

Health Association (APHA) to address the health of refugees and displaced persons,<sup>6</sup> which in substance calls to:

1. Improve and strengthen evidence-based, international refugee assistance programs, which distribute assistance equitably.
2. Adequately assist refugees and displaced persons, especially within the United States, and support the vital work of United Nations and other refugee assistance agencies, emphasizing development aid.
3. Depoliticize decisions regarding the granting of asylum and refugee status and refrain from returning refugees to dangerous situations.
4. Encourage evidence-based approaches to access persons displaced in their own country to protect them from violations of human rights by their own governments.

5. Thoroughly plan, prepare, and fund the complete repatriation of refugees, including resolution of the conflicts and devastations that led to the original emergency flight from the home country.
6. Involve nongovernmental organizations in addressing the root causes of refugee displacements and preventing further conflicts and human rights violations.

APHA Policy Statements 20095 (“Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War”) and 20061 (“Opposition to the Continuation of the War in Iraq”) are also relevant here.

While we prepare to welcome thousands of refugees from Syria and other countries into the United States, let us take this opportunity to both address the root causes of forced migration of refugees and strengthen the global

systems that can reduce the morbidity and mortality of people forced to leave their homes and seek asylum in foreign lands. ■

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## Syrian and Iraqi Refugees: A Palestinian Perspective

It is heart wrenching to see images of Syrian and Iraqi refugees, including Palestinian refugees of the 1948 *Nakba* (catastrophe) who became refugees for the second or third time, desperately searching for safety from the nightmare befalling them. Although the welcoming support of ordinary Europeans who could not tolerate seeing these distressing images (especially the image of three-year-old Aylan Kurdi found dead on a Turkish beach) is heart-warming, the contrast with xenophobic reactions of some groups, governments, and border closures are inhumane and outrageous.

Many in our region point to the West, which has allowed anarchy and fear to take root, leading to

the current refugee crisis.<sup>1</sup> Iraq and Syria were created as nation-states by Britain and France, dividing the Ottoman Empire among themselves following World War I, despite substantial population diversity.<sup>2</sup> The 2003 invasion and occupation of Iraq based on the now discredited claim that Saddam Hussein had weapons of mass destruction, added insult to injury, prompting waves of anger against the Western Coalition. The ensuing unraveling of Iraq followed by the violent repression of the Syrian revolution led to the flight of millions of refugees, and the rise of the Islamic State.<sup>3</sup>

Mass displacement has happened before, following World

War II when 12 million ethnic German refugees were forcibly relocated from central and south-eastern Europe into Germany.<sup>4</sup> It also happened to the then invisible Palestinians in 1948 when more than half of the population of Palestine were dispossessed and expelled to neighboring countries with the creation of the State of Israel,<sup>5</sup> a refugee crisis which continues until today. Yet, the world seems to have forgotten.

These events make us who live in the region raise questions: where are the so-called human rights? Where is the right to protection and respect? What about the Geneva Convention and other protocols defining rules for protecting civilians in war, lessons

learned from the atrocities of World War II? Or are these for some people and not others?

While such questions remain unanswered, much can be done by public health academics, researchers, and professionals in the short and long term. Guidelines have been proposed by the American Public Health Association using a framework placing war prevention into the public health agenda but are yet to be acted upon effectively.<sup>6</sup>

Other than everyone calling for opening Europe's borders to refugees, we need to support their right to protection and respect. This means not only allowing refugees to settle in the West, but providing housing, water and sanitation, health care, employment, education, and other services. It is alarming to note that tiny Lebanon with 4.4 million inhabitants is not able to cope, as it is hosting more than 1.1 million Syrian refugees, 45 000 new Palestinian refugees, and 17 000 Iraqi refugees. More than 75% of the Syrian refugees children in Lebanon are without any form of education.<sup>7</sup> The need for educating children is paramount, and can only be achieved through

concerted collaborative efforts and a lot of financial support.

Likewise, we need new research tools to help understand the consequences of war on health, bringing in the voices of the refugees themselves. All too often, victims of war are pathologized with medical labels as if the problems inside their bodies are treatable with medications and therapies, instead of an approach to trauma that acknowledges its sociopolitical causes and the need for sociopolitical resolution. This will require new measures, beyond fatality, injury, disability, and displacement, that can assess the impact of war on people and help in developing interventions that could alleviate some refugee suffering.

The public health community must vigorously advocate against donor fatigue and quick fixes for problems that took years to generate, until explosion. It takes years to rebuild countries torn by war. Not only are the infrastructures, systems, and services destroyed, but so are the social worlds. We must pressure governments and other groups to continue taking responsibility for

Syrian and Iraqi refugees not just for the short term, but also the long term.

Finally, the public health community must call for justice as the prerequisite for peace. There is a lot written about peace building, but little is written about social and political injustice, the causes of causes. We need to place the issue of justice firmly on the public health agenda to advocate for and work toward. It is only then that lasting peace can be achieved. ■

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## Let's Not Forget the Health of the Syrians Within Their Own Country

Since 2011, the war in Syria has attracted great attention and concern, including that of the world media, human rights activists, international organizations, and academicians. More than four million Syrians of the 23 million population have fled as refugees to neighboring countries. Many—we don't have an accurate estimate of their numbers—are currently fleeing using dangerous routes to Europe.

Less widely known about are the more than seven million

Syrians who have left their homes for different locations and are currently internally displaced to areas that are relatively safer within the country. Originating mainly from the northeastern parts of the country, they escape severe fighting and the huge and dangerous threat of the Islamic State in Iraq and the Levant (ISIS). The internally displaced populations (IDPs) are taking shelters in large schools, in hastily built camps, or in proper rented houses, in Damascus and other

governorates such as Lattakia and Tartous.

Despite efforts in Syria, these large IDPs have vulnerable lives and inhumane health conditions. Their needs are invisible to the world for many reasons: the news media have focused mainly on refugees outside of Syria, relevant authorities in Syria are not interested in disseminating this information, and those who are interested in contributing a global picture of the public health tragedy of the war lack the data