to protection from persecution and other assistance—refugees should receive from the 149 states around the world who have signed the Refugee Convention and the 1967 Protocol.

However, some countries are avoiding their international obligations by manipulating who, if any, among those forced to flee their countries, will be granted refugee status, i.e., be officially recognized as refugees, and receive protection and support as required under the Geneva Convention (Fiddian-Qasmiyeh 2021). While human rights are universally applicable due to the inherent dignity of every human being,

refugee status is conditional upon identifying a specific category of protected persons to which the individual belongs (Chetail 2014). From the beginning, the Refugee Convention was intended as "a compromise between unfettered state sovereignty over the admission of aliens, and an open door for non-citizen victims of serious human rights violation" (Chetail 2014: 24). In fact, the definition of a refugee in Article 1 of the Geneva Convention includes a number of conditions: a person who is outside their country of origin and who has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, and is unable to avail themselves of the protection of that country or to return to it owing to such fear of persecution (UNHCR 2010). The selective nature of this definition has been increasingly criticized as arbitrarily privileging the rights of some forced migrants over others (McAdam & Wood 2021). On the other hand, the central concept of persecution is not defined by the Refugee Convention, but left to the subsequent interpretation of the individual states. However, human rights treaties and standards adopted since the Geneva Convention provide a universal framework that aids in harmonizing the interpretations of state parties and offers a more predictable basis for determining refugee status. The concept of persecution, central to refugee law, has increasingly been interpreted through the lens of human rights standards, promoting a more principled and less subjective application (Chetail 2014). Considering that the reasons why people in today's world become refugees have also been changing, this is an important development.

Why Is Forced Migration a Global Phenomenon Today?

Why do people leave their home or country? Because they hope for a better life elsewhere for a variety of reasons: e.g., the lifestyle documented by popular reality TV programmes about European expatriates; because they are recruited as workers or encouraged to migrate in order to boost the local economy; or because they have to flee their country due to wars, political persecution, whether as dissidents or as members of ethnic or religious minorities, natural disasters or the effects of climate

change. As detailed in Chapter 1, when people flee from their homes due to war, conflict or fear of persecution, and cross international borders, they become refugees in need of protection and assistance as they face inherent dangers and extreme circumstances. Consequently, refugee rights mean first and foremost that people are allowed to leave their country and go to another, and that they enjoy protection from persecution in that country or in another country to which they can go from there.

According to the UN Refugee Agency (UNHCR) the number of people displaced by crises in various regions of the world is growing steadily. In 2024, the UNHCR reported that surpassed 117 million (UNHCR 2024). The majority of those who are forced to flee—currently 68 million—are classified as internally displaced persons within their own countries. Unlike those who cross international borders, these individuals are not considered refugees under international law as defined by the Geneva Refugee Convention. Of those who do flee their country, most (currently 69%) remain in immediate neighbouring countries. Consequently, 75% of all refugees currently reside in low- and middle-income countries, and 20% in the least developed countries (UNHCR 2024). This global context must be understood when discussing those who come to Europe, driven by the geographical proximity of their home countries and/or the aspiration for a better future.

Unfortunately, a greater number of people in need worldwide does not necessarily correspond to a greater willingness to help among those who are in a position to do so. The terms "compassion fatigue" or "collapse of compassion" describes the phenomenon that people feel more empathy and a stronger moral obligation to help when they are presented with individual stories of suffering compared to large-scale statistical data (Jenni & Loewenstein 1997; Small Loewenstein & Slovic 2007; Slovic 2023). At the same time, the difficulty of telling those stories and the emotional burden of listening to them needs to be taken into consideration. The renowned German journalist and writer Carolin Emcke emphasizes that "there are experiences that cannot be described immediately, indeed, there are experiences that cannot even be understood immediately, because they overwhelm us, because they override everything else that applies, because they exceed

all expectations of what people can do to each other" (Emcke 2023: 8, own translation). In her work, Emcke frequently addresses questions of witnessing and discursive justice (Emcke 2013). Discursive justice is crucial for amplifying marginalized voices, ensuring that those who are often overlooked or suppressed have the opportunity to share their stories and perspectives. Another significant aspect for Emcke is the promotion of empathy and dialogue. She views witnessing as a means to foster empathetic connections and facilitate dialogue among different individuals and communities. To fully grasp the importance of a human-rights-based perspective in refugee health, people are needed who are able and willing to share their stories and also people who are willing to listen and be empathetic.

Ali's Story: Losing Your Fundamental Human Rights in Your Own Country

Ali joined the Person with Refugee Experience Education Project – Interprofessional (PREP IP) in 2022. He brought to the project his unique and 'real-time' perspective—he had just fled his home in Afghanistan and was living in unsafe environments, experiencing discrimination, losing his human rights as we were implementing the project activities. Ali generously shared the story of his flight in spring 2022 with a group of European health and social care professionals. Two years later, Ali, together with his mother and sister, is safe and settled in a third country. The rest of this section is written by Ali.

