

1st DRAFT

Forced Migrants and Public Health

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Abstract

This report will focus on the overview and analysis of forced migrants' access to healthcare in Turkey in line with the political, social, and economic developments at local, regional, and global levels. The Syrian Crisis and increasing Syrian population seeking protection in Turkey forced the Government of Turkey to design legal instruments for migrants. This legislation process resulted in different migrant groups entitled to different statuses with varied levels of access to services. Refugees and asylum-seekers under International Protection, Syrians under Temporary Protection, Iraqis coming after 2014 under the humanitarian residence, the unregistered are the main groups who are dealing with this ever-changing structure. In this report, how this uneven and complicated landscape is promoted by global, international, and European institutions and their political concerns will be analysed. This process will be examined in periods before the Syrian Crisis, during the emergency Syria response, national legislation process, Refugee Crisis in the Mediterranean and Europe, and the State of Emergency after 15 July 2016 military co. In addition to the evaluation of the legislation process, it is also important to mention how this uneven landscape is reflected in the lives of migrants in Turkey with very concrete legal, political, and humanitarian consequences.

In this report, I will analyse migrants' access to healthcare services in Turkey in regards to their varied levels of access based on their varied statuses, and how this uneven nature is produced with the help of the global and regional institutions and how this ever-changing process affected the lives of migrants and the host community in their daily lives. Access to healthcare is one of the main grounds of increasing social tension where local and non-local population come across seeking for the same service. I will analyse how local versus non-local people go along with each other while political and economic discussions at the higher level carry on where Trump Government suspended the resettlement quotas, EU-Turkey Deal failed, and Turkey's cross-border operations in Syria continue.

Table of Contents

1. Introduction
2. Reproduction of the uneven landscape: others of the others
3. Regional and Global Institutions
 - EU-Turkey Deal
 - International organizations and shrinking humanitarian space
4. Inclusion and exclusion
 - Increasing anti-refugee sentiments
 - Populism and its impact on the lives of migrants
 - Citizenship as an inclusion mechanism

1. Introduction

In the last few decades, Turkey's policy towards migrants and refugees has been shaped and reshaped by the specific events and can be seen as a direct reflection of the political developments at national, regional and global levels. This process in Turkey can also be interpreted as the transformation from a source of emigration country to a transit country and a country of immigration. Before the Syrian Crisis, there had been groups of migrants fleeing from persecution or protracted crisis in their country of origin or leaving their countries with economic motivations mostly coming from the Middle East, North Africa, or Asia. The urges behind these movements have been either looking for resettlement to a third country or pass in transit to move towards Europe or seeking legal or illegal employment opportunities in Turkey. Before the Syrian Crisis, the Government of Turkey had limited sources and motivation for designing legislative instruments to protect these groups and guarantee their access to rights and services while referring itself as a transit country or a country for a temporary stay of migrants. Its geographical limitations to the Geneva Conventions, only accepting European citizens as refugees, also strengthened this position and UNHCR with its international refugee protection mandate, had been the agency responsible for the documentation and registration of refugees and asylum-seekers and proceeding with the refugee status determination, resettlement and immediate assistance during their stay in Turkey.¹

Before the 2000s, there had been mass movements and government-led relocation programs for migrants and asylum-seekers, such as people fleeing from the Gulf War or the collapse of Yugoslavia. However, the Government of Turkey reacted to these crises with its ad hoc and principal sources but did not frame detailed national legislation until the population is increasing, and the crisis becomes visible for everybody with the help of the Syrian Crisis. While contributing to the economy with their invisible positions, illegal immigrant workers had not yet been called public attention until more than 3 million Syrians came into place with their

¹ "Although Turkey is a party to the 1951 Geneva Convention Relating to the Status of Refugees and its associated 1967 Protocol, it still maintains the geographical limitation clause which only allows it to consider persons' asylum applications from European countries. Nevertheless, in practice, this limitation is only partially implemented as Turkey allows United Nations High Commissioner for Refugees (UNHCR) to operate and conduct refugee status determination procedures whereby refugee status is jointly granted by the UNHCR and the Ministry of Interior with the underlying condition that accepted refugees do not locally integrate but instead resettle in a third country." (Icduygu, Ahmet)

vast population.² As a result of the Syrian Crisis, the variety of migrant groups diversified: refugees and asylum-seekers under international protection, illegal migrant workers, Syrians under temporary protection, Iraqis coming after 2014 under the humanitarian residence, the non-registered (invisible) migrants, are the main groups with the varied level of access to rights and services in Turkey based on their legal statuses. While there had been intense negotiations, policy discussions, and bargains on migrants' lives at national, regional, and global levels, migrants' status and access to rights and services were linked with these discussions.

