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Forced Migration & Health: A Course Proposal

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Forced Migration & Health: A Course Proposal

by

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Submitted in partial fulfillment
of the requirements for the degree of
Master of Public Health
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Abstract

Forced migration is poised to be one of the leading public health issues of our time. The Syrian refugee crisis in particular has placed issues of forced migration firmly in the consciousness of everyday people in developed nations in a way that has not occurred arguably since the genocide in Rwanda. Thus it is important to capitalize on this moment of awareness to prepare future leaders and public health advocates to effectively address the host of issues that accompany the forced migration of populations. As the number of forced migrants increase and represents a larger proportion of the world's population, an effective public health education must address their health issues in a complex and nuanced way. Further, schools of Public Health are tasked with educating and preparing future leaders in the field. Consequently, schools must position themselves at the forefront of this issue and must equip their graduates with the knowledge and skills to appropriately address the bourgeoning area of forced migration and health in order to move public health forward.

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Background

The UN High Commission on Refugees (UNHCR), the international agency mandated with leading action to address refugee issues, estimates that there has been a steady increase in the number of refugees in recent years. They estimate that there were approximately 59.5 million individuals experiencing some form of forced migration by the end of 2014, representing a 16% increase compared to 2013.[1] Significantly, Internally Displaced Persons (IDPs) are included in this estimate although UNHCR is not mandated to provide services for this group. Similarly, refugees that have been resettled are not included in the estimates, totaling approximately 900,000 individuals in the last ten years globally.[2] Although issues of forced migration can drift in and out of the spotlight in developed nations, situations can extend for many years beyond the window of attention and can become protracted refugee situations. Protracted refugee situations are defined as situations in which 25,000 or more refugees of the same nationality have spent five or more years in a certain asylum country.[3] It is estimated that in 2014 approximately 45% of refugees were in such a situation.[4] With this in mind, it becomes evident that it is insufficient only to consider the immediate impacts of forced migration; rather we must expand our scope to align with the true experiences of forced migrants.

To thoughtfully consider the situation faced by those who are forcefully displaced, it is important to be precise with how we define and frame the issue. For the purposes of this

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[1] UNHCR (2014). Displacement levels and trends. In UNHCR Statistical Yearbook 2014. Retrieved from http://www.unhcr.org/56655f4b19.html

[2] ibid

[3] ibid

[4] ibid

course, forced migration is framed in part based on the definition put forth by the International Association for the Study of Forced Migration. Their definition states that forced migration is "a general term that refers to the movements of refugees and internally displaced persons (people displaced by conflicts) as well as people displaced by natural or environmental disasters, chemical or nuclear disasters, famine or development projects". Notably absent from this definition are migrants who choose to leave their country of origin for socioeconomic reasons, often classified as "economic migrants". This exclusion aligns with the traditional framework of forced migration, which focuses on political and legal causes and ramifications of migration. However, as our understanding of the impact of social determinants of health grows, it is important that these determinants be applied to our analysis of public health consequences of forced migration.

Traditional Framework of Forced Migration

Historically, issues of forced migration have been framed via immediate basic needs including food, water, and shelter, selected health interventions focused on prevention of outbreaks of infectious diseases, and the political, legal and economic consequences for migrants and the countries in which they seek refuge. Given the immediacy of basic needs faced by migrants, it is logical to prioritize those needs. Once basic needs are met, the health concerns of migrants can be addressed. Because of the nature of humanitarian response, information on migrant health status is often needed immediately to try to mitigate and address pressing health concerns, such as potential infectious disease

outbreaks. As a result, many humanitarian actors prioritize their response based on the most pressing and impactful health interventions. Depending on the context, emergency and acute health concerns may be addressed while chronic health concerns and those requiring long-term management may be considered less important. Funding for humanitarian responses is often framed in a similar fashion, further limiting the ability to address longer-term health factors. Additionally, measurement issues influence the assessment of health factors. Forced migrants have typically been thought of as transient populations and thus health assessments are geared towards easily attainable numerical or categorical measurements such as weight or BMI or the number of immunizations received. As a result, traditional methods of assessing the health of forced migrants oversimplify the complex factors that can contribute to health outcomes, such as social cohesion of migrant communities, economies of the country of origin as well as the country of asylum, and cultural practices that impact health-seeking behaviors.

Social Determinants of Health Framework of Forced Migration

The World Health Organization (WHO) defines social determinants of health as the conditions in which people are born, grow, work, live and age as well as the wider set of forces and systems that shape the conditions of daily life. Such systems include social and economic policies, development agendas, social norms and political systems. More broadly, social determinants of health give us an entrée into health outcomes that are not clearly or solely explained physiologically and provide a method for understanding and

analyzing disparities in health care that exist between populations. Previously we were limited in our exploration of social determinants partially because of a lack of validated measures to assess the determinants and their outcomes. However, as more measures are developed to quantify the impact of determinants such as social cohesion and isolation, the built environment and acculturation, we are better able to discuss their impact on health outcomes. With improved measurement tools, the social determinants of health allow us to develop a more nuanced picture of health and to contextualize outcomes so that they can be addressed more effectively.

Creating a framework that incorporates the social determinants of health allows us to broaden our understanding of the underlying causes as well as the health impacts of forced migration. Most notably a social determinants framework introduces elements of social norms and socioeconomic policies that can also lead to migration. Further, recognizing social determinants as drivers of migrant health can lead us to evaluate a broader range of forces that may lead to forced migration than are currently under study. In particular, a social determinants framework allows us to expand our definition of forced migration to include populations that migrate for economic reasons. Including determinants such as social and economic policy allow us to frame economic migration as another type of forced migration where it was previously excluded from accepted definition. Thus we create a richer and more nuanced understanding of what constitutes forced migration. Additionally, a social determinants framework allows us to expand our understanding of the causes of health outcomes amongst the forced migrant population, especially for longer-term outcomes. Thus this framework allows us to make previously

obscured connections between determinants and the health of migrant populations.