First of all, I would like to share my educational level and experience with PREP IP. I received my M.Sc. in Rehabilitation Science from Bangladesh Health Professions Institute in March 2021. Recently, I got a job at an international medical aid organization where I worked as a psychosocial support supervisor on a USAID-funded project.

Everyone knows that the dark days came back for the people of Afghanistan due to the Taliban regime, a group of terrorists, taking power in Afghanistan in August 2021. A majority of the Afghan population live in extremely bad conditions and their lives are in danger in Afghanistan: members of the Hazara nations; members of minority religions; women activists; Afghan soldiers; and whoever worked with NATO, with American people or for any

project sponsored by USAID. The Taliban are trying to create an insecure environment for minority religious communities, and in particular they want to expel the Hazara people who are an ethnic and religious minority (Shia) from Afghanistan. For instance, they use violence against women; bombs planted in a mosque, in a place of education, and in a wedding hall full of Hazara people; and they force the Hazaras to leave their homes. I am also Hazara and proud of that because we are honest and have worked very hard to live in peace in Afghanistan. Circumstances rapidly changed in Afghanistan—no one had expected that everything would change so quickly in just one night.

Suddenly the Taliban regime seized the entire country. A majority of men, women, children, and older people had to flee from Afghanistan. On 25 August 2021 we (my mother, my sister and I) also decided to leave our homeland. It was a very difficult decision to leave our own country. But we had no other choice. In 2014, the Taliban regime had killed my father because my older brother had worked with a foreign International Non-Governmental Organisation (INGO). I had also worked with an INGO in Afghanistan and I heard and observed that the Taliban regime killed those who worked for, helped, and supported foreign people. I was concerned about myself and my family, especially about my sister, because we heard from the media and the news that the Taliban forced young girls to marry them and that no one could stop them. Also, when the Taliban took control of the country, girls were banned from participating in the education systems in Afghanistan, which meant that my sister couldn't pursue her education anymore. So we decided to leave for Pakistan.

For ten days, we stayed in a border city trying to cross to Pakistan. For ten days, we tried to cross the border four or five times every day, but we couldn't succeed. Each time we attempted to pass the border we thought that we would die; it was an extremely horrible situation, the worst that I had ever faced in my life. My mother was sick and she had back problems. Every time we used a wheelchair for her because she was not able to walk. Thousands of men, women, children, young people, and older people wanted to leave Afghanistan. The Taliban and the Pakistan militia both said that Hazara people were not allowed to cross the border. Finally, we managed to escape Afghanistan without the Taliban catching us.

I left my suitcase on the way because my heart was racing, and I was scared of the Taliban and the militia of Pakistan. I thought they would shoot or arrest me. On our journey a Pakistan militia arrested us and kept us imprisoned with

other Hazara people for one-and-a-half hours, while Pashtun and Tajik people remained free and were laughing and drinking tea with the militia of Pakistan. This was humiliating and an example of the discrimination that I faced during my journey. After this time, when the driver and militiamen reached a deal, we were released from jail and they gave us permission to enter Pakistan. On Pakistani territory, there were ten or more police checkpoints; at each police checkpoint the driver needed to pay some money for the Hazara passengers to receive permission to pass the checkpoint, but not for Tajiks or Pashtuns.

Refugee Rights Are Human Rights: We Are All Born Equal

On 10 December 1948, the United Nations General Assembly proclaimed the Universal Declaration of Human Rights, which consists of 30 articles that present a comprehensive set of civil, political, economic, social, and cultural rights (United Nations 1948). It has served as a foundational text for many of the conventions, laws, and treaties concluded since 1948, e.g., the European Convention on Human Rights. While the Universal Declaration of Human Rights does not have the legally binding force of a treaty that can be ratified by individual states, it carries significant political and moral authority (Rudolf 2023). This importance is underscored by the fact that its provisions have been incorporated into many national constitutions. Some of its provisions now constitute binding customary international law. In some instances, these principles have even attained the status of mandatory international law, which no state may derogate from. Notable examples of such non-derogable norms include the prohibition of slavery, torture, and racial discrimination.

To give the human rights contained in the Universal Declaration a binding form under international law, the United Nations adopted two human rights charters in 1966: the International Covenant on Economic, Social and Cultural Rights (Social Covenant) (United Nations 1966a) and the International Covenant on Civil and Political Rights (Civil Covenant) (United Nations 1966b). Both came into force in 1976. Together with the Universal Declaration of Human Rights and the two additional protocols to the Civil Covenant, they form the so-called International Bill of Human Rights, a term used mainly in English-speaking countries.

Self-reflection exercise:

As a basic introduction to the concept of human rights, watch the following video created by the Raoul Wallenberg Institute of Human Rights and Humanitarian Law: What Are Human Rights, Really? (4 minutes), https://www.youtube.com/watch?v=GDdJ-EI3sVU.