2. Uneven Landscape of Migrants' Access to Healthcare

The perception of 'temporality' regarding migrants and their status in Turkey put the migrants into a situation where they cannot feel permanent, and their access to rights and services is seen temporarily. Different statuses for several different groups of migrants with varied levels of access to rights and services and ad hoc legislation as a rapid response to the immediate needs (rather than a detailed and framed legislation) create an uneven landscape which results in inequalities, hostilities and injustice treatment and finally triggers social tension between the host and refugee communities and among different groups of refugee communities.

Turkey has a comprehensive health insurance system mostly funded by the stoppage of the legally employed persons and tax incomes. Based on the principle of full coverage, the unemployed, students, or others out of this employment scheme are entitled to pay their general health insurance contributions to access the public healthcare services. However, each group of migrants has varied status and levels of access to rights and services regarding access to healthcare. Syrians under temporary protection have access to public healthcare at the same level as Turkish citizens, regardless of the employment status. Temporary Protection Regulation (13.10.2014) protects their access to services, including healthcare. On the other hand, Iraqis under humanitarian residence or short-term residence, and refugees and asylum-seekers under international protection, are entitled to regularly pay their general health insurance contributions to have access to public healthcare. Illegal foreign workers, invisible or unregistered migrants have no access to public healthcare since registration number is the prerequisite for processing health assistance.³ Besides, there can be additional payments

² <https://www.unhcr.org/tr/wp-content/uploads/sites/14/2020/06/UNHCR-Turkey-Operational-Update-April-2020.pdf>

³ "In the countries with "full access," refugees are legally entitled to receive treatments like nationals and to get the same range of health care services under certain preconditions, e.g, the ability to prove their own identity (Nowhereland, 2010)."

required for different levels of healthcare service provision based on migrants' status and entitlements. Under these circumstances, it is natural to say that in addition to the other barriers such as language and vulnerabilities, registration and legality is one of the main barriers for migrants accessing healthcare in Turkey.⁴ For the illegal or invisible migrants, the additional challenge is “the absence of health insurance due to their illegal status. Therefore, they need to pay out of their own pocket when applying to private or public healthcare institutions. However, a significant proportion of women with illegal immigrant status said they could not apply to public hospitals because of the fear of being caught and deported as well as from the economic barriers.”⁵

3. Regional and Global Institutions: EU and Other Donors versus Shrinking Humanitarian Space

With the Syrian Crisis, the existence of the refugees and migrants in Turkey became visible and displayed an essential item on the government's political agenda. Calls for collaboration, asking for burden-sharing, fundraising, and advocacy and using Turkey's challenges regarding the increasing number of refugees turned into a stable theme of the international meetings and press releases. Rapid increase and intensity of the Syrian population in the Syrian border provinces in the southeast part of Turkey and their needs and gaps in assistance provision encouraged the international humanitarian agencies and global donors to have a place in filling the gaps regarding the urgent needs.

Since 2012, European Civil Protection and Humanitarian Aid Operations (ECHO) and the Bureau of Population, Refugees and Migration (US Government) have been two of the top donors funding the humanitarian aid operations in Turkey. The first phase of the humanitarian aid operations covered the immediate needs in the temporary accommodation centres (refugee camps) and the urban settings through UN agencies and international humanitarian aid organisations; always coordinated by the Government of Turkey but focused on the needs of Syrians only. While there have been more than 300,000 refugees and asylum-seekers under

⁴ “The legal status is still one of the main formal barriers for refugees’ access to health care. (Bolliger, Larissa, and Arja R. Aro)”

⁵ Etiler, Nilay, and Kuwet Lordoglu. “Health Issues of Immigrant Women: A Qualitative Study of Domestic Services in Turkey.” *SEER: Journal for Labour and Social Affairs in Eastern Europe*, vol. 15, no. 1, 2012, pp. 109–121.

international protection, the main focus had been the Syrians due to the political interests and positions of the global and regional institutions.