Additionally, incorporating a social determinant framework ensures that our study of public health outcomes is not limited to immediate repercussions of forced migration, but that we begin to examine the impact across the lifespan. As protracted refugee situations expand and account for a larger proportion of refugees, understanding the long-term impact of forced migration will take on more significance than ever. We need to utilize methods that recognize the realities of long-term displacement as more migrants begin to create settled communities as opposed to being more transient populations. To illustrate the utility of a social determinants framework, one can consider the population of Congolese refugees living in the Nyarugusu Refugee camp in Tanzania. There are approximately 57,000 Congolese refugees currently living in Tanzania.[5] The majority of Congolese refugees fled to Tanzania due to civil war in the Democratic Republic of Congo (DRC) in 1996. Twenty years later, there is a new generation of Congolese refugees who have never been to DRC. Consequently, examining their health outcomes using a traditional framework focused on conflict related health outcomes does not provide a complete understanding of factors that contribute to their overall health. Utilizing a social determinants framework would allow us to examine not only the acute impact of conflict on health, but also the influence of social and cultural realities created by their long-term displacement and subsequent formation of community.

As we examine health issues associated with forced migration it is important that we

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[5] UNHCR (2016). 2015 UNHCR Country operations profile – United Republic of Tanzania Retrieved from: http://www.unhcr.org/pages/49e45c736.html

begin to expand the conversation to provide a meaningful incorporation of the social determinants of health as they are poised to help us better understand the complex nature of the migrant experience.

Thematic Overview & Annotated Bibliography of the Course

Week 1: Introduction

The first week of the course will serve as an introduction. It is expected that students will be familiar with the broader concept of social determinants of health.   Consequently the content focuses on application of the social determinants with a focus on place and location.

> Cummins, S., et al. (2007). "Understanding and representing 'place' in health research: A relational approach." <u>Social Science & Medicine</u> **65**(9): 1825-1838.

Cummins et al. puts forth a methodology to expand our definition of place that includes a relational approach. The paper argues that an individuals' understanding of place is not only dependent on physical space but also our relationship to those places. Utilizing such a framework provides a more detailed understanding of the way in which place can impact health outcomes.

> Macintyre, S., et al. (2002). "Place effects on health: how can we conceptualise, operationalise and measure them?" <u>Social Science & Medicine</u> **55**(1): 125-139.

Macintyre et al describe historical trends in studying the effects of place on health, which tend to minimize the importance of place on health. They also put forth potential methods to determine mechanisms and causation for the influence of place on health.

> Seeman, T. (1996). "Social Ties and Health: The Benefits of Social Integration " <u>Annals of Epidemiology</u> **6**: 442-451.

Seeman examines the relationship between social integration and health, specifically examining cardiovascular outcomes. Further, Seeman discusses the level of support within social ties and examines how the quality of social ties also significantly impact health.

Week 2: Natural & Manmade Disasters

The second week of the course focuses on natural and manmade disasters and explores various case studies to examine how displacement impacts health via social determinants of health.

> Inoue, M., et al. (2014). "Risk of Social Isolation Among Great East Japan Earthquake Survivors Living in Tsunami-Affected Ishinomaki, Japan." <u>Disaster Medicine And Public Health Preparedness</u> **8**(4): 333-340.

Inuoe et al conducted a study to assess social isolation after the Great East Japan Earthquake in 2011 in which a large proportion of those affected were relocated to

temporary housing. Inuoe et al assessed whether affected individuals had friends, close neighbors, or significant family interactions to determine degree of social isolation.

> Graif, C. (2016). "(Un)natural disaster: vulnerability, long-distance displacement, and the extended geography of neighborhood distress and attainment after Katrina." Population and Environment **37**(3): 288-318.

Graif explores a potential benefit of displacement for low-income individuals after Hurricane Katrina. Graif tracks individuals who were displaced after Hurricane Katrina to examine their new neighborhoods. Generally, neighborhoods to which individuals migrated post-disaster represented improvements in several areas and displaced individuals actually fared better than their counterparts who remained in or returned to New Orleans.

> Saif Abbasi, S.-u.-R. and B. Shaukat (2012). "Psychological problems caused by the flood induced displacement: A study of the victims of 2010 Flood in Khyber Phukhtoonkhwa, Pakistan." World Applied Sciences Journal **19**(9): 1244-1250.

Saif Abbasi and Shaukat examine the psychological effects that occurred in individuals who lived through the 2010 floods in Pakistan. They interviewed a random sample of individuals to assess their psychological well-being one year after the flood. This study examines the lasting impact of displacement due to natural disaster as participants displayed symptoms of psychological distress up to a year post-flood.

> Akbar, S. (2013). "A rights-based approach to housing restitution in post-flood Pakistan's Khyber Pakhtunkhwa province." Transnational Law & Contemporary Problems **21**(3): 853

In this brief, Akbar explores the legal and administrative systems in place to assist flood-affected residents in Pakistan after the floods. While primarily law oriented, the paper examines the role that infrastructure plays in recovery efforts and restoring housing to internally displaced persons. Consequently the paper addresses several determinants of health and the ways in which they intersect to impact the health of forced migrants.

Week 3: Climate Change, the Environment & Health

This week will explore the impact of climate change on the forced migration of populations and responses to climate associated displacement.

> Blitz, B. K. (2014). "Location security and environmental-induced displacement: a case study of the Riverine Islands in Bangladesh." Refuge **29**(2): 63.

Blitz uses a case study of the Riverine Islands in Bangladesh to examine the concept of location security. Location security is defined as resilience to risk and is put forth as a representation of the interplay between human and environmental risk. The paper focuses

on the adaptations of the residents of the Riverine Islands in response to climate change and how these adaptations impact their rights and health.

Durkova, P. et al. (2012). "Climate refugees in the 21st century". Regional Academy on the United Nations.