For more information on the Universal Declaration of Human Rights, visit the website of the United Nations: https://www.ohchr.org/en/universal-declaration-of-human-rights

1. How could you incorporate the human-rights-based perspective in your own professional work? Where does this change your perspective?
2. What aspects do you need to learn more about to integrate a human-rights-based perspective into your work?
3. What challenges and what potential does adopting this approach present to you?

In literature across various disciplines, numerous arguments assert that refugee rights are human rights. These arguments are frequently addressed in an interdisciplinary manner, as refugee rights encompass legal, political, ethical, and social dimensions. Consequently, the universal rights of refugees today are not solely based on the Refugee Convention but also derive from the general standards of international human rights law as another primary source:

> General human rights law adds a significant number of rights to the list codified in the Refugee Convention, and is regularly interpreted and applied by supervisory bodies able to refine the application of standards to respond to contemporary realities (Hathaway 2021: 154).

Despite these international laws, the lived experiences of refugees often reflect the gap between the existing laws and the harsh realities on the ground. Ali's story provides a compelling illustration of this disconnect.

For two years, from September 2021 to November 2023, we lived in Quetta, Pakistan, and we didn't have enough money or other facilities to live there like normal people. We didn't have access to our basic necessities and human rights such as: shelter, food, health care services, education, permission to work, and so

on. We also went to the UNHCR office to get refugee cards. We had passed many interviews with the UNHCR Office, and then we got our asylum seeker cards, as the UNHCR did not give refugee status to anyone in Pakistan. Unfortunately, we didn't receive any other services from the UNHCR Office located in Quetta.

Theories of global justice argue that injustices experienced by refugees are often a result of global power structures and inequalities, for which wealthier states also bear responsibility (e.g., Farmer 2004; Pogge 2005). Reports on the situation of refugees worldwide (e.g., Bast et al. 2020; O'Flaherty 2023) systematically document the human rights violations that refugees often face, thus underscoring the need to comprehensively understand and protect their rights as human rights. On 19 September 2016, the United Nations General Assembly unanimously adopted the New York Declaration for Refugees and Migrants (United Nations 2016). This declaration reaffirms the importance of the international refugee regime and includes a wide array of commitments by member states to strengthen and enhance mechanisms for the protection of displaced persons.

According to a fact sheet on human rights jointly published by the Office of the High Commissioner for Human Rights (OHCHR) and the WHO (2008), human rights are universal and inalienable. They apply equally, to all people, everywhere, without distinction. Human rights standards—to food; health; education; to be free from torture, inhuman or degrading treatment—are also interrelated. The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.

Ali's experiences in Quetta, Pakistan, underscore the challenges that many refugees face daily, despite the existence of robust international human rights and legal frameworks. His story provides a reminder of the ongoing struggle to bridge the gap between human rights laws, theories, and practice, emphasizing the urgent need to reinforce and implement these rights universally and effectively. By reflecting on Ali's narrative, we are called to consider how we can integrate and uphold a human-rights-based perspective in our own professional and personal lives to ensure that these rights are not only ideals, but lived realities for all.

The Human Right to Health

As described in Chapter 1, current national and international studies show that individuals who have experienced displacement face specific health risks before and during their flight, and that these risks are further influenced by living conditions in the host country. An insecure residence status, limited access to healthcare, experiences of discrimination, and lack of social participation negatively impact the health of those affected. The philosopher Hannah Arendt already described this experience in her 1943 essay 'We Refugees':

> Our optimism, indeed, is admirable, even if we say so ourselves. [...] We lost our home, which means the familiarity of daily life. We lost our occupation, which means the confidence that we are of some use in this world. We lost our language, which means the naturalness of reactions, the simplicity of gestures, the unaffected expression of feelings. We left our relatives in the Polish ghettos and our best friends have been killed in concentration camps, and that means the rupture of our private lives (Arendt 1994: 110).

In such a context, health professionals need to understand the complex nature of refugees' different situations, which are influenced by a wide range of factors, in order to act competently. In particular, it is essential to understand the profound impact that legal status has on an individual's circumstances. Legal status significantly affects access to healthcare services, opportunities for meaningful activities—particularly gainful employment—and the capacity for social and societal participation (Bozorgmehr et al. 2022; Nowak et al. 2023). This includes not only integration into the labour market, but also access to the education system and cultural activities. Furthermore, legal status influences an individual's future prospects, psychosocial stress levels, and housing conditions, including the choice of residence or place of living. Scholars in migration and refugee studies have pointed out that the classification of legal status is a factor in "processes that stratify access to material and symbolic resources" (Menjívar 2023). The treatment of people fleeing the conflict in Ukraine within the European Union has shown that alternative legal frameworks can indeed be established. Following the armed conflicts in the former Yugoslavia during the 1990s, the European Union adopted the Temporary Protection Directive in 2001 to provide immediate and

temporary protection in the event of a (potential or actual) mass influx of displaced persons from non-EU countries who are unable to return to their country of origin (European Council 2001). On 4 March 2022, the EU interior ministers adopted a Council decision to implement this directive for the first time, aiming to offer swift and effective assistance to individuals fleeing the Russian invasion and subsequent war in Ukraine (European Commission Directorate-General for Migration and Home Affairs n.d.). This facilitated the granting of humanitarian residence permits to refugees from Ukraine across the European Union without necessitating their participation in an asylum procedure. Consequently, individuals seeking protection from Ukraine are granted access to employment, education, social benefits, and medical care throughout Europe. This example demonstrates the potential for adaptable legal mechanisms to better accommodate displaced populations (European Union Agency for Fundamental Rights 2022).