More than 3 million Syrians, mostly located in the southeast provinces, started to be a burden for service sectors such as municipal infrastructure, basic needs assistance, healthcare, education, and socio-economic support. Available international sources were directed to fulfil these needs, and therefore health facilities were donated to AFAD (Disaster and Emergency Management Authority) to be used in the camps. While the Syrian population was increasing, the public healthcare services also started to face high caseload despite their limited equipment and personnel capacity. International organisations with the mandate of providing health assistance such as International Medical Corps, Doctors Worldwide, Doctors without Borders started to operate in the field in border provinces, mostly by receiving official or unofficial permission from the government authorities and funding from PRM, ECHO or other sources. While Syrians under temporary protection had access to healthcare services provided both by the government and the NGOs, other migrant groups had to fulfil additional requirements such as general insurance contributions and their registration and documentation requirements.

While the numbers of migrants and their needs were increasing consecutively, the numbers of refugees and migrants trying to move towards Europe increased at the same time, and migration issues became one of the core elements of the EU-Turkey negotiations at the regional level. With the motivation to control the migration movements and provide money in exchange for the further movements of the migrants, the EU started to follow border externalization policy⁶, which is replicated in Syria and Iraq by Turkey in few years. EU-Turkey Readmission Agreement was signed in 2013, and EU-Turkey Deal was signed in 2016. The primary return of these agreements had been the money (3+3 billion euro)⁷ to be injected to Turkish economy (the Facility for Refugees in Turkey) in order to cover the cost of more than 3 million Syrians in Turkey in exchange for increased border control and anti-trafficking efforts of Turkey.

The Coup Attempt in Turkey in July 2016 had another direct impact on the migration management and migrants' legal, social, and cultural existence in Turkey. With the increased number of Syrians and other migrants moving towards the other regions in Turkey, seeking employment opportunities or a new life in Europe changed all the humanitarian assistance operations dynamics.

⁶ “The EU has relied on border externalisation as the main tool of its migration management policy, to address the issue of migration before migrants reach the EU’s external border.” (Benvenuti, Bianca)

⁷ https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/frit_factsheet.pdf

The protracted nature of the conflict in Syria and the increasing population looking for livelihoods in the region resulted in the population in the border provinces spreading to the other, especially more industrialized provinces in Turkey. The movement towards Europe and the rapid increase in the apprehensions and casualties pushed the EU and Turkey to agree on the common grounds regarding the future of the migrants; however, the result of the EU-Turkey Deal was inevitable with no future. The State of Emergency after the Coup Attempt and following humanitarian shrinking space for international organizations operating in Turkey had been pressure over the humanitarian agencies and donors. The Government of Turkey always had the full coordination capacity and hegemony over humanitarian programmes; however, the additional pressure over the donors and humanitarian agencies put the government of Turkey in a monopoly regarding assistance to migrants and refugees. The funding as well directed to the resilience component.

As the Government of Turkey prefers, most of the EU money came from Facility for Refugees in Turkey (FRIT) for resilience and capacity building programmes where relevant ministries and government agencies will benefit. Ministry of Health was one of them, receiving a good portion of the money from the EU for their ‘Sihhat⁸ Project’ (Improvement of Health Status of Syrians under TP and healthcare services provided by the Government of Turkey). The main activities of the project were establishment and maintenance of the migrant health centres, provision of medical equipment for the public health facilities, empowerment of the vaccination and immunisation activities, capacity improvement for the intensive healthcare facilities, women and reproductive health support services, additional mobile health units, increasing medical literacy of the Syrians, health personnel training, additional mental health departments, child healthcare services support. One of the most crucial parts of the activities was the training and recruitment of the Syrian health personnel, which resulted in gaining citizenship status in Turkey. According to the FRIT Steering Committee Report, over 9 million primary healthcare consultations delivered, 650,000 refugee infants vaccinated, 173 migrant health centres provided, and over 2,900 staff employed under this specific project funded by the EU.⁹ In the 9th year of the protracted crisis in Syria, not only do global and regional institutions follow their policies and priorities, but Turkey now focuses on its priority areas and fundraising for funding their capacity development projects.