Climate Refugees in the 21st Century is a comprehensive introduction into the concept of climate refugees compiled by the UN. The report provides historical context and estimates of the potential influence of the environment on forced migration. The report concludes with two case studies focused on the Horn of Africa and the small Polynesian island of Tuvalu to illustrate the realities of climate-induced migration.

Hsiang SM, Burke M, Miguel E. Quantifying the influence of climate on human conflict. *Science.* 2013; 341(6151)

Hsiang et al examine the connection between climate change and human conflict, a leading cause of forced migration. The authors compiled existing research on the link between weather and conflict to determine if there is a causal link between climate change and conflict.

International Organization on Migration. (2009). *Migration, environment and climate change: Assessing the evidence.* Geneva, Switzerland: Lackzo, F. and Aghazarm, C.

The report compiled by IOM explores the evidence related to environment and climate related migration. The report analyzes data collection and measurement challenges, managing environmentally induced migration, and how policy can be used to protect individuals at risk of being displaced due to environmental factors.

Adger, W.N., J.M. Pulhin, J. Barnett, G.D. Dabelko, G.K. Hovelsrud, M. Levy, Ú. Oswald Spring, and C.H. Vogel. (2014). Human security. In P.R. Mastrandrea Editor and L.L.White (Eds.), *Climate Change 2014: Impacts, Adaptation, and Vulnerability.* (755-791). New York, NY: Cambridge University Press.

The chapter explores the connection between human security and climate change through the lens of several social determinants of health. The chapter includes analysis of the impact of economies and culture. It also examines the intersection of climate change and armed conflict as well as the role of geopolitics and infrastructure on climate induced migration.

Week 4: Internally Displaced Peoples

This week of the course focuses on the unique health issues of Internally Displaced Persons (IDPs), as well as the sociopolitical challenges of addressing those health needs.

Cohen, R. (2006). Policy: Developing an international system for internally displaced persons. *International Studies Perspectives, 7*(2), 87-101.

Cohen focuses on the need to create systems and infrastructure to appropriately address the unique concerns of IDPs that exist outside of the existing refugee framework. The paper further highlights existing barriers to creating a more comprehensive framework as well as generating ideas for how to overcome those barriers.

Kim, G., et al. (2007). "Basic health, women's health, and mental health among internally displaced persons in Nyala Province, South Darfur, Sudan." American Journal of Public Health **97**(2): 353-361.

Kim et al conducted a study of internally displaced women in Darfur to assess various measures of health including basic health measures, mental health and access to reproductive health resources.

Larrance, R., et al. (2007). "Health status among internally displaced persons in Louisiana and Mississippi travel trailer parks." Annals of Emergency Medicine **49**(5): 590-601.e512.

Larrance et al assessed various health measures and social determinants of IDPs living in trailer parks in the Louisiana and Mississippi. The paper represents a nice parallel to other sources that also explore these issues as individuals within states face similar challenges and require federal assistance in ways that mirror the need for international assistance for IDPs on a global scale.

Rae, F. (2011). "Border-controlled health inequality: The international community's neglect of internally displaced persons." Medicine, Conflict and Survival **27**(1): 33-41.

Rae focuses on the ways that the international community treats IDPs as compared to the response to refugee populations. The paper further asserts that differences in health outcomes between refugees and IDPs can be attributed to the distinction between IDPs and refugees in international law.

Brookings Institute. (2005). Addressing internal displacement: A framework for national responsibility.

This report from the Brookings Institute outlines the responsibility of nations with populations of IDPs and outlines benchmarks that can be used to measure the success of a response.

Week 5: Refugees & Asylum Seekers

This week focuses on the health of refugees and asylum seekers through the lens of political status.

Aaron, E. (2013). Ethical challenges in refugee health: A global public health concern. *Hastings Center Report, 43*(3), inside back cover.

Aaron provides a first hand account of disparities experienced between a well-funded health unit and a refugee health clinic in Tel Aviv.

Human Rights Watch (12 Nov 2013). US: Catch-22 for asylum seekers. Retrieved from: https://www.hrw.org/news/2013/11/12/us-catch-22-asylum-seekers

This report from Human Rights Watch discusses the ban on employment for asylum seekers as a policy that negatively impacts the health and quality of life of asylum seekers in the US.

Leaning, J., et al. (2011). "Public health equity in refugee situations." Conflict and health **5**(1): 6-6.

Leaning et al discuss issues that arise in creating health equity in humanitarian settings. The paper discusses issues of prioritizing health as compared to other services, resource allocation and identifying methods to exit a particular context.

McNeely, C. A. and L. Morland (2016). "The Health of the Newest Americans: How US Public Health Systems Can Support Syrian Refugees." American Journal Of Public Health **106**(1): 13-15.

McNeely and Morland author an editorial discussing the ways in which the US healthcare system can best serve Syrian refugees, capitalizing on recent media attention. They discuss the complexities of the US healthcare system and suggest strategies to best help refugees navigate it.

Refugees & Asylum, US Citizenship & Immigration Services.
https://www.uscis.gov/humanitarian/refugees-asylum

This resource provides information about the process of applying for asylum in the US. Students should pay particular attention to the outlined requirements and elements of the process that could prove difficult to navigate for asylum seekers.

Toole, M. J. and R. J. Waldman (1997). "The public health aspects of complex emergencies and refugee situations." Annual Review of Public Health **18**: 283-312.

Toole and Waldman provide a detailed analysis of the various public health aspects of humanitarian situations. They explore issues that arose in various humanitarian settings across the world and outline effective measures to decrease morbidity and mortality in these situations.

Week 6: Special Populations

This week focuses on the unique challenges associated with forced migration for especially vulnerable populations.

Dyck, I. and P. Dossa (2007). "Place, health and home: Gender and migration in the constitution of healthy space." Health & Place **13**(3): 691-701.