Article 25 of the Universal Declaration of Human Rights (United Nations 1948: 1) addresses the issue of health as a basic human right:

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Similarly, the Constitution of the World Health Organization (1948: 1) acknowledges health as a basic human right by stating that:

> The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of "race", religion, political belief, economic or social condition.

The right to the highest attainable standard of physical and mental health is expressed in a number of international legal instruments, including the International Convention on the Elimination of All Forms of Racial Discrimination (United Nations 1965), the International Covenant on Economic, Social and Cultural Rights (United Nations 1966), the International Convention on the Elimination of All Forms of Discrimination Against Women (United Nations 1979), the Convention on the Right of the Child (United Nations 1989), the International Convention on the Protection of the Rights of All Migrant Workers and

Members of Their Families (United Nations 1990), and the Convention on the Rights of Persons with Disabilities (United Nations 2006). All of these international treaties are essential reference points for a human-rights-based approach to health that "provides a set of clear principles for setting and evaluating health policy and service delivery, targeting discriminatory practices and unjust power relations that are at the heart of inequitable health outcomes" (WHO 2023).

The right to the highest attainable standard of physical and mental health encompasses both freedoms and entitlements. Freedoms include the right to control one's health and body and to be free from interference, such as torture and non-consensual medical treatment and experimentation—an aspect particularly pertinent for persons with disabilities (WHO 2023). Entitlements, on the other hand, include the right to access quality health services without discrimination (WHO 2023). As a consequence, the states that have endorsed the right to health in their constitution have legally committed themselves to ensure provision of the determinants of health and to safeguard access to quality healthcare in a "timely, acceptable and affordable" manner. A human-rights-based approach to health "commits countries to develop rights-compliant, effective, gender-transformative, integrated, accountable health systems and implement other public health measures that improve the underlying determinants of health, like access to water and sanitation" (WHO 2023). This approach requires countries to ensure that their legislation, health policies, and health services respect and promote the realisation of human rights.

Self-reflection exercise:

Read the core principles and standards of a human-rights-based approach that are detailed in the WHO (2023) Fact Sheet on Human Rights: https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health

- Core principles: accountability, equality and non-discrimination, and participation.
- Core components of the right to health: availability, accessibility, acceptability, and quality.
- (N.B.: Quality health services should be safe, effective, people-centred, timely, equitable, integrated, and efficient.)

4. What are the current legal and structural foundations in your country e.g., legal framework, government institutions, economic, political and social systems, infrastructure, etc.? Does your health and social care system facilitate the recognition of these fundamental human rights principles in regard to individuals with refugee experience?
5. Does your workplace already incorporate the core principles and standards of a human-rights-based approach to healthcare delivery? If not, what changes are necessary to achieve this? If yes, are further improvements needed? How might these improvements be implemented, and who would be responsible for taking action?

In the 2018 Edinburgh Declaration, participants from over 50 countries at the First World Congress on Migration, Ethnicity, Race, and Health (MERH) made a number of recommendations that are highly relevant for refugee health:

> Eliminating barriers to access to healthcare and promoting protection of health of all people on the move, including those in an irregular situation, needs to be prioritised.
>
> The full participation of migrants, ethnic minorities, indigenous populations and Roma in policy development, service planning, healthcare delivery, and research and evaluation is vital.
>
> Relevant and appropriate data are required urgently for policy makers and service providers to tackle inequities.
>
> Harmonization of, and agreement on, definitions and concepts should be sought by building on the consensus achieved at MERH 2018.
>
> Strengthening collaboration between institutions, organizations and countries aimed at improving the health of migrants and ethnic minorities.
>
> A Global Society should integrate academic, professional and community work on health and healthcare in this field (First World Congress on Migration, Ethnicity, Race and Health 2018).

The World Health Organization's *Global Action Plan on Promoting the Health of Refugees and Migrants, 2019–2023* establishes a comprehensive "framework of priorities and guiding principles [...] to promote the health of refugees and migrants" (World Health Organization 2019). It envisions both short-term and long-term public health interventions and strongly advocates for integrating migrant and refugee health into global, regional, and national agendas. By promoting refugee-sensitive and migrant-sensitive health policies, the Action Plan seeks to ensure that the unique health needs of these populations are adequately addressed. Furthermore, it underscores the importance of intersectoral collaboration and the integration of health services to provide holistic care. It also emphasizes the necessity for targeted health strategies that consider the social determinants of health, fostering environments where refugees and migrants can attain the highest standards of health and well-being. This comprehensive approach not only enhances individual health outcomes but also contributes to public health resilience and cohesion within host communities.