⁸ The word ‘Sihhat’ has Arabic origin and means wellness, health.

⁹ https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/frit_factsheet.pdf

4. Inclusion and Exclusion of Migrants

While migration and refugee movements have been increasing in the world and this region as a result of the protracted crises in the Middle East and North Africa, scepticism and populism against the migrants is also growing. In addition to the economic fluctuations and political instability, sharing the available services with the ‘others’ turns into a social tension problem among the host and refugee or migrant communities. With the lack of proper and detailed policies towards migrants, the issue becomes part of the populist measures that trigger hatred and radical feelings among the host community. Anti-refugee sentiments are being used by the conservative and right-wing parties as a tool of political pressure against the shared ethical values and universal declarations protecting the vulnerable based on their humanity.

In Turkey, several studies included surveys and researches trying to understand the trends regarding social tension/cohesion/inclusion/perception of the host and migrant groups in the time being.¹⁰ However, increasing economic fragility, growing unemployment rates, and illegal work and their implications can be seen in specific sectors such as education, health, and employment. Refugee response programs in Turkey have also been focused on these sectors while designing their programmes. The problem is where the migrant and the host community members need to access these specific services, share the same environment, confront each other, and ask for the same access to services. While competing for access to healthcare services, for example, the two communities share the same line, and most probably the host member of the community who is paying the taxes and having a citizenship status would ask for a privileged status accessing services and while sharing the same level of access, would feel neglected. On the other side, the migrant or refugee community may feel hesitant while challenging the language barriers, economic vulnerabilities, and feeling insecure and temporarily where all national, regional, global levels of discussions, policy designs, and negotiations are reflected and directly impact the lives of the individuals.

The first group of migrants from Syria reached Turkish territory in April 2011 from the Hatay border gate, then the numbers increased rapidly. The perception of the media and politics had been that these groups will stay in Turkey temporarily. They are ‘guests’ that should be protected, and once Syria is a safe place again with the help of the citizens of Turkey, they will safely turn back to their homelands. In 2020 after nine years, Syria is still unsafe for the returns, and we have Syrian refugee children born in Turkey and started to go to school in Turkey, most

¹⁰ <https://docs.wfp.org/api/documents/WFP-0000073545/download/>

probably speaking Turkish better than their mother language. This research does not only target the Syrians, but this feeling of ‘temporality’ is similar for other groups of migrants as well. Before the Syrian Crisis, the asylum-seekers and refugees seeking international protection were also seen as people who will be resettled to a third country or illegally move towards Europe in the meantime and will stay in Turkey for a limited time. The illegal migrants from Georgia, Afghanistan, or other Turkish republics in Asia were also seen as invisible human beings coming to Turkey to make money, and if they will not follow the rules or engage in crimes, then they will be sent back to their own country of origin. As long as the migrant groups contribute to the Turkish economy and follow the rules and regulations, being invisible as much as possible with their limited requests from this country have been the most wanted groups.

During the past decade, the perception of the host community, the agenda of the politics, and the needs of the migrants have been changed. Social tension incidents and growing levels of misinformation, misperception, and hatred turned into a typical pattern while the needs are getting closer such as education, health, social services, and the available sources are not enough for everybody. Additional mechanisms have been created as a means of inclusion and exclusion. While hatred and the social tension increase, citizenship is used as a tool of inclusion and exclusion at the same time, mostly in favour of those educated migrants speaking Turkish, regularly paying taxes. The list of the legally employed Syrians has been collected from different ministries, especially the Ministry of Education and Health, and more than 92,000 Syrians gained Turkish citizenship as of 2019. This process did not follow the regular procedure for gaining citizenship but followed ad hoc decisions of the Board of Ministers. Therefore, it created an additional platform for inclusion and exclusion.

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