Dyck and Dossa focus on immigrant women in Canada and the ways in which their health-seeking behaviors create a healthy space for their families and communities. By comparing two groups of immigrant women via individual and group interviews, the paper aims to tease out the affect of place of origin on the construction of new healthy spaces in their country of asylum.

Lebrun, A., et al. (2015). "Review of child maltreatment in immigrant and refugee families." Canadian Journal of Public Health **106**(7): eS45-eS56.

Lebrun et al conducted a meta-analysis on child maltreatment in displaced populations to evaluate the prevalence and identify risk and protective factors. They also compiled the evidence with the aim of creating a framework to guide future research on the subject.

Meyer, S., et al. (2013). "The nature and impact of chronic stressors on refugee children in Ban Mai Nai Soi camp, Thailand." Global Public Health **8**(9): 1027-1047

Meyer et al conducted a qualitative study to explore the unique factors that contribute to mental health issues among Burmese refugee children in a refugee camp in Thailand. Researchers identified several social determinants that contribute to poor mental health outcomes among the children.

Refugees International. (2015). "Women and girls failed: The Burundian Refugee Response in Tanzania". Report available online: http://www.refugeesinternational.org/reports/tanzania

This report compiled by Refugees International examines the challenges faced by female Burundian refugees in the Nyarugusu refugee camp in Tanzania with a particular emphasis on the inadequate response by humanitarian organizations. The report focuses especially on women's health issues and gender-based violence occurring in the camp.

Wolbring, G. (2011). "Disability, Displacement and Public Health: A Vision for Haiti." Canadian Journal of Public Health. 102(2): 157-159.

Wolbring focuses on the experience of IDPs with disabilities in Haiti in the wake of the earthquake of 2010. The paper analyzes the experience of IDPs with disabilities after the earthquake and puts forth recommendations for how to best address their needs in the future.

Week 7: Economic Migrants

This week focuses on the experiences of economic migrants, exploring the factors that can lead to economic migration and understanding the impact on the health and wellbeing of the migrants and their families.

> Dołęga, Z. (2015). "Family cohesion and the loneliness of adolescents from temporarily disconnected families due to economic migration." Polish Psychological Bulletin **46**(1): 45-52.

Dolega compared measures of social cohesion and loneliness between adolescents with economic migrant parents compared to those who did not experience separation from their parents.

> McDowell, L., et al. (2009). "Precarious work and economic migration: Emerging immigrant divisions of labour in Greater London's service sector." International Journal of Urban and Regional Research **33**(1): 3-25.

McDowell et al examine the connection between economic migration in the UK with an increase in the amount of insecure work in the service sector. The paper examines the ways in which social characteristics, like race and ethnicity, as well as varied legal status impact the competition for employment in the service sector.

> Weishaar, H. B. (2008). "Consequences of international migration: A qualitative study on stress among Polish migrant workers in Scotland." Public Health **122**(11): 1250-1256.

Weishaar conducted a qualitative study among Polish immigrants in Scotland to identify stress factors that impact physical and psychological health.

Week 8: Human Trafficking & Health

This week analyzes the social, political, and economic factors that lead to human trafficking, evaluates health outcomes of trafficked peoples and explores methods of intervention.

> English, A. (2015). "Human Trafficking of Children and Adolescents: A Global Phenomenon With Horrific Health Consequences." JAMA Pediatrics **169**(9): e152283.

English authors an editorial focusing on the health impacts of trafficked children. The editorial explores common misconceptions, health outcomes, and policy and legal responses to the trafficking of children.

Finkel, R. and M. L. Finkel (2015). "The 'dirty downside' of global sporting events: focus on human trafficking for sexual exploitation." Public Health **129**(1): 17-22.

Finkel and Finkel author a literature review examining the particular risk of human trafficking that is associated with international sporting events. Ultimately their results indicate that this is under-explored area that deserves attention.

Jana, S., et al. (2014). "Combating human trafficking in the sex trade: can sex workers do it better?" Journal Of Public Health **36**(4): 622-628.

Jana et al discuss utilizing sex workers for interventions aimed at minimizing the prevalence of sex trafficking as used in the self-regulatory board developed by an organization of sex-workers in the Sonagachi red-light district in Calcutta, India.

Steele, S. (2013). "Human Trafficking, Labor Brokering, and Mining in Southern Africa: Responding to a Decentralized and Hidden Public Health Disaster." International Journal of Health Services **43**(4): 665-680.

Steele discusses labor trafficking of miners through labor brokers and the associated trafficking of women and girls for sex work. The paper recommends legal and policy interventions to decrease the risk of trafficking in this industry.

Sylwester, J. G. (2014). "Fishers Of Men: The Neglected Effects Of Environmental Depletion On Labor Trafficking In The Thai Fishing Industry." Pacific Rim Law & Policy Journal **23**(2): 423.

Sylwester examines the experience of migrant fishermen in Thailand and the failure of Thai policy to protect them from labor trafficking. The paper further examines the impact of over-fishing on labor trafficking and the ways in which the environment perpetuates labor trafficking.

Kristoff, N. 24 Oct 2015. "Meet a 21st century slave". New York Times. http://www.nytimes.com/2015/10/25/opinion/sunday/meet-a-21st-century-slave.html?_r=0

This article tells the story of a woman, Poonam Thapa, who was sold into the sex trade as a girl in Nepal.

Campbell, A. 5 Feb 2016. "Sex trafficking hype surrounding the Super Bowl does more harm than good". Huffington Post. http://www.huffingtonpost.com/entry/super-bowl-sex-trafficking-harmful_us_56b4e08be4b08069c7a7068b

In this editorial, Campbell asserts that focusing efforts to eliminate sex trafficking around the Super Bowl is actually harmful as it obscures the reality that sex trafficking is a common occurrence in the US.

Week 9: Global Actors in Humanitarian Response

This week focuses on the role of global actors in humanitarian response and evaluating the impact and effectiveness of their programming.