Recognizing the Rights of Others

In an examination of human rights, citizenship, and migration, philosopher Seyla Benhabib (2004) explores the principles and practices employed to negotiate between maintaining the boundaries of existing political communities and acknowledging the rights of others, i.e., aliens and strangers, immigrants and newcomers, refugees and asylum seekers, as they seek incorporation into these entities. Ali's personal story embodies this struggle to balance protection and integration.

Our lives were in danger in Pakistan too because circumstances had recently changed there, and the government had revised their policies regarding refugees. These changes were due to more refugees arriving there since the Taliban had come to power in Afghanistan. Most of the refugees were forcibly deported by Pakistani militias to Afghanistan. The cost of food, rent of houses and other basic necessities had doubled there. I didn't have any financial support from anyone. My brother had also been living as a refugee since 2014 in Indonesia and he was not able to support our family. I would have loved to work and support my family, but I didn't have a permission to work in that environment and couldn't find any job in that limbo, and it was really hurting me that I couldn't support

my family. We were also hiding from police in Pakistan. If they found us they would send us back to Afghanistan; if we went back to Afghanistan the Taliban regime would kill us as they killed my father.

As persons with refugee experience flee from persecution, war, and human rights violations, there is an ethical imperative (or humanitarian duty) to offer them protection. Nevertheless, in 2011, António Guterres, the United Nations High Commissioner for Refugees at the time, observed:

> In Europe alone, the 1951 Convention has provided a framework for the protection of millions of refugees, guaranteeing them not only safety but also the social and economic rights necessary to start new lives. However, the human rights agenda out of which UNHCR was born, and on which we depend, is increasingly coming under strain. The global economic crisis brought with it a populist wave of anti-foreigner sentiment, albeit often couched in terms of national sovereignty and national security. At the same time, the changing nature of armed conflict is increasingly limiting the space for humanitarian action.

European immigration policies since the Second World War have reflected a reluctance towards immigration among European countries, which have become migration destination countries "largely unintentionally and reactively, and often against the explicit will of sizable parts of both the political elite and the native population" (Koopmans 2005: 5). Contemporary research on migration, border regimes, and refugee movements in Europe has critically analysed the current policies and practices affecting the rights of migrants and persons with refugee experience in Europe (Hess & Schmidt-Sembdner 2021). Furthermore, historical research on European migration has highlighted how concerns regarding the control over mobility have always been linked to struggles over labour control and public anxieties about "uncontrolled masses", leading to the racialization of immigration as well as the intersection of race, ethnicity, or religion with socioeconomic and legal status (Anderson 2013). This historical development is reflected in current right-wing and populist attempts at othering and dehumanizing migrants and persons with refugee experience, which are having a detrimental impact on immigration policies across Europe (Nowak & Razum 2022).

The following letter to the editor appeared on 27 January 2019 in the German newspaper *Der Tagesspiegel:*

> Try to guess who I am! I am more in the media than Donald Trump and his tweets, Erdogan and his democracy, Putin and his politics. I was the main reason for the failure to form a government in Germany and for the rise of the right in Europe. I am the great concern of many citizens in this country, because I am more dangerous than poverty in old age, abuse in families, environmental pollution, drug use, climate change, lack of carers and educators. I am the one who always feels guilty for the mistakes of other people. People they don't even know. I am the one who is always ashamed to greet neighbours when something happens again somewhere. I'm liable for everyone's mistakes and feel threatened by every report in the media.
>
> Did you recognise me? I am the refugees! And it's not a grammatical error due to a lack of knowledge of German. I am the refugees! And I mean all refugees. I'm not a doctor, a lawyer, a farmer, a journalist, an artist, a salesperson, a taxi driver or a teacher – I'm the refugees. Although I come from a small town in Syria and the people in Damascus were already foreign to me, since I have been in Europe, I have become one of hundreds of thousands of refugees from Syria, Pakistan, Afghanistan, Iraq, Iran and Africa. Although we speak different languages, have different religions and pasts, not to mention different world views and opinions. But who cares about such differences, we are all refugees in the end. I lost friends and relatives, my flat, my job, my car, my past and my home because of the war. But one loss that I only felt later was my individuality, which I left behind on the rubber dinghy at the borders of Europe (Gouma 2019: own translation into English).

It was written by Syrian lawyer, Vinda Gouma, who now works as a legal researcher at the German Institute for Human Rights.

