

Health and Medical Care in the Context of Flight and Displacement

Citation for published version (APA):

Jäger, P. (2019). *Health and Medical Care in the Context of Flight and Displacement*. Maastricht University. <https://doi.org/10.26481/dis.20190905pj>

Document status and date:

Published: 01/01/2019

DOI:

[10.26481/dis.20190905pj](https://doi.org/10.26481/dis.20190905pj)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Valorisation

In this doctoral thesis, the health and health care of the increasing number of IDPs and refugees (due to the armed conflicts in Near East) were surveyed. Both the regional context of the affected areas and the European host countries were regarded.

While further research approaches that arise because of the results are discussed in chapter ten, this paragraph focusses on the social and political value.

Part one: Health among internally displaced female Yezidis in Northern Iraq

In the first part of this dissertation, the results of the research carried out in Northern Iraq were presented. The overall poor health state, high trauma rates and stress level were discussed regarding the present situation as well as the historical background. Using psychological models about the processing of stress in an individual, the long-term effects of the current situation based on the research results were regarded.

It becomes obvious that the actual situation of a lack in medical care and a poor health status must not be taken individually. Rather there is a complex relationship between current political situation, societal stability, care in general and medical care. On the other hand, the improvement of the medical care situation is much more difficult than it seems at first glance. The ability to act of the physicians was quite restricted due to the lack of the available diagnostic and treatment structures of the health care system.

Rather than single help approaches of numerous NGOs, the political and government situation must be stabilized. Especially in terms of the current challenges that result from the Kurdish independence referendum, international support seems to be indispensable to create stability. Only based on this political and societal stability indeed efforts in the improvement of the current medical situation can be made by developing functional health care systems. But also on an individual level this stability seems to be a necessary condition to start mental processing and reduce consequential health damage on a long run. Regarding the extent of the affected persons, the results of this research underline the importance of international help for coping with the current challenges.

Part two: Influence of the EHIC on the medical services of refugees in Germany

In this part of this doctoral thesis, the results of researching the influence of the EHIC on the medical services of refugees in Germany were presented in the current political context.

It could be shown that an improvement of the medical care of refugees by reducing barriers to the access due to the introduction of the EHIC can be assumed, while – on the other hand – there was no evidence for significant harm because of an overuse or abuse resulting from an introduction.

It was pointed out that meanwhile, the evidence of an improvement of medical care with the EHIC is large that this for itself should be reason enough to make the EHIC available to refugees – independent of administrative and financial aspects. It is demanded that rather than discussing whether administration costs increase or not with the introduction of the EHIC for refugees, the focus should be on how difficulties can be resolved, and costs reduced.

In the context of the current research which also focused on economic aspects, this thesis shows that rather administrative processes and failing agreements between single municipalities are blocking the introduction than an indeed lack of evidence for its benefits.

Therefore, this thesis underlines the importance of making efforts on a political level to push the currently deadlocked situation and level the way for the introduction of the EHIC for refugees.

Part three: Diagnostic and Assessment of performance for integration into the German education system of recently arrived refugee children within the single municipalities

This part of the thesis focused on the actual challenges and its coping regarding the integration of newly arrived refugee children within the communities. It was shown that system structures that are responsible for the diagnostic of disorders and the assessment of school performance generally are available. Both the CICs and ESE of the health offices offer high potential in the processing of individual support by detecting disorders, inducing its treatment and leading to a right school assignment. Nevertheless, these potentials are not used sufficiently at the present time. Neither does a sufficient diagnostic and induction of therapeutic measures, nor an adapted assignment of school based on the individual performance, take place within the surveyed municipalities.

This thesis points out that for the improvement of the current situation, changes have to be delivered on two levels: First – on a political level, a real ability of the institutions to act has to be created (availability of school places and therapeutic measures). Second, the “craft staff” of the surveyed institutions has to be improved by supporting them – both on a professional and financial level. Standardized instruments must be available as well as the knowledge of handling them and a sufficient number of employees.

For practice, several available instruments were suggested. Additionally, concrete approaches for the improvement by a collaboration and exchange of the responsible institutions and a superordinate level were made (see figure 25, chapter 10).

Upon request of several CICs based on the publications of this research, the elaborations concerning standardized diagnostic measures were directly made available to the responsible institutions. Therefore, this aspect of the research has a direct importance for the diagnostic within the administrative process that takes place up to the arrival of underaged refugees.