> Congressional Research Service. (2013) "Does foreign aid work? Efforts to evaluate US foreign assistance. https://www.fas.org/sgp/crs/row/R42827.pdf

This report outlines evaluations of foreign assistance provided by the US in response to international humanitarian situations through USAID, the State Department, and the Millennium Challenge Corporation (MCC). It discusses previous efforts to improve evaluation, and outlines the difficulties faced when attempting to evaluate these programs, as well as ongoing issues that make evaluation challenging in the foreign assistance context.

> Kelley, N & Durieux J. (2014) UNHCR and current challenges in international refugee protection. Refuge: Canada's journal on Refugees. 22 (1)

Kelley and Durieux examine the current role of UNHCR in addressing refugee issues exploring both the successes and shortcomings of the agency. The paper further examines the expanded mandate and the expanded activities undertaken by the agency.

> UN High Commission on Refugees (UNHCR): www.unhcr.org

This resource is designed to become familiar with the guiding documents of UNHCR: the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol. Additionally, the website can be used to become familiar with the current structure and function of UNHCR.

> Hernann, A. 2015 Oct 18. "4 Ways humanitarian work abroad reinforces the oppression it should be fighting". Everyday Feminism.
> http://everydayfeminism.com/2015/10/humanitarianism-oppression/

In this editorial, Hernann explores some of the downsides to humanitarian work and the ways in which well-meaning aid workers can inadvertently perpetuate negative outcomes.

Week 10: Legislation, Policy & Access to Care

This week will focus on understanding legislation and policy that impacts the health and well-being of forced migrants on a national and international level.

> Rollins, T. (18 Feb 2016). Refugee vs. economic migrant: are EU policies changing? Al Jazeera. Retrieved from:
> http://www.aljazeera.com/indepth/features/2016/02/refugees-economic-migrants-europe-rhetoric-160214130119808.html

In this article Rollins explores the differential way in which the European Union treats refugees compared to economic migrants. Further, the article explores the ways in which some EU policies have begun to reflect the perceived status difference between the two populations.

> World Health Organization. (2008). Overcoming migrants' barriers to health. Retrieved from: http://www.who.int/bulletin/volumes/86/8/08-020808/en/

This WHO article examines the steps taken to minimize the barriers to obtaining health care for migrants. The article focuses on Australia as a potential model system due to its experience with health care services for migrants.

> Ku L and Matani S. (2001). Left Out: Immigrants' Access to Health Care and Insurance. *Health Affairs*. 20(1): 247-256

Ku and Matani explore the barriers to immigrants accessing health care in the US, including lack of insurance and non-financial barriers such as language barriers.

> Zanchetta MS and Poureslami IM. (2006). Health Literacy within the realm of immigrants' culture and language. *Canadian Journal of Public Health*. 97: CBCA Reference pg. S26 – S30.

Zanchetta and Poureslami specifically explore literacy issues as a barrier to care for immigrant populations. The paper discusses both the effects of low literacy levels as well as language barriers on access to care.

> Castle S. The international politics of forced migration. *Development*. 2003;46(3): 11-20.

Castle argues that the modern migration crisis can largely be attributed to disparities in relation to economic conditions, social determinants and human rights.

Week 11: Reception & Integration

This week focuses on the challenges displaced peoples face upon their relocation and the integration of displaced peoples into new places, societies, and cultures.

Boğaç, C. (2009). "Place attachment in a foreign settlement." <u>Journal of Environmental Psychology</u> **29**(2): 267-278.

Bogac conducted a study to examine the degree of attachment to the new homes of displaced Turkish refugees on Cyprus by comparing parents who were relocated and children who were raised in the new environment.

Correa-Velez, I., et al. (2010). "Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia." <u>Social Science & Medicine</u> **71**(8): 1399-1408.

Correa-Velez et al studied a cohort of refugee children in Australia to model the psychosocial predictors of wellbeing in the population. Overall the study found that measures of belonging were associated with wellbeing outcomes.

Grove, N. J. and A. B. Zwi (2006). "Our health and theirs: Forced migration, othering, and public health." <u>Social Science & Medicine</u> **62**(8): 1931-1942.

Grove and Zwi conducted a study to examine the impacts of "othering" on the health of migrant populations. The paper examines the ways in which migrants can be othered and explores the mechanisms by which these processes can impact health and emphasizes the need for clinicians to foster a sense of inclusion.

Singh, G.K. and Hiatt, R. A. (2006). Trends and disparities in socioeconomic and behavioral characteristics, life expectancy, and cause-specific mortality of native-born and foreign-born populations in the United States, 1979-2003. *Int J Epidemiol.* 35(4):903-19.

Sing and Hiatt use data from the US Census and the National Health Interview Survey to examine trends in health and social characteristics over time as compared to native-born citizens.

Syllabus

FORCED MIGRATION & HEALTH

Course Description:

The purpose of this course is to examine the health outcomes of forcefully displaced peoples, analyze the various factors that lead to their differential health outcomes, and generate new as well as evaluate existing methods of intervention to improve those health outcomes. This will be achieved through proposing new intervention and policy proposals and critically analyzing existing programs and policy. Building upon students learning of social determinants of health, this course aims to focus on the particular determinants that link health outcomes to place. Further, we will explore how social determinants can explain and provide a point of entry to improve the health outcomes of displaced populations.

Learning Objectives:

- Describe and analyze the various environmental, economic, social and political forces that contribute to forced migration
- Describe and analyze the mechanisms by which a social determinants of health framework informs understanding the health consequences of forced migration on health of individuals and populations
- Describe the unique challenges faced by special sub-populations of forced migrants, such as women and children

Course Policies:

Attendance – Class attendance is required. If you are unable to attend class, please send an explanatory note to the course instructor <u>before</u> the class. Points will be deducted for unexcused absence.

Late Policy – All assignments are due on the assigned day and time (see below for assignment deadlines). If you have a serious problem meeting a deadline, please email the course instructor before class. Otherwise, late assignments will be marked down for each day that they are late.