It is essential that health professionals relate to persons with refugee experience as fellow human beings, despite the persistence of racist and xenophobic discourses, which have been shown to have a negative impact on clinicians by creating biases that compromise the quality of care (Rousseau et al. 2017). Recent studies point to a correlation between negative attitudes and agreement on restricting access to healthcare for persons with refugee experience (Vanthuyne et al. 2013; Rousseau et al. 2017). On the other hand, positive attitudes correlate with greater agreement with maintaining or expanding access to healthcare for persons with refugee experience, based on arguments such as compassion, recognition of the legality of refugee status, the increased cost of delayed provision of health services, and the recognition of persons with refugee experience as future citizens

and access to healthcare as a fundamental human right (Rousseau et al. 2017).

While the right to health for all, including persons with refugee experience, is promoted by international organisations such as the United Nations and the World Health Organization as an effective approach to improving individual and societal well-being globally, national governments are exacerbating existing health disparities by introducing different levels of healthcare coverage that negatively affect migrants with precarious status and persons with refugee experience (Rousseau et al. 2017). This warrants strong criticism, as empirical research has documented the negative impact of these policy changes not only on those excluded from mainstream healthcare services, but also on overall health expenditure (Bozorgmehr & Razum 2015).

The situation of persons with refugee experience is precarious due to the serious reasons for fleeing, and, although ideally temporary, refugee status often becomes permanent. Nevertheless, being labelled a refugee is not desirable as it implies a contrast to the situation of a regular citizen. Beyond their legal status, persons with refugee experience constitute a highly heterogeneous group with diverse resources and needs. Health professionals encounter not only officially recognized refugees, but also individuals who have experienced forced displacement at some point in their lives but do not (or no longer) hold refugee status. Current humanitarian crises evoke memories of forced displacement for many people across different European countries, linking to their personal histories. Furthermore, some individuals who arrived as refugees many years ago now consider their country of arrival their home and may no longer identify with the refugee status.

Ali's story demonstrates the resilience, resourcefulness, and adaptability of persons with refugee experience, as well as the vital role of support in improving their circumstances and forging new identities.

When I was in Pakistan, I had communication with the People with Refugee Experience Project – Interprofessional (PREP IP) team members. They honestly and strongly supported me and my family to resettle in a third country. Thankfully, their hard work, and sacrifice, made big changes in our lives. In December 2023, we landed in our new home in Canada. Now, because of the PREP IP team, we are in the safest country in the world where we can live with respect and dignity, and without fear of bomb blast, torture, deportation,

inequality, discrimination, persecution, or massacre. Our family was reunited because my older brother settled in Canada one year earlier than us. Now we are all living together. My mom is going to school to learn English and my sister just finished school and next year is planning to start college to study to become a nurse in the future to help communities. I am also working in the health sector as a home support worker with two organizations. I love to help people which is why I have chosen this career. We are all trying to make new friends here and we have a beloved teacher, she and her husband are always beside us and we are so proud that we have them, and they are more than family to us.

The social integration of persons with refugee experience into their new country is crucial for both them and for society as a whole. Facilitating their access to healthcare and public health services has been shown to enhance their integration into society by improving their ability to work, study, and engage with community life (Bozorgmehr et al. 2020). Ensuring that persons with refugee experience have access to appropriate health services is an important element of the recognition of their full human rights.

While, these arguments underscore the relevance of a human-rights-based approach to healthcare, and the moral and practical imperative to protect the health of persons with refugee experience for the benefit of both the individuals concerned and the societies in which they live, Ali's lived experience remind us that by recognizing and addressing the rights of refugees as fundamental human rights, we can foster environments where asylum seekers and refugees not only survive but thrive, contributing meaningfully to their new communities.

> Home is not where you were born; home is where all your attempts to escape cease. (Naguib Mahfouz)

References

Anderson, Bridget. 2013. *Us vs. Them? The Danger Politics of Immigration Control* (Oxford: Oxford Academic).

Atapattu, Sumudu. 2020. 'Climate Change and Displacement: Protecting "Climate Refugees" within a Framework of Justice and Human Rights', *Journal of Human Rights and the Environment*, 11.1: 86–113, https://doi.org/10.4337/jhre.2020.01.04

Arendt, Hannah. 1994. 'We Refugees', in *Altogether Elsewhere: Writers on Exile, ed. by Robinson, Marc* (Boston and London: Faber and Faber), pp. 110–119, https://archive.org/details/hannah_arendt_we_refugees

Bade, Klaus. 2008. *Migration in European History* (John Wiley & Sons).

Bast, Jürgen, Frederik von Harbou, and Janna Wessels. 2020. *Human Rights Challenges to European Migration Policy (REMAP)*, 1st edn (Stiftung Mercator), https://www.stiftung-mercator.de/de/publikationen/human-rights-challenges-to-european-migration-policy/

Benhabib, Seyla. 2004. *The Rights of Others: Aliens, Residents, and Citizens* (Cambridge etc.: Cambridge University Press) (The John Robert Seeley Lectures 5).

Bozorgmehr, Kayvan and Oliver Razum. 2015. '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: e0131483, https://dx.plos.org/10.1371/journal.pone.0131483

Bozorgmehr, Kayvan, et al. 2020. *Health Policy and Systems Responses to Forced Migration*, 1st edn (Cham: Springer International Publishing AG).