Honor Code – All individual work must be completed on one's own without help from others. All material used to prepare a written assignment must be cited. Concerns about violations of academic conduct will be referred to the relevant academic conduct and disciplinary committees at Yale.

Assignments & Grading:

Class Participation -- 10%
Reflection Papers (4) -- 20%
Informational Interview -- 25%
Final Group Project -- 45%

Class Participation (10%)
Students are expected to take an active role in their learning. It is expected that students will come to class having completed the readings and ready to make significant contributions to class discussion. Students will be evaluated on participation using the following scale:
- 0 = A student does not attend class.
- 1 = A student does not come to class prepared (e.g., conducted readings and outside assignments) and makes little meaningful contributions to discussion; student engages in outside activities during class.
- 2 = A student comes to class only partially prepared and makes minimal meaningful contributions; student engages in outside activities during class.
- 3 = A student comes to class prepared or partially prepared and makes moderate meaningful contributions to discussion.
- 4 = A student comes to class prepared demonstrating that they conducted readings and assignments, makes meaningful contributions but are not as cogent or well-formed as a 5 contribution (see below).
- 5 = A student comes to class prepared demonstrating that they conducted readings and assignments, makes meaningful contributions that advance discussion, shows interest in and respect for others, and does not engage in outside activities during class.

Reflection Papers (20%)
Throughout the semester, students are required to submit <u>FOUR</u> short (1-2 page) reflection papers on the topic of the week. Two of the reflection papers will be on the same topic for all students. Students will submit a reflection paper during Week 1 on the topic of the importance of place to health, as well as in Week 9 on the topic of Global Actors and the Humanitarian Response. Students can choose which other weeks they would like to write about for the two remaining reflection papers. Papers should be posted to Classes V2 by **Friday at 5 pm** for the topic week selected. Late papers will only be accepted until the following Monday at 9 am. Students are expected to synthesize the readings and class discussion to develop a unique perspective on the week's topic.

Informational Interview (25%)

Identification of stakeholder and question submission (10%)

> Students will identify a stakeholder who is affected by forced migration to conduct an interview. Students will submit their choice of stakeholder and at least five interview questions to the course instructor. If students are having difficulty identifying or contacting a stakeholder, please discuss with the course instructor as soon as possible.

Response paper (15%)

> Students will then summarize the responses they received from their interviewee and write a 5-7 page paper discussing how their interview informed or changed their perspective on the class topics.

Final Group Project: Intervention OR Policy Proposal (45%)

Students will work in groups of 3-4 to either propose an intervention or a policy aimed to improve the health outcomes of displaced populations. Each group will give a presentation during Week 12 of the course about their intervention or policy proposal.

Intervention

If students choose to design an intervention, they will be responsible for the following sections:

- Background
  - The background section should include information on the scope of the problem. Students should include information about the populations affected, current interventions or programs designed to address the problem and their impacts.
- Proposed Intervention
  - This section should describe the proposed intervention including the activities intended to address the selected problem. Students should also include the intended outcomes of the intervention and how the proposed activities impact those outcomes.
- Potential Barriers & Limitations
  - The potential barriers and limitations should describe any potential barriers and how the student intend to address them or work around them in her/his intervention.
- Stakeholders and Implementing Partners
  - This section should describe any stakeholders and/or implementing partners that will be involved in the intervention. Students should explain why they chose the implementing partners that they did and what role they will play in their intervention.
- Evaluation Strategy
  - This section should describe how the implementing partners will evaluate the success of the intervention. This should include the methods of evaluation as well as the timeline of evaluation including any potential intervention pilot tests.

<u>Policy Proposal</u>

If students choose to develop a policy proposal, they will be responsible for the following sections:

- Background
  - o The background section should include information on the scope of the problem. Students should include information about the populations affected, current interventions or programs designed to address the problem and their impacts.
- Proposed Policy
  - o This section should describe the proposed policies intended to address the problem. Students should include the intended outcomes of the policy and how the proposed policies intend to impact those outcomes.
- Potential Barriers & Limitations
  - o This section should describe any potential barriers and how the student intends to address them or work around them in her/his intervention.
- Stakeholders & Implementing Partners
  - o This section should describe any stakeholders and/or implementing partners that will be involved in implementation of the legislation. Students should explain why they chose the implementing partners that they did and what role they will play in enacting and administering the legislation.
- Potential Impact & Evaluation Metrics
  - o This section should outline the potential impact of the policy change politically, economically and on populations. Students should also indicate the methodology to assess the impact of the policy change. This should include the methods of evaluation as well as the timeline of evaluation.

Weekly Readings & Objectives:

Week 1 – Introduction to the course

<u>Objectives</u>

- Describe the importance of place to health
- Describe and analyze social determinants and mechanisms that link place to health
- Define forced migration

<u>Readings</u>

Required

- Cummins, S., et al. (2007). "Understanding and representing 'place' in health research: A relational approach." <u>Social Science & Medicine</u> **65**(9): 1825-1838.
- Macintyre, S., et al. (2002). "Place effects on health: how can we conceptualise, operationalise and measure them?" <u>Social Science & Medicine</u> **55**(1): 125-139.
- Seeman, T. (1996). "Social Ties and Health: The Benefits of Social Integration " <u>Annals of Epidemiology</u> **6**: 442-451.

Assignments: First reflection paper due Friday at 5 pm

Week 2 – Natural & Manmade Disasters

<u>Objectives</u>

- Discuss natural and manmade disasters in recent history and the associated public health and humanitarian response
- To analyze the strengths and weaknesses of the implemented interventions

<u>Readings</u>

Required

- Inoue, M., et al. (2014). "Risk of Social Isolation Among Great East Japan Earthquake Survivors Living in Tsunami-Affected Ishinomaki, Japan." <u>Disaster Medicine And Public Health Preparedness</u> **8**(4): 333-340.
- Graif, C. (2016). "(Un)natural disaster: vulnerability, long-distance displacement, and the extended geography of neighborhood

distress and attainment after Katrina." <u>Population and Environment</u> **37**(3): 288-318.

- Saif Abbasi, S.-u.-R. and B. Shaukat (2012). "Psychological problems caused by the flood induced displacement: A study of the victims of 2010 Flood in Khyber Phukhtoonkhwa, Pakistan." <u>World Applied Sciences Journal</u> **19**(9): 1244-1250.

Suggested

- Akbar, S. (2013). "A rights-based approach to housing restitution in post-flood Pakistan's Khyber Paktunkhwa province." <u>Transnational Law & Contemporary Problems</u> **21**(3): 853.

Week 3 – Climate Change, the Environment and Health

<u>Objectives</u>

- To explore the impact of climate change on the displacement of populations
- To analyze the connection between climate change and violent conflict
- To Examine the response to climate associated displacement

<u>Readings</u>

Required

- Blitz, B. K. (2014). "Location security and environmental-induced displacement: a case study of the Riverine Islands in Bangladesh." <u>Refuge</u> **29**(2): 63.
- Durkova, P. et al. (2012). "Climate refugees in the 21st century". <u>Regional Academy on the United Nations</u>.
- Hsiang SM, Burke M, Miguel E. (2013). Quantifying the influence of climate on human conflict. *Science.* 341(6151)

Suggested:

- International Organization on Migration. (2009). *Migration, environment and climate change: Assessing the evidence.* Geneva, Switzerland: Lackzo, F. and Aghazarm, C.
- Adger, W.N., J.M. Pulhin, J. Barnett, G.D. Dabelko, G.K. Hovelsrud, M. Levy, Ú. Oswald Spring, and C.H. Vogel. (2014). Human security. In P.R. Mastrandrea Editor and L.L.White (Eds.),

Climate Change 2014: Impacts, Adaptation, and Vulnerability. (755-791). New York, NY: Cambridge University Press.

Assignments: Submit your identified stakeholder and questions for Informational Interview.

Week 4 – Internally Displaced Peoples

Objectives

- To understand the unique health challenges faced by internally displaced persons
- To understand the social, political and economic challenges associated with addressing the health needs of internally displaced peoples.

Readings

Required

- Cohen, R. (2006). Policy: Developing an international system for internally displaced persons. *International Studies Perspectives, 7*(2), 87-101.
- Kim, G., et al. (2007). "Basic health, women's health, and mental health among internally displaced persons in Nyala Province, South Darfur, Sudan." American Journal Of Public Health **97**(2): 353-361.
- Larrance, R., et al. (2007). "Health status among internally displaced persons in Louisiana and Mississippi travel trailer parks." Annals of Emergency Medicine **49**(5): 590-601.e512.
- Rae, F. (2011). "Border-controlled health inequality: The international community's neglect of internally displaced persons." Medicine, Conflict and Survival **27**(1): 33-41.

Suggested

- Brookings Institute. (2005). Addressing internal displacement: A framework for national responsibility.

Week 5 – Refugees & Asylum Seekers

Objectives

- To understand the difference between refugees and asylum seekers with respect to their status, rights and protections
- To examine the unique health challenges and sociopolitical systems that contribute to health outcomes

Readings

Required

- Aaron, E. (2013). Ethical challenges in refugee health: A global public health concern. *Hastings Center Report, 43*(3), inside back cover.
- Human Rights Watch (12 Nov 2013). US: Catch-22 for asylum seekers. Retrieved from: https://www.hrw.org/news/2013/11/12/us-catch-22-asylum-seekers
- Leaning, J., et al. (2011). "Public health equity in refugee situations." Conflict and health **5**(1): 6-6.
- McNeely, C. A. and L. Morland (2016). "The Health of the Newest Americans: How US Public Health Systems Can Support Syrian Refugees." American Journal Of Public Health **106**(1): 13-15.

Suggested

- Refugees & Asylum, US Citizenship & Immigration Services. https://www.uscis.gov/humanitarian/refugees-asylum
- Toole, M. J. and R. J. Waldman (1997). "The public health aspects of complex emergencies and refugee situations." Annual Review of Public Health **18**: 283-312.

Assignments: Final Informational Interview paper due

Week 6 – Special Populations

Objectives

- To explore the unique challenges associated with forced migration for especially vulnerable populations such as women, children and the disabled

Readings

Required

- Dyck, I. and P. Dossa (2007). "Place, health and home: Gender and migration in the constitution of healthy space." Health & Place **13**(3): 691-701.
- Lebrun, A., et al. (2015). "Review of child maltreatment in immigrant and refugee families." Canadian Journal of Public Health **106**(7): eS45-eS56.
- Meyer, S., et al. (2013). "The nature and impact of chronic stressors on refugee children in Ban Mai Nai Soi camp, Thailand." Global Public Health **8**(9): 1027-1047
- Refugees International. (2015). "Women and girls failed: The Burundian Refugee Response in Tanzania". Report available online: http://www.refugeesinternational.org/reports/tanzania
- Wolbring, G. (2011). "Disability, Displacement and Public Health: A Vision for Haiti." Canadian Journal of Public Health. 102(2): 157-159.

Assignments: Background section of Final Project Due Friday at 5 pm.

Week 7 – Economic Migrants

Objectives

- To examine the social and political factors that can lead to economic migration
- To understand the impact of economic migration on the physical and psychological well-being of migrants and their families

Readings

Required

- Dołęga, Z. (2015). "Family cohesion and the loneliness of adolescents from temporarily disconnected families due to economic migration." Polish Psychological Bulletin **46**(1): 45-52.
- McDowell, L., et al. (2009). "Precarious work and economic migration: Emerging immigrant divisions of labour in Greater London's service sector." International Journal of Urban and Regional Research **33**(1): 3-25.
- Weishaar, H. B. (2008). "Consequences of international migration: A qualitative study on stress among Polish migrant workers in Scotland." Public Health **122**(11): 1250-1256.