Bozorgmehr, Kayvan, Lousie Biddle, and Nora Gottlieb. 2022. 'Gesundheitssystem zwischen Krise und Integration: Lehren aus 30 Jahren Fluchtmigration' [Health Care System between Crisis and Integration: Lessons Learnt from 30 Years of Forced Migration], *GGW (G+G Wissenschaft)*, 22: 15–26, Zugriff auf: https://www.wido.de/fileadmin/Dateien/Dokumente/Publikationen_Produkte/GGW/2022/wido_ggw_0322_bozorgmehr_et_al.pdf

Chetail, Vincent. 2014. 'Are Refugee Rights Human Rights? An Unorthodox Questioning of the Relations between Refugee Law and Human Rights Law', in *Human Rights and Immigration*, ed. by Rubio-Marín, Ruth (Oxford: Oxford University Press) (Collected Courses of the Academy of European Law).

Emcke, Carolin. 2013. *Weil es sagbar ist: Über Zeugenschaft und Gerechtigkeit* [*Because it can be said: On witnessing and justice*] (Frankfurt am Main: Fischer).

Emcke, Carolin. 2023. *Für den Zweifel: Gespräche mit Thomas Strässle* [*For the doubt: Conversations with Thomas Strässle*] (Frankfurt am Main: Fischer Taschenbuch).

European Commission Directorate-General for Migration and Home Affairs. n.d. *Temporary Protection*, https://home-affairs.ec.europa.eu/policies/migration-and-asylum/common-european-asylum-system/temporary-protection_en

European Council. 2001. *Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between*

Member States in receiving such persons and bearing the consequences thereof, https://eur-lex.europa.eu/eli/dir/2001/55/oj/eng

European Union Agency for Fundamental Rights. 2022. *Fleeing Ukraine: Displaced People Experiences in EU,* https://fra.europa.eu/sites/default/files/fra_uploads/fra-2023-ukraine-survey_en.pdf

Farmer, Paul. 2018. *Pathologies of Power: Health, Human Rights, and the New War on the Poor, First World Congress on Migration, Ethnicity, Race and Health, 2018 Edinburgh Declaration* (Berkeley: University of California Press, 2004).

Fiddian-Qasmiyeh, Elena. 2021. 'The Right and Role of Critiquing the Contemporary Patchwork of Protection', *International Migration,* 59: 261–264, https://doi.org/10.1111/imig.12892

First World Congress on Migration. 2018. *Ethnicity, Race and Health, 2018 Edinburgh Declaration,* http://www.merhcongress.com/welcome/edinburgh-declaration/

Gatrell, Peter. 2016. '65 Jahre Genfer Flüchtlingskonvention' [66 Years Geneva Refugee Convention], *Aus Politik und Zeitgeschichte*, 66: 25–32, https://www.bpb.de/shop/zeitschriften/apuz/229825/flucht-historisch/

Gouma, Vinda. 2019. 'Leserbrief', *Der Tagesspiegel,* 28 January https://www.tagesspiegel.de/gesellschaft/lesermeinung-ich-bin-die-fluechtlinge/23917406.html

Guterres, António. 2011. *Remarks at the Opening of the Judicial Year of the European Court of Human Rights,* Strasbourg, 28 January 2011, UNHCR, https://www.unhcr.org/publications/antonio-guterres-united-nations-high-commissioner-refugees-remarks-opening-judicial

Hathaway, James C. 2005. *The Rights of Refugees under International Law* (Cambridge: Cambridge University Press), https://doi.org/10.1017/cbo9780511614859

Hess, Sabine and Matthias Schmidt-Sembdner. 2021. 'Perspektiven der ethnographischen Grenzregimeforschung: Grenze als Konfliktzone' [Perspectives of Ethnographic Border Regime Research: Border as Conflict Zone], *Zeitschrift für Migrationsforschung – Journal of Migration Research,* 1: 197–214, https://doi.org/10.48439/zmf.v1i1.105

Jenni, Karen, and George Loewenstein. 1997. 'Explaining the identifiable victim effect', *Journal of Risk and Uncertainty,* 14: 235–257, https://doi.org/10.1023/A:1007740225484

King, Martin Luther Jr. 1963. *Letter from a Birmingham Jail,* African Studies Center –University of Pennsylvania, 16 April 1963, https://www.africa.upenn.edu/Articles_Gen/Letter_Birmingham.html

Koopmans, Ruud, et al. 2005. *Contested Citizenship: Immigration and Cultural Diversity in Europe, NED—New edition,* Vol. 25 (University of Minnesota

Press: JSTOR) (Social Movements, Protest, and Contention), http://www.jstor.org/stable/10.5749/j.ctttsd0w

McAdam, Jane and Tamara Wood. 2021. 'The Concept of "International Protection" in the Global Compacts on Refugees and Migration', *Interventions*, 23: 191–206, https://doi.org/10.1080/1369801X.2020.1854105