Suggested

- Boski, P. (2013). "A Psychology of Economic Migration." <u>Journal of Cross-Cultural Psychology</u> **44**(7): 1067-1093.
- Omoniyi, T. and S. Gupta (2007). <u>Cultures of Economic Migration, The: International Perspectives</u>. GB, Ashgate Publishing Ltd.

Week 8 – Human Trafficking & Health

<u>Objectives</u>

- To explore and analyze the social, political, and economic factors that lead to human trafficking
- To evaluate the health outcomes of trafficked peoples
- To analyze direct and indirect methods of intervention

<u>Readings</u>

Required

- English, A. (2015). "Human Trafficking of Children and Adolescents A Global Phenomenon With Horrific Health Consequences." <u>JAMA Pediatrics</u> **169**(9): e152283.
- Finkel, R. and M. L. Finkel (2015). "The 'dirty downside' of global sporting events: focus on human trafficking for sexual exploitation." <u>Public Health</u> **129**(1): 17-22.
- Jana, S., et al. (2014). "Combating human trafficking in the sex trade: can sex workers do it better?" <u>Journal Of Public Health</u> **36**(4): 622-628.
- Steele, S. (2013). "Human Trafficking, Labor Brokering, and Mining in Southern Africa: Responding to a Decentralized and Hidden Public Health Disaster." <u>International Journal of Health Services</u> **43**(4): 665-680.
- Sylwester, J. G. (2014). "Fishers Of Men: The Neglected Effects Of Environmental Depletion On Labor Trafficking In The Thai Fishing Industry." <u>Pacific Rim Law & Policy Journal</u> **23**(2): 423.

Suggested

- Kristoff, N. 24 Oct 2015. "Meet a 21st century slave". <u>New York Times</u>. http://www.nytimes.com/2015/10/25/opinion/sunday/meet-a-21st-century-slave.html?_r=0
- Campbell, A. 5 Feb 2016. "Sex trafficking hype surrounding the Super Bowl does more harm than good". <u>Huffington Post</u>. http://www.huffingtonpost.com/entry/super-bowl-sex-trafficking-harmful_us_56b4e08be4b08069c7a7068b

Week 9 – Global Actors & Humanitarian Response

 Objectives

- To understand the history and current role of various global actors, most notably UNHCR, including their programming
- To analyze and evaluate impact and effectiveness of humanitarian programming

 Readings

 Required

- Congressional Research Service. (2013) "Does foreign aid work? Efforts to evaluate US foreign assistance. https://www.fas.org/sgp/crs/row/R42827.pdf
- Kelley, N & Durieux J. (2014) UNHCR and current challenges in international refugee protection. Refuge: Canada's journal on Refugees. 22 (1)

- UN High Commission on Refugees (UNHCR): www.unhcr.org
  - Note: Students should familiarize themselves with the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol. Information about both can be found on the UNHCR website. Students should also familiarize themselves with the structure and function of UNHCR

 Suggested

- Hernann, A. 2015 Oct 18. "4 Ways humanitarian work abroad reinforces the oppression it should be fighting". Everyday Feminism http://everydayfeminism.com/2015/10/humanitarianism-oppression/
- Mark, G., et al., Eds. (2003). Problems of Protection, Routledge.

Assignments: Second Mandatory Reflection Paper due Friday at 5 pm.

Week 10 – Legislation, Policy & Access to Care

 Objectives

- To understand the legislation and policy that impacts the health and well-being of displaced peoples on a national and international level

 Readings

Required

- Rollins, T. (18 Feb 2016). Refugee vs economic migrant: are EU policies changing? <u>Al Jazeera.</u> Retrieved from: <u>http://www.aljazeera.com/indepth/features/2016/02/refugees-economic-migrants-europe-rhetoric-160214130119808.html</u>
- World Health Organization. (2008). Overcoming migrants' barriers to health. Retrieved from: <u>http://www.who.int/bulletin/volumes/86/8/08-020808/en/</u>
- Ku L and Matani S. (2001). Left Out: Immigrants' Access to Health Care and Insurance. *Health Affairs*. 20(1): 247-256
- Zanchetta MS and Poureslami IM. (2006). Health Literacy within the realm of immigrants' culture and language. *Canadian Journal of Public Health*. 97: CBCA Reference pg. S26 – S30.

Suggested

- Castle S. The international politics of forced migration. *Development*. 2003;46(3): 11-20.

Week 11 – Reception & Integration

Note: This week we will have a guest lecture from a representative of Integrated Refugee & Immigrant Services (IRIS) a refugee resettlement program in New Haven – Speaker TBD

<u>Objectives</u>

- To examine the challenges displaced peoples face upon their relocation
- To explore the integration of displaced peoples into new places, societies, and cultures.

<u>Readings</u>

Required

- Boğaç, C. (2009). "Place attachment in a foreign settlement." <u>Journal of Environmental Psychology</u> **29**(2): 267-278.
- Correa-Velez, I., et al. (2010). "Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia." <u>Social Science & Medicine</u> **71**(8): 1399-1408.

- Grove, N. J. and A. B. Zwi (2006). "Our health and theirs: Forced migration, othering, and public health." <u>Social Science & Medicine</u> **62**(8): 1931-1942.

Suggested

- Singh, G.K. and Hiatt, R. A. (2006). Trends and disparities in socioeconomic and behavioral characteristics, life expectancy, and cause-specific mortality of native-born and foreign-born populations in the United States, 1979-2003. *Int J Epidemiol.* 35(4):903-19.
- US Department of State Refugee Admissions Resource Page: http://www.state.gov/j/prm/ra/index.htm

<u>Assignments</u>: Final Group Project Assignment Due Friday at 5 pm.

Week 12 – Course Wrap-up & Presentations

There will be no additional readings assigned for this week.