Menjívar, Cecilia. 2023. 'State Categories, Bureaucracies of Displacement, and Possibilities from the Margins', *American Sociological Review,* 88.1: 1–23, https://doi.org/10.1177/00031224221145727

Nowak, Anna Christina, Oliver Razum, and Claudia Hornberg. 2023. 'Exploring the Significance of Legal Status on Refugees' and Asylum Seekers' Access to Health Care in Germany—A Mixed-Method Study', *International Journal of Public Health*, 68, https://doi.org/10.3389/ijph.2023.1605578

Nowak, Anna Christina and Oliver Razum. 2022. 'The Concept of Othering: Definitions and Challenges from the Perspective of Members of the PH-LENS Research Unit', *PH-LENS Working Paper Series No. 3, Version 1.0,* https://doi.org/10.4119/unibi/2967024

Office of the High Commissioner for Human Rights and World Health Organization. 2008. *Fact Sheet No. 31: The Right to Health*, https://www.ohchr.org/en/publications/fact-sheets/fact-sheet-no-31-right-health

O'Flaherty, Michael. 2023. 'Tolerance of Human Rights Violations against Refugees Has Reached Alarming Levels in Europe', *Commissioner for Human Rights*, https://www.coe.int/en/web/commissioner/-/tolerance-of-human-rights-violations-against-refugees-has-reached-alarming-levels-in-europe

Pogge, Thomas. 2005. 'World Poverty and Human Rights', *Ethics & International Affairs,* 191:1–7, https://doi.org/10.1111/j.1747-7093.2005.tb00484.x

Qi, Haodong and Tuba Bircan. 2023. 'Modelling and Predicting Forced Migration', *PLoS ONE*, 18: e0284416, https://doi.org/10.1371/journal.pone.0284416

Rousseau, Cécile, et al. 2017. 'Encouraging understanding or increasing prejudices: A cross-sectional survey of institutional influence on health personnel attitudes about refugee claimants' access to health care', *PLoS ONE,* 12.2: e0170910, https://doi.org/10.1371/journal.pone.0170910

Rudolf, Beate. 2023. 'Die Allgemeine Erklärung der Menschenrechte: Grundlage und Motor des Menschenrechtsschutzes' [The Universal Declaration of Human Rights: The Basis and Driving Force of Human Rights Protection], *Aus Politik und Zeitgeschichte,* 73: 4–10, https://www.bpb.de/shop/zeitschriften/apuz/allgemeine-erklaerung-der-menschenrechte-2023/

Slovic, Paul. 2007. '"If I look at the mass I will never act": Psychic numbing and genocide', *Judgment and Decision Making*, 2.2: 79–95, https://doi:10.1017/S1930297500000061

Small, Deborah A., George Loewenstein, and Paul Slovic. 2013. 'Sympathy and callousness: The impact of deliberative thought on donations to identifiable and statistical victims', in *The Feeling of Risk,* ed. by Slovic, Paul (Routledge), pp. 51–68.

UN High Commissioner for Refugees (UNHCR). 2010. *Convention and Protocol Relating to the Status of Refugees,* https://www.unhcr.org/media/convention-and-protocol-relating-status-refugees

UN High Commissioner for Refugees (UNHCR). 2024. 'Refugee data finder', https://www.unhcr.org/refugee-statistics/

United Nations. 1948. *Universal Declaration of Human Rights* (Paris: United Nations), https://www.un.org/en/about-us/universal-declaration-of-human-rights

United Nations. 1965. *International Convention on the Elimination of All Forms of Racial Discrimination* (New York: United Nations), https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial

United Nations. 1966a. *International Covenant on Economic, Social and Cultural Rights* (New York: United Nations), https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights

United Nations. 1966b. *International Covenant on Civil and Political Rights* (New York: United Nations), https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights

United Nations. 1979. *Convention on the Elimination of All Forms of Discrimination against Women* (New York: United Nations), https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women

United Nations. 1989. *Convention on the Right of the Child* (New York: United Nations), https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

United Nations. 1990. *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families* (New York: United Nations) https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-protection-rights-all-migrant-workers

United Nations. 2016. *New York Declaration for Refugees and Migrants* (New York: United Nations), https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_1.pdf

World Health Organization. 1948. *Constitution of the World Health Organization* (Geneva: World Health Organization), https://www.who.int/about/governance/constitution

World Health Organization. 2019. *Global Action Plan on Promoting the Health of Refugees and Migrants* (*2018–2030*) (Geneva: World Health Organization), https://www.who.int/publications/i/item/9789240093928

World Health Organization. 2023. *Fact Sheet Human Rights and Health* (Geneva: World Health Organization), https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health

Background information on the photo:

The mural in Red Hook, New York City, was commissioned in 2010 by the Dutch Human Rights Lawyers group Miles4Justice. It was painted by young adults from the Red Hook Community Justice Center and after-school program run by Groundswell Mural Projects. The photo was taken by Sandra Schiller in 2013.